

VISIT REPORT

TÜRKİYE

February 2024



CPT

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

AD HOC VISIT
13 - 22 February 2024

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Prevention of Torture and Inhuman
or Degrading Treatment or Punishment

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EXECUTIVE SUMMARY

The main objectives of the CPT's 2024 ad hoc visit to Türkiye were to examine the treatment of persons held in high-security prisons and to assess the situation of women and LGBT+ persons in prison. To this end, the CPT's delegation visited four high-security prisons (in Antalya, Iğdır and Van) and two L-type prisons (in Antalya and Istanbul-Maltepe).

Throughout the visit, the delegation received excellent co-operation from both the national authorities and the management and staff of the establishments visited.

However, the visit brought to light that, following a significant decline observed by the CPT at the time of its 2021 periodic visit, the country's prison population had started growing again. According to official statistics, the total number of prisoners in Türkiye reached some 338 000 in June 2024; this represents an incarceration rate of some 395 prisoners per 100 000 inhabitants, which is significantly higher than any other Council of Europe member state. The Turkish authorities should therefore attach the highest priority to curbing the growth of the prison population and to addressing the problem of prison overcrowding at its roots in order to bring about a permanent end to this nefarious phenomenon. If no steps are taken to limit the number of persons sent to prisons and to reduce the time spent by them in these facilities, all attempts to solve the problem – including by building an ever-increasing number of prisons – will inevitably fail. A further consideration regarding an increasing prison population to be borne in mind is the human, social and financial implications of sending more and more people to prison, including the costs of recidivism.

High-security prisons

No allegations of recent physical ill-treatment by staff were received at Iğdır S-type Prison, Van F-type Prison and Van High-Security Prison. By contrast, at Antalya S-type Prison, the delegation heard several credible allegations of ill-treatment consisting of slaps, punches, kicks and truncheon blows to the head and body, mainly in the context of interventions by the rapid response team. In two cases, the allegations related to blows with a truncheon on the soles of the feet ("*falaka*"); in one of these cases, the prisoner displayed recent injuries which were consistent with his allegations of ill-treatment.

The Turkish authorities should deliver a clear and firm message to the management and staff of Antalya S-type Prison that physical ill-treatment of prisoners, including the use of excessive force, is illegal and will be subject to appropriate sanctions. It is also important to ensure that the supervising prosecutors in prisons are particularly vigilant when examining cases of the use of force by staff.

Material conditions of detention at the high-security prisons visited were generally satisfactory. However, steps should be taken to ensure that prisoners do not have to sleep on mattresses placed on the floor due to a lack of beds (as observed by the delegation in several living units at Iğdır S-type Prison).

As regards the regime of activities, the situation found in the prisons visited was highly unsatisfactory. With the exception of a limited number of prisoners involved in educational/vocational courses, prisoners were not offered any organised out-of-unit activities, apart from one to two and a half hours of sports/conversation sessions three times a month. The Turkish authorities should develop the communal activity programmes at the high-security prisons visited, in terms of both the range of activities on offer and the number of prisoners engaging in those activities. This will require increasing the number of facilities for common activities (workshops, classrooms and other activity rooms) in each establishment.

The situation as regards communal activities in the establishments visited was even more worrying in respect of persons serving aggravated life imprisonment. Such prisoners were effectively subjected to small-group isolation and a significant proportion of them even to *de facto* solitary confinement, and that for months and even years on end. Many of these prisoners were locked up in their cells alone for 21 hours or more per day, with the only regular out-of-cell activity available to them being daily outdoor exercise of up to three hours which they had to take alone.

The CPT stresses that prolonged solitary confinement can have an extremely damaging effect on the mental, somatic and social health of those concerned and may, in certain circumstances, amount to inhuman and degrading treatment. The Turkish authorities are therefore called upon to take urgent steps at the prisons visited to ensure that all aggravated life-sentenced prisoners (and any other prisoners held alone in their cells) are offered meaningful human contact for at least two hours every day and preferably more. More generally, the Committee emphasises once again that the very concept of the detention regime of persons sentenced to aggravated life imprisonment, as defined in the law, is fundamentally flawed and should be subject to a complete overhaul.

Women and LGBT+ persons

The CPT found that both Antalya L-type Prison and Maltepe L-type Prison No. 3, where it focused on the treatment of women and LGBT+ persons, were severely overcrowded. The Turkish authorities must redouble their efforts to tackle this phenomenon as it undermines the resocialisation function of prisons.

The vast majority of persons met by the delegation stated that they were treated correctly by staff.

As regards women held at Antalya L-type Prison, the CPT is critical of the poor state of repair and hygiene in many of the accommodation units which was exacerbated by the overcrowding. In particular, it found that mothers and their children were not held in appropriate living conditions. The Turkish authorities should establish a dedicated mother-and-baby unit at Antalya L-type Prison which offers a child friendly environment in the best interest of the child. Further, mothers should never be placed together with their children in solitary confinement as a punishment. Steps also need to be taken to provide for the specific dietary needs of pregnant women, breastfeeding mothers, infants and children.

As regards the regime, women should have access to meaningful activities on an equal basis to male prisoners. Consideration should also be given to introducing compensatory measures for women to maintain greater contact with their families.

As regards transgender women in prison, the CPT found that the Turkish authorities were making efforts to provide them with a safe space. Nevertheless, they should develop a clear framework and protocols for the treatment of transgender persons in prison in accordance with the Committee's recently published standards. The Turkish authorities should also end the requirement at Antalya L-Type Prison whereby persons declaring themselves to be gay are held in *de facto* solitary confinement for several months until they receive a certificate that declares them gay. Further, every effort should be made to alleviate the *de facto* solitary confinement conditions for those transgender and gay prisoners who are held in single occupancy cells.

As regards staff, the CPT underlines the importance of ensuring both sufficient staffing levels and appropriate training for staff on the specific needs and human rights of women, LGBT+ persons and foreign nationals in prison.

Healthcare services

The CPT sets out a series of measures that the Turkish authorities should take to address the various shortcomings observed in the establishments visited as regards the provision of healthcare to prisoners. In particular, recommendations are made to reinforce the healthcare staff resources in the prisons visited, to improve the provision of psychiatric and psychological care to prisoners and to develop a comprehensive strategy for the provision of assistance to prisoners with drug-related problems. Further, the authorities are once again called upon to ensure that medical confidentiality is respected in prisons and to improve the existing procedures for the medical screening of newly arrived prisoners and the recording of injuries observed.

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 Türkiye from 13 to 22 February 2024. The visit was considered by the Committee “to be required in the circumstances”.¹

2. The main objectives of the visit were to examine the treatment of persons held in high-security prisons and to assess the situation of women and LGBT+ persons in prison. To this end, the CPT delegation visited the following prisons:

- Antalya S-type Prison
- Iğdır S-type Prison
- Van F-type Prison
- Van High-Security Prison
- Antalya L-type Prison
- Istanbul-Maltepe L-type Prison No. 3

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

- Hans Wolff, 1st Vice-President of the CPT (Head of delegation)
- Therese Rytter, 2nd Vice-President of the CPT
- Juan Carlos Da Silva Ochoa
- Marie Kmecová

They were supported by Hugh Chetwynd (Executive Secretary), Elvin Aliyev and Monica Martinez of the CPT Secretariat, and assisted by two experts: Jurgen Van Poecke, prison director (Belgium) and Kate Wood, medical doctor, expert in prison medicine (United Kingdom).

4. The report on the visit was adopted by the CPT at its 114th meeting, held from 1 to 5 July 2024, and transmitted to the Turkish authorities on 16 July 2024. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the Turkish authorities provide within three months a response containing a full account of action taken by them to implement the Committee’s recommendations, along with replies to the comments and requests for information formulated in this report.

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

5. In the course of the visit, the delegation held consultations with Yılmaz Tunç, Minister of Justice, Ramazan Can, Deputy Minister of Justice, and Enis Yavuz Yıldırım, Director General of Prisons and Detention Centres, as well as with senior officials from the Ministries of Justice and Foreign Affairs.

Further, meetings were held with Muharrem Kılıç, President of the Human Rights and Equality Institution of Türkiye, in his capacity as Head of the National Preventive Mechanism (NPM), members of the Ankara prison monitoring boards and representatives of civil society organisations active in areas of concern to the CPT.

1. With the exception of the reports on the August/September 2016, April 2018, and September 2022 visits, the reports on all previous CPT visits to Türkiye and related Government responses are available on the Committee’s website: <https://www.coe.int/en/web/cpt/turkiye>

6. Throughout the visit, the delegation received excellent co-operation both from the national authorities and the management and staff of the establishments visited. The delegation enjoyed rapid access to all the prisons visited, was provided with the information necessary for carrying out its task and was able to speak in private with persons deprived of their liberty.

The delegation particularly appreciated the in-depth discussions held with the Minister of Justice and the senior management of the prison administration at the end-of-visit talks to seek solutions to the challenges with which the Turkish prison system is confronted. Such dialogue is a good practice for furthering co-operation and mutual understanding.

The CPT also wishes to express its appreciation for the assistance provided before and during the visit by Halime Ebru Demircan, from the Ministry of Foreign Affairs.

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

7. During the end-of-visit talks with the Turkish authorities on 22 February 2024, the CPT delegation outlined the main facts found during the visit. On that occasion, the delegation made two immediate observations under Article 8, paragraph 5, of the Convention, requesting that the Turkish authorities:

- (i) take steps in the high-security prisons visited to ensure that all prisoners held alone in their cells are offered meaningful human contact for at least two hours every day (see paragraph 44 below);
- (ii) address the specific needs of three prisoners held in Antalya S-type Prison, Van High-Security Prison and Van F-type Prison, who had severe mental disorders or physical disabilities (see paragraph 149 below).

These immediate observations were confirmed by the CPT's letter of 18 March 2024 transmitting the delegation's preliminary observations to the Turkish authorities, in which the authorities were requested to provide a response within two months.

8. By letter of 24 May 2024, the Turkish authorities provided information on various issues raised by the delegation during the end-of-visit talks, including on the measures taken in response to the above-mentioned immediate observations. This information has been taken into account in the relevant sections of the present report.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Prison overcrowding

9. At the time of its January 2021 periodic visit to Türkiye, the CPT had observed a significant decline in the country's prison population (from about 290 000 at the end of 2019 to some 192 000). This was due to a series of legislative measures adopted by the authorities, such as reducing the prison terms to be served to qualify for conditional release, facilitating release on probation and introducing a pandemic-specific leave for certain categories of prisoner. In the report on that visit,² the CPT emphasised that, in order to maintain this positive trend, the Turkish authorities should pursue their efforts in this direction based on a comprehensive strategy for the sustainable reduction of the prison population.

10. Regrettably, the 2024 visit brought to light that, once again, there had been a rapid surge in the country's prison population. At the time of the visit, the total number of prisoners in Türkiye stood at around 307 000 (for an overall prison capacity of 295 700 places) and, according to the **official statistics** of the Directorate General of Prisons and Detention Centres, reached 337 760 persons³ on 3 June 2024. This represents an incarceration rate of some 395 prisoners per 100 000 inhabitants, which is significantly higher than any other Council of Europe member state.

In the course of the visit, the CPT delegation found that the already increased capacities of the two L-type prisons visited were considerably exceeded, with an occupancy of almost 2 400 persons for respectively 1 600 and 1 756 places (see paragraph 61 below). Such severe overcrowding impacted negatively on the conditions of detention of prisoners in these establishments and placed an enormous strain on the existing prison resources in terms of access to activities, provision of healthcare services and supervision by staff.

11. It should be underlined that the above-mentioned increase in the prison population emerged despite some mitigation measures taken by the authorities. Reference should be made in this regard to the enactment in July 2023 of a law which led to a significant prisoner release by allowing for early transfer to open-type prison establishments and subsequent release on probation for various categories of prisoner. Further, the delegation was informed that some 114 000 prisoners who had previously been released from prison temporarily due to the pandemic (so-called "Covid leave") had not returned to prison as they were put on probation. In addition, reference was made to an increased use of the measure of judicial supervision (*adli kontrol*) – including by means of electronic monitoring – as an alternative to pre-trial detention.

12. The Turkish authorities also provided information about their continued efforts to modernise the prison estate. It was indicated that, over the last two decades, 36 old prisons (with a total capacity of 30 000) with substandard detention conditions had been closed, while 70 new larger-capacity prisons had been brought into service. Further, it was expected that 24 more prisons would be commissioned by the end of 2025, increasing the overall prison capacity by 20 000.

13. The 2024 visit once again demonstrated that the Turkish authorities should attach the highest priority to addressing the problem of prison overcrowding at its roots in order to bring about a permanent end to this nefarious phenomenon. In the CPT's opinion, if no steps are taken to limit the number of persons sent to prisons and to reduce the time spent by them in these facilities, all attempts to solve the problem – including by building an ever-increasing number of prisons – will inevitably fail. It follows that attacking the roots of the problem of overcrowding will require existing law and practice in relation to sentencing policies to be reconsidered.⁴

2. See CPT (2021) 34, paragraph 39.

3. This number includes 47 075 remand prisoners (that is, some 14% of the total prison population) as well as 14 213 women and 3 135 juveniles.

4. See, in this regard, the substantive section of the CPT's 31st General Report: "[Combating prison overcrowding](#)".

14. While the provisions of criminal law are, in principle, a matter for the national authorities and not the CPT, the Committee considers that certain features of Turkish legislation merit examination as they appear to be significant contributors to the continuous growth of the prison population. Most relevant amongst these is the fact that sentences are frequently applied on a consecutive – rather than concurrent – basis to separate elements of what is often a single criminal episode. This results in very lengthy periods of imprisonment for crimes which, in many other countries, would carry far lower sentences.

Two further considerations regarding an increasing prison population which should be borne in mind are the human, social and financial implications of sending more and more people to prison, including the costs of recidivism, and the environmental impact of building new prison establishments.

138. **The CPT calls upon the Turkish authorities to take decisive action to curb prison population inflation and to tackle prison overcrowding in a sustainable way, having regard to the above remarks and taking due account of the relevant recommendations of the Committee of Ministers of the Council of Europe,⁵ as well as the [Council of Europe's White Paper on Prison Overcrowding](#).**

5. See, in particular, Recommendations R(99)22 concerning prison overcrowding and population inflation, 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, Rec(2010)1 on the Council of Europe Probation Rules, Rec(2014)4 on electronic monitoring and Rec(2017)3 on the European Rules on community sanctions and measures.

B. High-security prisons

1. Preliminary remarks

16. Traditionally, accommodation units in Turkish prisons had been structured as large multi-occupancy dormitories, with prisoners being left to their own devices and rarely leaving their dormitories (and staff rarely entering). In the 1990s, the Turkish authorities became increasingly aware of the disadvantages of the dormitory system; making it virtually impossible to ensure proper staff control over the activities of prisoners, such accommodation arrangements facilitated the cohesion of criminal organisations.

Consequently, the Turkish authorities began to move away from the traditional dormitory system to one of smaller living units. One of the projects initiated in this context (besides the conversion of large-capacity dormitories in E-type prisons into smaller accommodation units) was the construction of a “new generation” of prisons, known as F-type high-security prisons, which were based on a system of living units for one or three prisoners and were designed primarily for prisoners accused or convicted of offences related to terrorism or organised crime.

17. The CPT has made it clear from the outset that, in principle, the Committee has no objections to the above-mentioned approach, given that large-capacity dormitories were for various reasons not a satisfactory means of accommodating prisoners. However, the Committee also cautioned that moves towards smaller living units for prisoners must be accompanied by measures to ensure that prisoners spend a reasonable part of the day engaged in communal activities outside their living units. Failing this, prisoners might be at risk of being subjected to a regime of small-group isolation.

18. The first F-type prisons were constructed in the early 2000s,⁶ and the CPT has since visited most of them. While commenting very favourably on the material conditions of detention in these prisons, the Committee has repeatedly drawn the attention of the Turkish authorities to the very limited communal activity programmes on offer. As the CPT has pointed out in its reports, the detrimental effects on prisoners of the lack of organised activities will be felt more acutely in smaller living units than in large dormitories or communal wards such as those found in the L-type prisons.

19. In recent years, the Turkish authorities have embarked on the construction of new high-security establishments with a slightly varying design and layout, namely S-type and Y-type prisons as well as “High-Security” prisons.⁷ These prison establishments are intended primarily for adult men and women accused or convicted of terrorism-related offences or organised crime and persons sentenced to aggravated life imprisonment, as well as for those who are considered dangerous (see paragraph 57 below). A common feature of the newly introduced prison models is that they have a considerably higher proportion of single-occupancy cells compared to F-type prisons (see paragraph 21 below).

20. Already at this point, the CPT must stress that, as regards the regime of activities, the situation found in the prisons visited during the 2024 visit was highly unsatisfactory. A significant number of prisoners in each of the establishments visited were effectively subjected to small-group isolation and – with the exception of Van F-type Prison – often even to *de facto* solitary confinement (see paragraphs 41 to 43 below). A contributing factor to the latter situation was the very high number of single cells equipped with a dedicated courtyard (or having no adjacent yard), combined with a lack of appropriate facilities for communal activities.

6. In the period from 2000 to 2008, 14 F-type prisons were built across the country.

7. According to information provided to the delegation at the outset of the visit, there were in total about 50 high-security prisons in Türkiye.

21. In the course of the visit, the CPT delegation carried out first-time full visits to Antalya S-type Prison, Iğdır S-type Prison, Van F-type Prison⁸ and Van High-Security Prison.

Antalya S-type Prison, opened in 2021, occupies a two-storey building within the Antalya Prison Campus. The establishment's original design capacity of 545 places (167 single cells and 126 triple-occupancy duplex units) has since been increased to 732, by installing up to three additional beds in triple-occupancy units (see paragraph 32 below).⁹ At the time of the visit, it was accommodating 565 prisoners (all men), of whom 163 were on remand and the remainder were sentenced (including 35 persons sentenced to aggravated life imprisonment). The prisoner population also included a number of prisoners who were considered dangerous.

Iğdır S-type Prison, opened in 2020, has a layout identical to that of Antalya S-type Prison. Being the only closed-type prison in the Iğdır province, it held many different categories of prisoner, apart from those whom high-security prisons are intended to accommodate. As with Antalya S-type Prison, the establishment has had its original capacity of 545 places increased to 732 and was accommodating 606 persons (including 118 remand prisoners) at the time of the visit. The prisoner population included 34 persons sentenced to aggravated life imprisonment, 11 prisoners who were considered dangerous and 52 persons detained in relation to terrorism-related offences.

Van F-type Prison was opened in 2008, as the last prison of this type to be constructed. With an official capacity of 366 places (57 single cells and 103 triple-occupancy duplex units in a one-storey building), the establishment was holding 304 prisoners (all men) at the time of the visit, of whom 124 were on remand and the rest were sentenced (including 44 sentenced to aggravated life imprisonment). Twenty-one prisoners were considered dangerous.

Van High-Security Prison was opened in 2016. It had an official capacity of 485 places (107 single cells and 126 triple-occupancy duplex units) and was accommodating 415 prisoners (all men) at the time of the visit. Of these, 124 were on remand and the remainder were sentenced. The prisoner population included 61 persons serving aggravated life imprisonment and 30 prisoners who were considered dangerous.

2. Ill-treatment

22. The delegation received no allegations of recent physical ill-treatment by staff at Iğdır S-type Prison, Van F-type Prison and Van High-Security Prison. Most of the prisoners interviewed by the delegation in these establishments indicated that staff treated them correctly.

23. By contrast, at Antalya S-type Prison, the delegation received several credible allegations of ill-treatment by custodial staff, mainly in the context of interventions by the rapid response team in situations of recalcitrant behaviour by prisoners (for example, damaging prison property or refusing to be transferred to another cell). The alleged ill-treatment consisted of slaps, punches, kicks and truncheon blows to the head and body and was said to have been inflicted after the prisoners concerned had been handcuffed and/or were lying on the floor. In two cases, the allegations related to blows with a truncheon on the soles of the feet (a form of torture known as *falaka*). The delegation also noted that in two further cases complaints had been lodged with the prosecutor.

24. In one case, a prisoner displayed recent injuries which, in the view of the delegation's doctor, were consistent with his allegations of ill-treatment. When interviewed by the delegation, the prisoner stated that, on 22 January 2024, he had broken the cell window and cut himself using a shard of glass after his request to change accommodation had been denied.¹⁰ A number of prison officers, including members of the rapid response team in riot gear, had then entered his cell and immobilised him, following which one officer had allegedly held his left lower leg up in the air while another hit the side and bottom of his foot with a baton multiple times.¹¹

8. This prison was only briefly visited by the CPT in 2009 in order to interview recently arrived remand prisoners.

9. It is noteworthy that, according to Turkish law, high-security prisons must provide accommodation in either single- or triple-occupancy cells (see Section 9 (1) of the Law on the Execution of Sentences).

10. The incident report also indicated that the prisoner had set his cell on fire.

11. The prisoner also alleged that, during a similar incident a few weeks earlier, a group of prison officers had entered

On examination by the delegation's doctor, the prisoner displayed lesions which were typical of those sustained by blunt trauma: two asymmetrical, well-demarcated lesions on the lateral side of the sole of his left foot, one measuring 2.5 x 1.5 cm on the upper part of the sole and the other 1.5 x 0.9 cm in the middle part of the sole. Those lesions had the appearance of bruises which were several days old. Further, the lateral side of the foot was extremely tender on palpation.

25. In all the high-security prisons visited, the delegation heard a number of accounts of threats of violence and verbal abuse by staff, including provocative and dismissive remarks, in particular during cell searches.

26. The CPT recommends that a clear and firm message be delivered to the management and staff of Antalya S-type Prison that physical ill-treatment of prisoners, including the use of excessive force, is illegal and will be subject to appropriate sanctions.

Prison officers, notably those belonging to rapid response teams, must be made fully aware that no more force than is strictly necessary should be used to control violent and/or recalcitrant prisoners and that, once prisoners have been brought under control, there can be no justification for any further use of force. In this context, the authorities should ensure that members of custodial staff are trained in recognised control and restraint techniques. It is also important to ensure that the supervising prosecutors in prisons are particularly vigilant when examining cases of the use of force by staff.

The Committee also recommends that it be reiterated to custodial staff in the prisons visited, at suitable intervals, that all prisoners should be treated with respect and that threats and verbal abuse vis-à-vis prisoners are not acceptable. Further, all complaints of threats or verbal abuse made by prisoners should be investigated.

In addition, the CPT considers it essential that a dynamic security approach be introduced within prisons, with properly trained staff engaging with prisoners.

27. It is noteworthy that, in the above-mentioned cases of rapid interventions at Antalya S-type Prison, there were no recordings from body-worn video cameras (BWVCs) carried by prison staff and – in some cases – no complete footage from the CCTV cameras on the premises.

In order to enhance the potential for BWVCs to contribute to the prevention of ill-treatment and to ensure accountability, the CPT recommends that the relevant national rules and regulations be amended to make it mandatory for BWVCs to be issued, worn and turned on by all prison staff who may have to use force against prisoners, and that non-compliance with this obligation (in the absence of a reasonable explanation of exceptional circumstances) be treated as a disciplinary offence. This will also serve to protect prison staff from any unfounded allegations of ill-treatment.

28. As regards interventions by rapid response teams more specifically, it would be preferable to introduce additional safeguards such as the systematic video recording of all such interventions by a dedicated member of staff filming the entire scene, in order to serve as evidence of the scope and nature of the force employed. In addition, recording the intervention enables supervisors to better review and adapt training modules to improve the effectiveness of staff interventions where necessary.

his cell and repeatedly punched, kicked and hit him with truncheons while he was lying on the floor.

29. **As concerns CCTV systems, particular care should be taken to ensure that they 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.**

30. Despite the specific recommendation made by the Committee in the report on its 2021 visit to Türkiye,¹² no centralised register (paper or electronic) was kept in any of the prisons visited for recording instances of use of force and of special means (such as handcuffs and rubber batons) by staff against prisoners.

The CPT reiterates its recommendation that the Turkish authorities take steps without further delay to ensure such a register is established in all prisons. 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 for managers and oversight bodies to draw the appropriate conclusions as regards use of force/special means.

31. The information gathered during the visit suggested that inter-prisoner violence was not a frequent occurrence in the high-security establishments visited and that, when such incidents did occur, staff usually intervened promptly. That said, in some of the prisons visited (in particular at Iğdır S-type Prison), the delegation heard accounts of physical altercations in living units which apparently often involved prisoners with mental health problems.

More vigilance is therefore required on the part of prison management and staff when it comes to cell allocation and thereafter in ensuring that a dynamic security approach is deployed.

3. Conditions of detention

a. material conditions

32. As already mentioned, prisoner accommodation in each of the high-security prisons visited was provided in single cells and triple-occupancy living units, while at Antalya and Iğdır S-type Prisons many triple occupancy units were equipped with up to three additional beds (by converting the existing single beds into bunk beds or by installing an additional single bed).

In all establishments visited, triple-occupancy units were of a duplex design – with a living area on the ground floor and a sleeping area upstairs – and had their own courtyard. The living area was equipped with a kitchenette, a sanitary annexe (containing a shower, a toilet and a sink), a table and chairs, and the sleeping area with beds and metal cupboards.¹³

Equipped in the same way as triple-occupancy units, single cells had a one-level layout. At the F-type and High-Security Prisons visited all or most of these cells also had an adjacent (own or shared) courtyard, whereas in the two S-type Prisons only half of them did.¹⁴

12. See CPT (2021) 34, paragraph 52.

13. Most of these living units had additional amenities such as refrigerators, television sets and tea makers, purchased by prisoners themselves.

14. At Van F-type Prison, practically all 57 single cells had shared yards (three adjacent cells sharing one yard). At Van High-Security Prison, 83 of the 107 single cells had their own yard and the remaining 24 cells shared eight larger yards. At Antalya and Iğdır S-type Prisons, out of the 167 single cells, 57 had their own yard and 30 cells shared larger yards, whereas 80 cells were located on the first floor of the building and, unlike the cells on the ground floor, had no direct access to an outdoor yard.

33. Material conditions of detention were generally satisfactory in all the prisons visited, notably in terms of state of repair and hygiene, living space,¹⁵ and access to natural light.

However, at Iğdır S-type Prison, the delegation found that in several living units the number of prisoners exceeded that of the beds¹⁶ and, as a result, some prisoners had to sleep on mattresses placed on the floor. The delegation also noted that some of the living units in this prison had insufficient numbers of chairs. Further, at Antalya S-type Prison, a number of cells located on the ground floor, including disciplinary punishment cells (see also paragraph 55 below), were visibly affected by damp rising from the ground and showed signs of dilapidation, notably around the sanitary annexes. Moreover, in both S-type prisons, call bells in a number of cells/living units did not function.

The CPT recommends that steps be taken at Antalya and Iğdır S-type Prisons to remedy the above-mentioned deficiencies. In particular, it is essential that all prisoners have their own bed.

34. Most prisoners in the establishments visited purchased hygiene items and cleaning products in prison shops. However, a number of apparently indigent persons complained to the delegation that they had not been provided with these necessities by the prison administration. Further, although prisoners were as a rule given full bedding on admission, the delegation met a few prisoners at Iğdır S-type Prison who, despite having already spent several days in the establishment, had still not received bed linen. It also appeared there were no proper laundry facilities in the prisons visited.

The CPT recommends that steps be taken in the establishments visited (and, as appropriate, in other prisons in Türkiye) to ensure that, upon admission to prison, all persons are given a hygiene pack (soap, toothpaste, toothbrush, towel, toilet paper) and materials for cleaning their accommodation units. Thereafter, such items should be regularly supplied to indigent prisoners free of charge. Steps should also be taken to ensure that all prisoners are given full bedding on the day of admission and are offered the possibility to have their bed linen cleaned by the prison at suitable intervals.

b. regime

35. As long as they were not serving an aggravated life sentence or were not considered dangerous, remand and sentenced prisoners in the establishments visited were, in principle, sharing accommodation with others and had access to a courtyard throughout the day.

36. Nevertheless, the CPT is concerned to note that, with the exception of a limited number of prisoners involved in educational/vocational courses or employed in the establishments' general services, persons held in the high-security prisons visited were not being offered any organised out-of-unit activities, apart from one to two and a half hours of weekly sports/conversation sessions (with prisoners from the same wing)¹⁷ and occasional social events. It is of particular concern that none of the prisons visited had any operational workshops.

In each prison, a certain number of prisoners were enrolled in literacy courses or distance learning programmes at the secondary school or university level. For example, at Antalya S-type Prison, 52 prisoners were enrolled in high school and 35 in Open University courses, and at Van F-type Prison there were two groups of literacy courses for a total of 10 prisoners (every weekday for two to three hours) at the time of the visit.¹⁸ Further, English and Turkish language classes were organised at Van F-type Prison and Antalya

15. Single cells at Antalya and Iğdır S-type Prisons and Van High-Security Prison measured some 13 m² (excluding the sanitary annexe) and at Van F-type Prison some 8 m². Triple-occupancy living units in these prisons measured between some 32 and 40 m² (combined floor space of the two levels).

16. For example, in Block B, some living units with four beds were holding five or six prisoners.

17. It should be noted that all out-of-unit activities in the prisons visited were suspended during open visit weeks (that is, once a month).

18. According to the Minister of Justice Circular No. 45/1 (2007), "persons held in high-security prisons can participate

S-type Prison for up to 15 prisoners (in different groups) twice or three times per week, for two to three hours each. In addition, prisoners were offered a limited range of courses, such as drawing and music, at Van F-type and Van High-Security Prisons or first aid at Antalya-S-type Prison.¹⁹

In addition, the delegation was informed that, in each prison, teams of psychologists and social workers organised monthly group sessions for prisoners, on subjects such as anger management, addiction problems and group communication.

37. From the information gathered during the visit, it transpired that efforts were being made by the management of the establishments visited to provide prisoners with some form of organised out-of-unit activity. However, the fact remained that there was a serious shortage of purposeful activities for the great majority of prisoners (most of whom were serving long sentences), who were essentially confined to their living units all day long.

38. As the CPT has made clear in the reports on its previous visits to Türkiye, the credibility of the concept of high-security prisons hinges on the issue of communal activities. Given the Committee's findings in the four high-security prisons visited, this concept currently remains open to the accusation of perpetuating a system of small-group isolation (see also paragraphs 41 to 43 below).

39. **In light of the above, the CPT recommends that the Turkish authorities develop the communal activity programmes at the prisons visited, in terms of both the range of activities on offer and the number of prisoners engaging in those activities. This will require increasing the number of facilities for common activities (workshops, classrooms and other activity rooms) in each establishment. The aim should be to ensure that all prisoners spend a reasonable part of the day outside their cells/living units, engaged in purposeful activities of a varied nature (work, preferably with vocational value, education, sport, etc.).**

Particular attention should be given to improving access to the indoor and outdoor sports areas, as the courtyards – by virtue of their size – offer prisoners only a limited opportunity to exert themselves physically.

40. The situation as regards communal activities in the establishments visited was even more worrying in respect of persons serving aggravated life imprisonment. It should be recalled that in the Turkish prison system prisoners sentenced to "normal" life imprisonment are as a rule not segregated from the general prison population and have access to the same regime activities as those serving a fixed prison term. However, prisoners sentenced to aggravated life imprisonment²⁰ are subjected to a special regime which is governed by Section 25, paragraph 1, of the Law on the Execution of Sentences and Security Measures (LESSM) and contains a number of severe restrictions. In particular, such prisoners are, in principle, accommodated in single cells, with the only guaranteed out-of-cell activity being one hour of outdoor exercise per day. Depending on the efforts they demonstrate in rehabilitation and educational activities and good behaviour, prisoners may have their daily outdoor exercise period extended and may be allowed to engage in limited contact with prisoners accommodated in the same unit.²¹

41. From the information gathered during the visit, it transpired that the implementation in practice of the above-mentioned legal provisions varied from one prison to another. It should be noted that practically all the persons sentenced to aggravated life imprisonment were being held in single cells.

in communal activities in groups of no more than 10 persons".

19. According to the information provided to the delegation, about 40 prisoners attended drawing courses and some 20 attended music classes at Van F-type Prison, while 34 prisoners participated in drawing courses at Van High-Security Prison, on a weekly basis. At Antalya S-type Prison, 120 prisoners took part in a first-aid course during a four-month period at the end of 2023 and beginning of 2024.

20. At the time of the visit, there were about 4 000 aggravated life-sentenced prisoners in the country.

21. 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. However, Section 29 (1) of the Regulation on Observation and Classification Centres and Assessment of Prisoners (2020) prohibits aggravated life-sentenced prisoners from working in the general services or workshops of the prison.

At Van F-type Prison, efforts were being made by the management to attenuate the restrictive regime applied to aggravated life-sentenced prisoners. Most of these prisoners were offered two to four hours of outdoor exercise every day in the courtyard adjoining their cell, during which they could associate in groups of up to four persons. The same groups could also participate in weekly sports/conversation sessions lasting one hour. Further, eight persons (in two groups) attended music classes, once a week for three hours.

At Antalya S-type Prison, most of the prisoners of this category could take their daily outdoor exercise of one and a half hours in groups of three to four persons and have weekly sports/conversation sessions in groups of several persons for up to one and a half hours.

At Iğdır S-type Prison, of the 34 persons serving aggravated life imprisonment, 26 were allowed, on three days per week only, to take their one-hour outdoor exercise together with one or two other prisoners of this category and to attend weekly one-hour sports/conversation sessions. As for the remaining eight prisoners, no association was permitted between them during either outdoor exercise²² or sports sessions.

42. The most restrictive situation was observed at Van High-Security Prison where only some 20 out of a total of 61 aggravated life-sentenced prisoners were allowed to associate (with two other prisoners) during daily outdoor exercise for two to three hours.²³ The rest of them could have only one hour of association per week (usually with two other persons) during sports/conversation sessions, with the exception of about a dozen prisoners who had no association time whatsoever with other prisoners.

43. To sum up, and as already indicated above (see paragraph 20), aggravated life-sentenced prisoners in each of the establishments visited were effectively subjected to small-group isolation and – with the exception of Van F-type Prison²⁴ – a significant proportion of them even to *de facto* solitary confinement, and that for months and even years on end. Many of these prisoners were locked up in their cells alone for 21 hours or more per day, with the only regular out-of-cell activity available to them being daily outdoor exercise of up to three hours which they had to take alone.

44. As already indicated in paragraph 7 above, at the end of the visit, the delegation invoked Article 8, paragraph 5, of the Convention and requested that the Turkish authorities take steps at the establishments visited to ensure that all prisoners held alone in their cells are offered meaningful human contact for at least two hours every day.

It is regrettable that, in their letter of 24 May 2024, the Turkish authorities failed to address the aforementioned immediate observation, their response simply quoting in full Section 25 of the LESSM, a text of which the CPT has been fully aware ever since its adoption in 2004.

45. As stressed by the CPT in the past, prolonged solitary confinement can have an extremely damaging effect on the mental, somatic and social health of those concerned and may, in certain circumstances, amount to inhuman and degrading treatment.

The CPT therefore calls upon the Turkish authorities to take urgent steps at Antalya and Iğdır S-type Prisons, Van F-type Prison and Van High-Security Prison (and, where appropriate, in other prisons) to ensure that all aggravated life-sentenced prisoners (and any other prisoners held alone in their cells/living units) are offered meaningful human contact for at least two hours every day²⁵ and preferably more. It should be noted in this regard that Section 25 of the LESSM does not prevent the prison authorities from doing so.

22. Some of them could see and speak through the cell window to other prisoners taking outdoor exercise.

23. The delegation also noted that two of these prisoners were attending drawing classes once a week for one and a half hours.

24. At Van F-type Prison, only a few prisoners were subjected to a solitary confinement regime. For example, the delegation met a person who, since his arrival at the prison in September 2020, had been held in complete solitary confinement. He was allowed to have two hours of outdoor exercise per day, alone. He was also offered a weekly sports session on his own, which he rejected.

25. See Rule 60.6.a of the European Prison Rules.

The Committee also recommends that steps be taken at the establishments visited to ensure that prisoners sentenced to aggravated life imprisonment are able to spend more time outside their cells engaged in purposeful activities, in association with other prisoners.

46. More generally, the CPT wishes to emphasise once again that the very concept of the detention regime of persons sentenced to aggravated life imprisonment, as defined in Section 25 of the LESSM, is fundamentally flawed and is contrary to the European Prison Rules (Rule 102.2 and Commentary) and other relevant Council of Europe recommendations.²⁶ 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 Committee once again calls upon the Turkish authorities to carry out a complete overhaul of the detention regime applied to prisoners sentenced to aggravated life imprisonment, in light of the precepts set out in paragraphs 82 to 84 of the [report on the CPT's 2013 periodic visit to Türkiye](#), and to amend the relevant legislation accordingly.

4. Other issues

a. contact with the outside world

47. The rules governing prisoners' contact with the outside world have remained unchanged since the CPT's 2021 periodic visit. It is recalled that, in general, *adult remand and sentenced prisoners* are entitled to one family visit per week, lasting up to one and a half hours.²⁷ According to 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 (that is, with prisoners and their visitors separated by a glass partition). Further, remand and sentenced prisoners are, in principle, entitled to make one ten-minute telephone call per week.²⁸

Prisoners serving an aggravated life sentence are entitled to two visits per month (one open and one closed) and may be allowed to make one phone call (of up to 10 minutes) every 15 days.

48. The CPT has repeatedly stressed that prisoners sentenced to aggravated life imprisonment should not be discriminated against on the sole ground of their sentence and should benefit from the same entitlements regarding contact with the outside world as other sentenced prisoners. Frequent contact with the outside world is of crucial importance in the context of social reintegration of prisoners and, in particular, for counteracting the damaging effects of life imprisonment. The guiding principle should therefore be to promote contact with the outside world; any restrictions on such contact should be based exclusively on security concerns of an appreciable nature assessed on a case-by-case basis rather than applied automatically as part of the sentence.

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

26. See, in particular, Recommendation Rec(2003)23 on the management by prison administrations of life sentence and other long-term prisoners and Recommendation CM/Rec(2014)3 concerning dangerous offenders and the Commentaries to both recommendations.

27. Section 83 of the LESSM.

28. 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 up to 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 (Section 51 of the LESSM).

Further, the Committee must stress once again that, for all categories of prisoner, open visiting arrangements (that is, without physical separation) should be the rule, and closed ones the exception – based on a reasoned decision following individual assessment of the potential risk posed by a particular prisoner.

49. In almost every establishment visited, the delegation met many persons whose families lived a great distance from the prison, thus making regular visits very difficult, if not impossible. A number of them had repeatedly submitted formal requests to the Directorate General of Prisons in order to be transferred to a prison establishment closer to their hometowns, but it appeared that such requests were too often rejected, the response usually referring to full occupancy of the establishment concerned.

In this connection, the CPT wishes to stress the need for a certain flexibility when regulating visits to, and telephone contact with, prisoners whose families live very far from the prison. For example, such prisoners could be entitled (as opposed to the reward system in place) to accumulate several visit entitlements – in particular when it comes to open visits – into one longer session and to have their visits replaced by phone calls. Further, the use of modern technology in facilitating communication (notably, audio/video communication) would further help these prisoners to preserve their family ties (see paragraph 90 below).²⁹

The CPT recommends that the Turkish authorities make every effort to ensure that prisoners are accommodated as close to their homes as possible. Whenever a prisoner is disadvantaged because of the distance between their home and the prison, steps should be taken to ensure that family contact with them is facilitated, taking into account the above remarks.

b. discipline and segregation

50. The most severe disciplinary sanction that may be imposed on adult prisoners is cellular confinement for up to 20 days.³⁰

The findings of the visit indicate that resort to this sanction in the prisons visited was not excessive and that the periods of disciplinary confinement were often below the legally permitted maximum. It is also noteworthy that the decision of the prison management to impose this type of disciplinary measure is subject to approval by the competent enforcement judge.

Nonetheless, the CPT wishes to stress once again that, given the potentially very damaging effects of solitary confinement on the mental and/or physical well-being of the prisoners concerned, the maximum possible period of cellular confinement as a disciplinary punishment should be no more than 14 days for a given offence, and preferably lower.³¹

Further, the Committee is concerned to note that the sanction of disciplinary confinement in respect of adult prisoners still entails a prohibition on contact with the outside world (except with a lawyer) during the enforcement of the measure.³² It also remains the case that the sanction of deprivation of family visits may be applied for disciplinary offences not related to such visits.

51. In light of the above, the CPT once again 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;**
- **disciplinary punishment of prisoners does not lead to a prohibition of family contact;**

29. See, for example, §83 of the judgment of the European Court of Human Rights in the case of *Rodzevillo v. Ukraine* (application no. 38771/05; 14 January 2016).

30. The other, less severe, disciplinary sanctions for adult prisoners include reprimand, suspension from participation in certain activities and deprivation of visits for a period of up to three months (see Sections 38 and 44 of the LESSM).

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

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



- **any restrictions on family contact as a form of disciplinary punishment are applied only when the offence relates to such contact.**

52. Another issue of concern to the CPT is the practice observed in the establishments visited of imposing disciplinary sanctions (usually less severe ones) on prisoners who have harmed themselves. In this connection, it is regrettable that, despite the specific recommendation made by the Committee after previous visits, an act of self-harm is still regarded by the law as a violation of the sentence execution regime.

As stressed by the CPT in the past, 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 injuries and to assess the psychological state of the prisoner.



The Committee calls upon the Turkish authorities to take appropriate steps throughout the prison system to review the approach being followed vis-à-vis prisoners who have harmed themselves, in light of the above remarks. In this regard, 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.

53. An examination of a sample of disciplinary files in the prisons visited showed that disciplinary proceedings against prisoners were generally well documented and the procedure laid down by law was followed. However, as had been the case in the past, the prisoners concerned were usually not heard in person by the disciplinary board before the latter took a decision on the matter (as this is not required by law).



The Committee must once again reiterate its recommendation that the Turkish authorities review the disciplinary procedure in order to ensure that the prisoners concerned are always heard by the disciplinary board. They should also have the right to call witnesses on their own behalf and to cross-examine evidence given against them.

54. The CPT was concerned to note that, despite the specific recommendation made after previous visits, prison doctors continued to issue attestations, before the enforcement of the disciplinary sanction of cellular confinement, that prisoners were fit to sustain the measure, as required by law.³³

The Committee has repeatedly stressed that obliging prison doctors to certify that prisoners are fit to undergo punishment is scarcely likely to promote a positive doctor-patient 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. Healthcare staff should immediately be informed of every such placement, should visit the prisoner without delay after placement and thereafter on a regular basis, at least once per day,³⁴ and provide them with prompt medical assistance and treatment as required. Healthcare staff should report to the prison management whenever a prisoner’s health is being put seriously at risk by being held in solitary confinement.

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

34. Which, as far as the delegation could ascertain, was not the case in the prisons visited.

The CPT reiterates its recommendation that the Turkish authorities review the role of healthcare staff in relation to disciplinary confinement, in 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 21st General Report (paragraphs 62 and 63).³⁵

55. Material conditions of detention in disciplinary cells were of a good standard at Iğdır S-type Prison. They were spacious, had sufficient access to natural light and ventilation, and were suitably equipped (a bed with proper bedding, a fully screened sanitary annexe containing a shower and a toilet, and a call bell).

However, at Antalya S-type Prison, the ceilings and walls in most of the disciplinary cells were damaged by damp (flaking plaster, mould, etc.) and some of these cells were dirty. **In this regard, reference is made to the recommendation in paragraph 33.**

As regards Van F-type Prison and Van High-Security Prison, disciplinary confinement was enforced in ordinary accommodation cells.

56. At Van High-Security Prison, an examination of the register on the use of padded rooms showed that the placement of prisoners in these rooms usually lasted several hours; occasional overnight stays were also recorded. In this connection, the CPT notes that the circular letter of Directorate General of Prisons “On the use of rooms padded by soft material” (dated 27 November 2017) provides that placements in such rooms should be “measured in hours” [rather than days].

Whilst acknowledging that padded rooms were not frequently used in the prisons visited, the CPT considers that the placement of a prisoner in a padded room should last only until the person concerned has calmed down (usually minutes rather than hours, and certainly never overnight).

57. According to Section 9, paragraph 3, of the LESSM, prisoners “who act and behave dangerously and are found to be in need of special supervision” as well as those “who infringe the internal order and discipline in prison” or “persistently refuse to comply with rehabilitation measures” may be placed in high-security prisons. The decision to this effect is taken by the Directorate General of Prisons and can be appealed to the competent court.

Under Section 9, paragraph 5, of the LESSM, in order to have such a decision revoked, the prisoner must serve at least one-third of their remaining prison term in a high-security prison and demonstrate good behaviour.

58. At the time of the visit, each of the high-security prisons visited was holding a number of persons subject to the so-called “Section 9 (3) regime” (see paragraph 21 above). The delegation found that these prisoners were usually locked up in their cells (and adjoining courtyards accessible for most of the day) all the time, without being offered any organised activities, for years on end. Moreover, at the time of the visit, the majority of such prisoners at Van High-Security Prison and several of them at Antalya and Iğdır S-type Prisons were allowed no contact whatsoever with other prisoners.³⁶ The situation of these prisoners was further aggravated by the fact that their contact with the outside world was restricted to two visits and two phone calls³⁷ per month (along with the possibility of sending/receiving letters).

35. See also Rule 46 of the United Nations Standard Minimum Rules for the Treatment of Prisoners.

36. At Van F-type Prison, all the prisoners subject to the Section 9 (3) regime were allowed to associate with one or two other prisoners.

37. Phone calls are only allowed to a spouse, parents and children.

59. Every prison system needs to have a mechanism for administrative segregation, in order to cope with particularly disruptive prisoners who persistently refuse to comply with the rules. However, the CPT is of the view that a complete lack of activity programmes – often coupled with a long-lasting solitary confinement regime – is not an appropriate means of responding to problematic behaviour in prison. On the contrary, throughout the period of administrative segregation, the objective should be to persuade the prisoner to re-engage with the ordinary regime. In this context, it is difficult to justify such prisoners being required to serve at least one-third of their remaining sentence segregated from the rest of the prisoner population, without the decision on segregation being reviewed during that potentially long period, irrespective of their behaviour.

The CPT recommends that steps be taken at the establishments visited (and, as appropriate, in other prisons in Türkiye) to ensure that prisoners subject to the detention regime under Section 9 (3) of the LESSM are offered an appropriate programme of out-of-cell activities, including group association activities. Such a programme should be developed and revised by a multi-disciplinary team, on the basis of an individualised risk and needs assessment, following consultation with the prisoner concerned. It is particularly important to ensure that this measure does not lead to prolonged solitary confinement.

The Committee also recommends that the Turkish authorities take steps – including of a legislative nature – to ensure that the continued need for applying the Section 9 (3) regime to a prisoner is reviewed at regular intervals (at least every three months). Further, any restrictions on such prisoners' right to receive visits or make telephone calls should be based on an individual assessment of the potential risk posed by a particular prisoner and be applied for a limited period.

C. L-type prisons

1. Preliminary remarks

60. In the course of the 2024 visit, the delegation visited *Antalya L-type Prison* and *Maltepe L-type Prison No. 3 (for foreign nationals)*, where it focused on the situation of LGBT+ prisoners, prisoners placed in single cells for administrative or disciplinary reasons and the disciplinary system. In Antalya, it also examined the conditions and treatment of women prisoners.

61. At the time of the visit, both prisons were extremely overcrowded. *Antalya L-type Prison* had an official capacity of 1 600 places and was accommodating 2 352 persons (1 971 men, 351 women, a female juvenile and 29 persons categorised as LGBT). *Maltepe L-type Prison No. 3 (for foreign nationals)* had a capacity of 1 756 places and was accommodating 2 431 adult men (1 515 persons on remand, 683 sentenced and 233 persons awaiting the outcome of their appeal). Both prisons were operating at around 140% of their official capacity. This of course has a negative impact on the services and regime that can be offered to prisoners.

Moreover, the delegation was informed that Maltepe L-type Prison No. 3 was originally designed for 475 persons and hence the prison did not have the facilities to provide a full regime for the official capacity of 1 756 prisoners let alone over 2 400.³⁸

In the context of the Turkish authorities' strategy to reduce overcrowding within the prison system, priority must be afforded to reducing significantly the numbers held in L-type prisons.

62. The layout of L-type prisons is similar in nature and consists of five accommodation blocks of 12 wards (each with seven cells, a communal living area and sanitary facilities and a small internal courtyard) and some 40 single occupancy cells. Maltepe L-type Prison No. 3 also had an additional ward with 24 spaces and four three-person rooms.

2. Women in prison

63. The female prison population in Türkiye has increased from 10 762 to 14 213 women between January 2021 (when the CPT last visited women's prisons) and June 2024 and currently represents 4.2% of the total prison population.³⁹

The Committee would like to be informed of the new prison establishments opened in the past two years to specifically accommodate the increase in women prisoners and also to receive data about the additional staffing resources recruited to manage these facilities.

64. Given the particular needs of women in prison, the regimes and rehabilitation plans must be gender and age responsive, taking into consideration their specific healthcare needs and caretaking responsibilities.⁴⁰ The CPT also considers that in accordance with the European Prison Rules,⁴¹ special attention should be paid to the needs of prisoners who have experienced physical, mental or sexual abuse, which may commonly be the case regarding women prisoners.

38. For example, Block B11 was accommodating 43 persons at the time of the visit, with the seven cells (each c. 10 m²) equipped with three sets of bunk beds (and a mattress on the floor) when officially the capacity should be 28 persons maximum.

39. <https://cte.adalet.gov.tr/Home/BilgiDetay/22>

40. See CPT's thematic factsheet on women in prison (CPT/Inf (2018)5); Rules 1 and 41 of the United Nations Rules for the Treatment of Women Prisoners and non-custodial Measures for Women Offenders (the "Bangkok Rules").

41. Rules 25.4 and 34.1 (CM Rec(2006)2-rev of 2020).

Further, women's lower levels of violence compared to male prisoners, and therefore women's lower levels of risk to institutional security, must be considered when conducting risk and needs assessment as well as when classifying female prisoners, developing their individual sentencing plans and applying means of restraint.⁴²

The delegation visited the female section (Block A) in Antalya L-type Prison, which was accommodating 351 adult women, including 97 on remand, 241 sentenced and 12 with pending appeals of their sentences. In addition, there was a 16-year-old juvenile female prisoner accommodated in the section. The female prisoner population included 12 mothers, each with one child aged 0-6 years (four boys and eight girls).

a. ill-treatment

65. The vast majority of prisoners interviewed by the delegation stated that they were treated correctly by staff. Nevertheless, the delegation did receive several allegations of female officers being rude and using derogatory language and occasionally shouting at prisoners, particularly during counting procedures and searches.

The delegation further received one allegation of physical ill-treatment from a woman who claimed that on the day of her admission, after banging on the door to the corridor to seek a staff member's attention, one officer reportedly pinched and slapped her while another pulled her hair.

The delegation did not receive any credible allegations of serious incidents of inter-prisoner violence.

The CPT recommends that the Turkish authorities ensure that the management of Antalya L-type Prison deliver a firm message on a regular basis to all staff that any form of ill-treatment, including verbal abuse, is unlawful as well as unprofessional and will be sanctioned accordingly.

b. material conditions

66. Block A consisted of 12 double-storey units of seven cells (two on the ground floor and five on the 1st floor), a communal sanitary facility (with two showers, two separated toilets and three sinks), a living area (with an open kitchenette and dining space), and a communication booth. Each unit had direct access to an inner concrete courtyard. At the time of the visit each unit was accommodating between 24 and 35 women.

Of the 12 units, one unit was dedicated for workers and one for foreign nationals. Mothers and their children were distributed between two units and Unit 10 was used for new arrivals and for women serving a disciplinary sanction of solitary confinement.

67. The cells in each of the units of Block A were the same, measuring approximately 12 m² and equipped with two sets of bunkbeds and one or two single beds. Some cells had mattresses on the floor on which some women reportedly had to sleep. For example, Unit A12 accommodated 35 women which meant that the living space in the cells was less than 2.5 m² per person and thus provided cramped living conditions, notwithstanding the permanent access to the common living area.

The material conditions were generally poor in terms of state of repair and hygiene and were exacerbated by the overcrowding. The units and cells had peeling walls and rusty doors and window frames. Common areas were cold. The lighting and ventilation were generally satisfactory. Prisoners with funds could purchase additional amenities such as televisions, water kettles and plastic storage boxes.

68. Hot water was provided for two hours per day, which is insufficient to meet the hygienic needs of the 24 to 43 women accommodated in each unit. The quantity of hot water set down in law (50 litres per prisoner per day) was not able to be offered within the two-hour slot.⁴³

42. Rule 41 (a) of the Bangkok Rules.

43. 150 litres of cold water and 50 litres of hot water per prisoner per day.

69. The delegation found that not all women were provided with bed sheets or a pillow upon admission to the prison. Further, women were not offered a hygiene pack upon admission other than a bar of soap and had to purchase essential sanitary items themselves. Indigent prisoners had to rely on the good will of other prisoners. This is not appropriate and may create tensions and an imbalance of power among the prisoners.

70. In their communication of 24 May 2024, the Turkish authorities informed the CPT that renovation and maintenance works had been initiated in Block A, including replacing broken sinks. They provided information on the number of beds, blankets, sets of bed linen and pillows allocated to the prison since the delegation's visit, and indicated that, as a result, no women were now obliged to sleep on a mattress on the floor. Beds for children and toys have reportedly also been provided. Lastly, the Turkish authorities mentioned in their reply that all prisoners as well as children staying with their mothers, who require support, as determined by the psycho-social services, were provided with shampoo, toothbrush, toothpaste, soap, laundry detergent, nappies, sanitary pads and baby food.

71. **The CPT recommends that the Turkish authorities ensure that all women admitted to Antalya L-type Prison are provided with a hygiene pack consisting of soap, shampoo, sanitary pads, toilet paper, toothpaste, toothbrush and a towel. Thereafter, indigent women prisoners should be provided with adequate quantities of essential hygiene products on a regular basis free of charge.**

Further, the Committee wishes to receive detailed information on the renovations undertaken in Block A and to receive confirmation that the management of Antalya L-type Prison is able to ensure that every woman has her own bed and is provided with both clean bedding and a pillow upon admission to the prison.

72. As there was no dedicated mother and child unit, the 12 mothers and their children were accommodated in Units A5 and A6. Unit A5 accommodated 34 women, including four mothers and four children, and Unit A6 accommodated 33 women, including eight mothers and eight children. The mothers and their children shared cells with other women, some of whom suffered from substance withdrawal.

The units were not adapted or equipped to meet the needs of mothers with children in prison and did not offer a child friendly environment. The children were sharing their mothers' beds or placed in makeshift hammocks. Children were exposed to an unsafe environment with sharp metal corners and dangerous concrete staircases. Further, there was no heating in the sanitary area, too limited access to warm water considering the number of women in the Units and the bathing facilities were in a poor state of repair with mould, peeling ceilings and rusty doors. There were also very few toys and no washing machines or dryers for mothers to access.

73. Turkish legislation requires that children residing in prison with their mothers and breastfeeding mothers be provided with food suited to their special needs.⁴⁴ The delegation found that pregnant and breastfeeding women were however only receiving regular food with no supplements. Likewise, according to the women interviewed by the delegation during the visit, they only received limited amounts of baby food and nappies which they deemed as insufficient for their children's needs.⁴⁵

In addition, many mothers complained that they lacked clothes, shoes, nappy cream and diapers for their children and that their families were not always allowed to bring the various required products into the prison. The prison authorities should provide mothers with the necessary clothing and hygiene products for their children on a regular basis or, if they are not indigent, enable them to purchase or receive the items from their families.

44. Section 72.4 of the LESSM.

45. See the CPT's thematic factsheet on women in prison (page 5) and Rules 47.1 and 51.2 of the Bangkok Rules.

The CPT is pleased to note that the response received from the Turkish authorities on 24 May 2024, mentions that hygienic products are provided free of charge in case of need and that women prisoners in Block A now have access to a laundry room including washing and drying machines. Further, they indicated that mothers, children staying with their mothers and pregnant women are provided with adequate food in accordance with the quality and quantity requirements recommended by Turkish legislation. Moreover, daily subsistence fees have also been increased for them.

74. It is positive that there was a kindergarten in the prison for children over three years of age, which operated Monday to Friday from 09:00 to 16:30.⁴⁶ Post-natal care, including vaccinations, was appropriately provided.

75. In their letter of 24 May 2024, the Turkish authorities informed the Committee that, after the visit, a dedicated space for mothers and children had been established within Unit A5 (10 mothers and their children) and Unit A6 (seven mothers and their children). Further, reference is made to the provision of children's beds and playpens and the distribution of suitable toys by the Turkish Red Crescent. The CPT welcomes these steps taken by the Turkish authorities.

The Committee would nevertheless appreciate receiving further information as to which rooms in these Units have been reserved for mothers and their children, what are the occupancy levels and furnishings in these two rooms and what measures have been taken to render the steep concrete staircase less hazardous for small children and the two wards more child friendly. It would also like to be informed of the occupancy levels in these two Units on 1 July and 1 September 2024.

76. **Nevertheless, the CPT considers that it is not appropriate for mothers and their children to be accommodated in units which have not been specifically designed for that purpose. The Committee therefore recommends that the Turkish authorities, taking into account the best interests of the child, establish a small, dedicated mother-and-baby unit at Antalya L-type Prison designed to offer a safe and child-friendly environment that takes into account the specific needs of mothers and their children.**

Further, the CPT reiterates the importance of ensuring that the specific dietary needs of pregnant women, breastfeeding mothers, infants and children are provided for, and that children receive the necessary clothing and hygiene products. Steps should also be taken to ensure that common areas in the units where children are accommodated are adequately heated during winter months.

77. More generally, in accordance with Bangkok Rules 57 to 62 and 64, the CPT considers that non-custodial sentences for pregnant women and women with dependent children shall be preferred where possible and appropriate. Custodial sentences should be considered when the offence is serious or violent or the woman represents a continuing danger, and after taking into account the best interests of the child or children, while ensuring that appropriate provision has been made for the care of such children. Non-custodial measures should also be prioritised for women offenders with a history of victimization as well as pregnant women and women with caretaking responsibilities.

III The CPT would appreciate the comments of the Turkish authorities on these matters.

c. regime

78. As is the case in all communal units in L-type prisons, there was an open-door regime. Women could move around freely within their units, with the cell doors always remaining unlocked. The unit courtyard could be accessed each day from 08:00 to 17:00, and women could use a large outdoor yard, albeit for only about less than half an hour per week.

46. It was not operational at the time of the visit as the teacher had had an accident, but the Turkish authorities' reply of 24 May 2024 confirmed that it was now functioning again.

79. Access to meaningful activities was limited. According to information provided to the delegation, in 2024, 20 prisoners were involved in jewellery making and hairdresser training courses and 16 women worked in the textile and apparel workshop. Access to sport, religious activities, movies broadcasted at the prison's cinema and a broad range of events (for example, on first aid and stress management) had been offered on a sporadic basis in 2023⁴⁷ and at the beginning of 2024. Further, aerobics and step fitness classes were also offered on a regular basis.

At the time of the visit, 75 women were following educational classes (15 primary school, 29 high school and 31 university). Women could borrow books from the library every two weeks.

However, overall, only a minority of the 351 women were engaged in a purposeful activity for more than just a few hours per week. Informal employment had developed as a result, with one woman stating that she was cleaning common areas in the unit in exchange for money.

80. The CPT considers that vocational training and work increase prisoners' sense of belonging and responsibility. By providing them with valuable skills, confidence and improved self-esteem, it also reduces the risks of recidivism and prepares the women better for reintegration into the community.

According to the information provided by the Turkish authorities by communication of 24 May 2024, women prisoners are typically involved in jewellery, hairstyling, aerobics and English courses and some of them currently work in the textile workshops.

The CPT recommends that the Turkish authorities pursue their efforts to significantly develop the range of activities offered to women at Antalya L-type Prison on an equal basis to male prisoners⁴⁸ to ensure that all prisoners have access to purposeful activities of a varied nature (work, education, sport, recreation) for a reasonable part of the day. Efforts should be pursued to develop the offer of work and vocational activities, including activities which provide women with formal qualifications and facilitate their reintegration into society. Particular efforts should be made to provide appropriate programmes for pregnant women, nursing mothers and women with children in prison.

In addition, women should have increased access to the large outdoor yard.

81. At the time of the visit, the sole female juvenile prisoner (a foreign national) had not been offered any educational courses since her admission more than one year prior. The CPT recognises that her lack of Turkish language knowledge posed a challenge, but greater efforts should have been made to offer her Turkish language courses. Further, the juvenile girl could reportedly only exercise in the prison's larger grassed yard outside her unit for less than half an hour per week and had no access to the sports hall because it was reserved for men. The CPT recalls that whenever a juvenile is exceptionally accommodated in a prison with adults, the prison management are under a duty of care to provide for the specific needs of that child as concerns their safety, welfare and development.⁴⁹

139. The CPT recommends that the Turkish authorities ensure that all juveniles who are exceptionally held in prison with adults are afforded special care and support by the prison management in line with the best interests of the child. At Antalya L-type Prison, the prison management must invest greater efforts to provide a meaningful regime of activities, including increased access to the outdoor yard, for any female juvenile prisoner held in the establishment.

47. In 2023, some 70 events involving 420 women were organised.

48. All too often CPT delegations encounter women prisoners being offered activities which have been deemed "appropriate" for them, whilst male prisoners are offered training of a far more vocational nature. The CPT considers that such a discriminatory approach can only serve to reinforce outmoded stereotypes of the social role of women.

49. See the substantive section of the [CPT's 9th General Report](#).



Further, the CPT would like to be informed of reasons for holding a juvenile girl with adult women at Antalya L-type Prison, instead of placing her in a children's detention facility.

d. prison staff

83. Women in prison constitute a particular group with distinctive gender-specific needs. Generally, incarcerated women have disproportionately higher levels of mental health disorders (such as anxiety and depression) and drug dependence than men. Rates of deliberate self-harm and suicide are also considerably higher among women. Further, there is an extremely high prevalence of trauma among women prisoners as a result of childhood abuse, sexual assault and intimate partner violence. In fact, there is a strong correlation between sexual and other gender-based violence against women and women's incarceration. It is well-known that the effects of trauma continue well after the traumatic events. Due to their histories of often multiple traumatic experiences, many women prisoners require specific health and social care interventions that take account of their gender and traumatic life trajectories.

84. Despite the needs of women prisoners, prison policies and rules have generally been developed for a prison population in which the male prisoner is considered to be the norm.

In a number of countries, specific guidance has been or is being developed in order to ensure that prison management and policies take into account the specificities of the female prison population, based on approaches that are gender-sensitive (or gender-responsive) and trauma-informed. Trauma-informed policies acknowledge the history and context that violence against women and trauma play in the way those women may behave and react and seek to increase their feelings of safety and security. This presents significant challenges in prisons where lockdowns, lack of privacy, risk of violence and confinement to a cell are commonplace.

Practices like strip searches, demonstrations of authority from staff, and difficult inter-personal relationships may, on the contrary, echo past traumatic experiences.



The CPT recommends that the Turkish authorities develop clear policies and regulations on the management of female prisoners, which are gender-sensitive and trauma-informed, aimed at providing protection from any form of sexual or gender-based violence and (re)traumatisation and at fostering a prison environment of safety and stability.

85. At the time of the visit, the women's section in Block A was staffed by a complement of 53 female prison officers for a population of 352 female prisoners.

86. The CPT considers that ensuring a positive climate in prison in line with dynamic security approaches requires adequate numbers of well-trained and committed staff. Inadequate custodial staff presence increases the risk of violence and intimidation between prisoners. It further undermines the quality and level of the activities offered to prisoners and jeopardises the prospect of preparation for release and social reintegration.⁵⁰

At Antalya L-Type Prison, there were far too few female prison officers on duty to provide meaningful oversight and interaction. Indeed, the management informed the delegation that due to a lack of staff it was not feasible to offer women prisoners access to the sports facilities.

87. Further, the staff responsible for the custody of women prisoners did not receive training relating to the specific needs of juveniles, pregnant women, children or mothers with babies in prison. The Committee considers that it is essential for all staff involved in the management of women's prisons to receive training relating to the gender-specific needs and human rights of women prisoners, including the prohibition of discrimination. Gender-sensitive and trauma-informed treatment and management of women prisoners should be an integral part of the curriculum of custodial staff in women's prisons. Such

50. [Handbook for prison managers and policymakers on women and imprisonment \(ohchr.org\)](https://www.ohchr.org/en/handbook-prison-managers-and-policy-makers-women-and-imprisonment) (2008)

training should enable staff to recognise the impact of trauma, detect mental healthcare needs and the risk of self-harm and suicide, seek not to retraumatise and should promote safety and respect. Senior staff responsible for developing policies and strategies on the treatment and care of women prisoners should also be involved in such training activities as much as possible.⁵¹

88. **The CPT recommends that the Turkish authorities review the staffing levels in Block A of Antalya-L-type Prison to guarantee that a full programme of activities can be offered to all women in a safe and secure manner. Further all staff working with women prisoners should receive training relating to the gender-specific needs and human rights of women prisoners as well as on the distinct needs of foreign national prisoners.**

e. contact with the outside world

89. The challenges involved in making separate provisions for the small numbers of women in prison often result in women being held at a limited number of locations which may be far from their homes and families, including dependent children. In view of the critical importance of maintaining family relationships for women in prison, contact with their families, including their children, their children's guardians and legal representatives should be encouraged and facilitated by all reasonable means.⁵²

90. The general provisions regulating contact with the outside world, as set out in paragraph 47 above, apply equally to women prisoners. In addition, the CPT was pleased to note the availability of a communication booth in each communal unit making voice and video calls available to the vast majority of prisoners, to be considered a novel good practice. However, the delegation met a few foreign national women who had not been in contact with their families for lengthy periods. For example, the juvenile girl had reportedly had no contact by telephone with her mother for five months as she could not afford to buy a telephone card. In such a situation, even if the juvenile prisoner is not eligible to be provided with a telephone card free-of-charge, the duty of care incumbent on the prison management requires that they take steps to facilitate the possibility for the juvenile to remain in contact with her family.⁵³

91. Several women reported that they had applied for but had been denied conjugal visits. The prison Director informed the delegation that over the past 13 months (up to 16 February 2024), two women (and 25 men) had been allowed conjugal visits.

The CPT wishes to stress that, where conjugal visits are allowed, female prisoners should be able to benefit from such visits on an equal basis with male prisoners.

92. Due to the small number of prison establishments that accommodate women, they are often placed far away from their homes. At the same time, the burden of family, caretaking responsibilities, particularly as regards children, falls disproportionately on women and they therefore need to have regular access to their families.

The CPT recommends that the Turkish authorities introduce additional compensatory measures for women prisoners to facilitate the possibility of maintaining contact with their families. These could include allowing women prisoners with children to make more frequent and longer telephone/video calls, and permitting those women whose families live abroad or far away from the prison to accumulate visiting time allowances.

51. Rules 29, 32 and 33 of the Bangkok Rules.

52. Rules 26 and 27 of the Bangkok Rules and Rules 17.1 and 24.4 of the European Prison Rules.

53. See the Committee on the Rights of the Child (CRC) General Comment No. 24 (2019), paragraph 95 (k), on children's rights in the child justice system.

f. searches

93. Many women prisoners complained about the way in which strip searches were conducted. Upon admission, women, including the juvenile girl, reportedly had to remove all of their clothing in one go, and while standing fully naked, they had been made to squat three times. Further, several women, including mothers imprisoned with their children and the juvenile prisoner, stated that they routinely had to remove their lower clothes and underwear and made to squat every time they returned from an open visit. Such practices were neither gender responsive, nor trauma informed. On the contrary, they may echo women's past traumatic experiences.

94. Strip searches are a very invasive and potentially degrading measure. When a strip search is considered necessary in a particular case, every reasonable effort should be made to minimise embarrassment. Prisoners who are searched should not normally be required to remove all their clothes at the same time. A person should be allowed to remove clothing above the waist and put those clothes back on before removing further clothing.⁵⁴ Squatting should not, as a matter of routine, be part of a strip search, such an intrusive and potentially degrading measure should in principle only be justified by a specific danger, a firm suspicion or the needs of the investigation.

95. In all cases, alternatives should always be sought in order to avoid the harmful psychological and possible physical impact of invasive body searches. A strip search should only be conducted when it is not possible to carry out other types of searches (pat-down search, targeted and visual search or the use of electronic detection) or if these would be inadequate.⁵⁵

The CPT recommends that strip searches are not carried out automatically but only subject to individual risk assessments. Further, alternative screening methods, such as body scans, should be considered as much as possible to avoid the harmful impact of strip and invasive body searches.

96. The CPT notes that, in accordance with Article 34 of the Regulation on the Administration of Prison Establishment and the Execution of Sentences and Security Measures, "strip searches" have been replaced by "detailed searches," which are only to be carried out according to the law as an exceptional measure on "suspicion" of banned substances or material, provided "it is impossible to identify prohibited substances or materials by other means".

The CPT further recommends that strip searches are conducted in such a manner as to limit embarrassment and preserve the dignity of the person concerned in accordance with the safeguards envisaged by Turkish law and international standards.

97. The women in units A5 and A6, which also accommodated several mothers with their children, told the delegation that when prison officers carried out cell searches each month, they would throw all the women's belongings onto the floor and, reportedly, often confiscate items which had been purchased in the prison shop. Further, they stated that the searches left the children scared and traumatised as they tended to take place at night (often between 21:00 – 22:00), and the women and their small children were ordered outside into the unit's courtyard to wait during the cell search.

The CPT recommends that the prison management of Antalya L-type Prison ensure that the belongings of prisoners are treated with respect during cell searches and that only those items which are not permitted by the prison rules are confiscated. If items purchased from the prison shop are removed, the prisoner should receive a written receipt and a reason for the item's removal. It would also be good practice, as set out in Rule 54.8 of the European Prison Rules, to permit one prisoner from the unit being searched to observe the way in which the search is carried out.

54. See the [CPT's thematic factsheet on women in prison](#) (page 7) and Rule 54 of the European Prison Rules.

55. Bangkok Rules, Rule 20.

Further, the CPT recommends that searches of cells in which mothers are accommodated with their small children be undertaken during hours when the children are awake and be carried out in such a manner as to avoid scaring the children. During searches, the mothers and their children should be permitted to remain in the common area of the unit unless they prefer to go into the courtyard.

g. discipline

98. The issues and concerns outlined in paragraphs 50 to 54 above regarding disciplinary matters were found to apply equally to women prisoners.

99. The cell used for disciplinary sanctions, located together with the admission cell in Block A (unit 10). It measured about 10 m². It was equipped with two doubled bunkbeds, a fully partitioned sanitary annex with a floor-level toilet, a wash basin and a shower. The cell was in a poor state of repair with peeling walls, rusty sanitary installations, broken electric sockets and call bells.

100. The delegation met a woman who had been placed in solitary confinement as a disciplinary punishment together with her child aged two and a half years old for a period of 11 days because she did not return to the right prison after a period of home leave. According to the Turkish authorities,⁵⁶ mothers with children up to six years old should be asked whether they want to hand over the child to their family while serving a disciplinary punishment. Alternatively, the child must benefit from social activities during the day. The CPT considers that children should not be placed with their mothers in a situation of a solitary confinement regime as this would amount to treating them as prisoners.⁵⁷

The CPT recommends that, in accordance with the best interests of the child, the Turkish authorities cease the practice of placing mothers with children in prison in solitary confinement.

3. LGBT+ persons in prison

101. In the two L-type Prisons visited, there was a policy in place to provide persons who identified as Gay or Transgender in separate accommodation from the vast majority of men who identified themselves as heterosexual.⁵⁸

At the time of the visit, Antalya L-type Prison was accommodating 31 persons who were designated as “homosexual” (*eşcinsel*). A ground floor ward of three cells, a common area and a small yard accommodated nine persons, including three transgender women, while an upstairs ward of three cells and a common area held six persons, including two transgender women. The remaining 16 persons were held in single-occupancy cells, two of whom said they identified as transgender women.

Maltepe L-type Prison No. 3 for foreign nationals was accommodating 12 persons designated as having a “different sexual orientation”. Eight of them, including four transgender women, were accommodated on a first-floor ward with three cells and a common area while the remaining four persons, including one transgender woman, were held in single-occupancy cells.

102. The CPT acknowledges the efforts of the Turkish authorities to provide a safe space for transgender women in prison and to provide for their basic needs. However, there remains a need to develop a clear framework for the treatment of transgender persons who are detained in prison, in accordance with Principle 9 of the 2017 Yogyakarta Principles plus 10.⁵⁹ Such a framework should address both the policies towards the placement and management of transgender persons in prison and should include clear

56. See the Turkish authorities’ response to the report on the CPT’s 2021 visit, page 62.

57. This is in line with the spirit of Rule 60.6 (a) of the European Prison Rules and Rule 49 of the Bangkok Rules.

58. The delegation did not examine the specific treatment of persons who identified themselves as lesbian.

59. The Yogyakarta Principles plus 10: Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics to Complement the Yogyakarta Principles as adopted on 10 November 2017, Geneva.

protocols with regard to such issues as searches, use of force, staffing, healthcare and treatment (hormone or gender affirming surgery) and association and access to activities together with cisgender prisoners. In this respect, due account should be taken of the recent publication of the CPT on transgender persons in prison.⁶⁰

103. Further, male and female prison staff should be offered programmes of training and awareness raising on working with transgender persons in prison. In both L-type Prisons visited, prison staff stated that no such programmes had been offered to them and the delegation observed that not all staff knew how to engage with the transgender women. The awareness raising seminars organised in co-operation with non-governmental organisations and the materials and training under the Structured Mental Assessment and Intervention Programme (YARDM) referred to by the Turkish authorities in their communication of 24 May 2024 should be repeated and compiled into a training package for staff working with transgender prisoners. It would also be good practice to ensure that trained female prison officers are in post in those prisons where transgender women are held.

The CPT recommends that the Turkish authorities develop a clear policy framework for transgender persons in prison in accordance with the Yogyakarta Principles, which should include protocols on such issues as cell allocation, searches, use of force, staffing, healthcare and treatment (hormone and/or gender affirming surgery) and association and access to activities together with cisgender prisoners. Further, male and female prison officers should be provided training on working with transgender prisoners.

104. In the course of the visit, the CPT delegation came across a complex case at Antalya L-type Prison of a person who professed to be a transgender woman but who had been placed in an ordinary male Unit from mid-February to mid-December 2023. During this period, she stated that she had been sexually abused, humiliated and ostracised by the other prisoners in the ward. Her alleged treatment by other prisoners in the Unit during the first few months of 2023 included being sexually harassed and punched and kicked, as a result of which she drank a quantity of detergent on 27 April 2023 and had to be taken to hospital. She agreed to be discharged prematurely from hospital back to the prison on 1 May 2023, where she was placed in the same Unit C5 again.

Reportedly, she had immense challenges looking after herself until transferred back to hospital from 21 June to have intestinal surgery performed. Upon discharge from hospital on 17 July, she was placed back in C5 Unit. For the next five months, she was told to sleep alone in the common room and to wear only long sleeve shirts and trousers. The head prisoner of the Unit instructed all persons in the unit not to speak to her and to ensure she did nothing “untoward”. Prisoners who had been accommodated in Unit C5 in 2023, told the delegation that “they had had to take measures themselves to isolate this prisoner for their own protection”. They also asked why she had been placed in this male ward. The person in question was finally moved out of C5 Unit and accommodated in a single-occupancy cell on 21 December 2023.⁶¹

105. Further, she claimed to the delegation that she had been on hormonal therapy upon arrival at Antalya L-type Prison from Izmir on 18 February 2023 but that her medication had been taken away from her by two officers upon admission. She also stated that she had written several petitions to be taken out of C5 Unit. However, there appeared to be no record of such petitions on the UYAP system. The fact that she was accused of a serious crime and that she had a cleft lip made her more vulnerable to abuse from other prisoners, she perceived her non-Muslim and half foreign national status as being further factors. Leaving her to remain in a male ward for 10 months during which time she was abused by other prisoners and the prisoners of that ward made it clear they did not want her there demonstrates that staff appeared not to know what was happening within the ward, which could be characterised as negligence.

60. See [CPT/Inf \(2024\) 16 - part](#).

61. At the time of the visit, the person stated that she had a kettle, radio and television in storage but that her requests for these items to be brought to her cell had gone unanswered.

106. **The CPT recommends that the Turkish authorities ensure that a more rigorous risk and needs assessment be carried out upon admission to prison of persons in a situation of vulnerability. Further, there needs to be a more proactive investigation into serious incidents of self-harm to discover the reasons behind them and to be able to take appropriate action accordingly.**

The CPT would also like to be informed about the current placement and conditions of detention of this person.

a. admission and cell allocation

107. The CPT underlines that transgender persons, as well as other LGBT+ persons, held in detention can be in a situation of vulnerability, at heightened risk of intimidation and abuse. As such, the Committee endorses the existing international norms that emphasise the obligations of states to put in place safeguards to protect transgender persons in detention, including the Yogyakarta Principles and Additional Principles on the application of international human rights law in relation to sexual orientation and gender identity, notably Principles 5, 9 and 10. It also underlines the case law of the European Court of Human Rights and the European Committee of Social Rights' decisions, highlighting that national legislation should provide for recognition of persons of a gender other than that assigned at birth and should not include any requirement as a pre-condition to legal gender recognition such as gender-affirming surgery.⁶² The CPT recognises that not all transgender persons wish to proceed to gender-affirming surgery and treatment in a prison context. Such surgery, or any coercive requirements, should not be a condition to recognition.

The Committee considers that if a person self-identifies as transgender during the prison admission procedure, then this should be sufficient *per se* for the prison to treat the person as such in all decisions taken concerning that person. This includes placement decisions, notwithstanding the need to take due account of individual risk assessments.

108. The practice in Türkiye is that transgender persons who have not undergone affirming surgery will be allocated to a prison which corresponds to their legal identity. The transgender women met by the delegation in both male prisons visited stated that they had been recognised by the staff as transgender upon admission to the prison and as such had been offered the possibility of being placed in a ward with other transgender women and men who had self-identified as gay or alone in a single cell if they so requested.

109. As regards persons who identified as gay, the procedures in the two prisons were very different. At Maltepe L-type Prison No. 3, prisoners who self-identified themselves upon admission to the establishment as gay would be accepted as such and allocated to a ward for transgender women and gay persons.

On the other hand, at Antalya L-type Prison, persons who self-declared themselves as being gay would be placed in a single occupancy cell until such time as they had been certified as gay by the University Hospital Antalya. This procedure often took up to six months or more as the persons had to be seen by a series of doctors from up to 10 different specialisations (general surgery, urology, neurology, psychiatry psychology, ENT, etc.) which required being escorted several times by the gendarmerie to the hospital. Reportedly, the doctors would merely ask if there was anything wrong with them and if they responded in the negative, they would sign the file. Once all departments had approved the application a certificate would be issued confirming the persons was gay. Not only was this a complete waste of time and resources for the doctors and the gendarmerie merely to confirm what the person had declared upon admission – that they were gay – but it was humiliating and damaging to the person. The period of being held in conditions akin to solitary confinement for up to six months or more before obtaining the certificate was psychologically difficult for the persons concerned and led some of them to commit acts of self-harm or attempted suicide.

62. See, in this connection, [ECtHR Gender Identity Issues Factsheet January 2023](#) ; and [ECRI General Policy Recommendation No. 17 on preventing and combating intolerance and discrimination against LGBTI persons](#).

||| The CPT recommends that the Turkish authorities end the current practice at Antalya L-type Prison of requiring persons who declare themselves as gay to have to obtain a certificate from the hospital confirming their declaration.

110. As regards the admission process itself, there appeared to be no clearly defined policy of how to treat transgender women.

At both prisons, the admission process for transgender women was the same as that employed for the admission of men. At Antalya L-type Prison, the transgender women met stated that the staff were respectful when carrying out searches and that they were permitted to keep on their underwear, including their bra. However, at Maltepe L-type Prison No. 3, nearly all the transgender women stated that they had to remove all their clothes (they were not even allowed to cover their breasts) and squat several times while naked under the supervision of one or more male officers. Such a procedure is not appropriate. Some of them also stated that other officers had come over to peer into the cubicle while they were naked; if true, this is not only unprofessional behaviour but could also be considered as degrading for the women.

||| Strip searches are a very invasive and potentially degrading measure and in this respect the approach outlined in paragraph 95 above should be applied equally to transgender persons.

111. Further, in the case of prisoners who identify as transgender, admissions' staff should discuss with them during the initial admissions process the gender of officer who would conduct rub down and strip searches, in line with the transgender persons' identity and preference. The prisoner's search choice must be recorded. The prisoner should be advised that this does not allow them to choose the staff members who search them. If the prisoner refuses to select a search preference, they should in principle be searched in line with their gender identity. Moreover, staff should receive training on how to carry out searches in a professional and respectful manner.

||| The CPT would appreciate the comments of the Turkish authorities on this matter.

112. In the course of the visit, the delegation met several prisoners in single-occupancy cells who had recently been admitted to prison and who had not been provided with any hygiene products apart from a bar of soap. Nor had they been given a pillow or a sheet for the bed. Persons complained that it took up to two weeks to organise for funds to be placed on a prison account and to order basic hygiene products during which time they had no toothbrush or toothpaste, no change of clothes, no sheet or pillow or towel and no products to keep their cell and sanitary annex clean. Indigent prisoners met in single-occupancy cells could be exposed to such deprivations for much longer periods.

The Committee considers that upon admission to prison, all persons should be provided with a basic hygiene kit to cover their first two weeks in prisons which should consist of a sheet, pillow, towel, change of clothes (if the person has no clothes with them), soap, toothbrush and toothpaste. The CPT was pleased to read in the response of 24 May 2024 of the Turkish authorities to the delegation's preliminary observations that such products should be offered to all newly admitted prisoners free of charge. LGBT persons placed into single-occupancy cells upon admission to prison should also be given a kettle and the necessary products to keep their cell and sanitary annex clean.

||| The CPT recommends that the Turkish authorities take action to ensure that all persons newly admitted to an L-type prison are provided with a basic hygiene kit (a towel, toilet paper, soap, toothbrush and toothpaste) as well as a sheet and pillow, in the light of the above remarks. They should also be provided with a change of clothes if they do not have any.

b. material conditions and regime

113. At Antalya L-type Prison, the ward on Block F9 (ground floor) consisted of three double occupancy cells each of which measured 6.5 m², including the sanitary annex. The doors to these cells were not locked. The common living area contained two sets of bunk beds, a table and chairs, a sink and a communication booth. The door to the ward courtyard (50m²) was open between 7h30 and 17h30. The three cells were in an appalling state of repair with peeling paint, crumbling walls and a pervasive dampness and the sanitary annexes were decrepit and musty with mouldy walls; the walls of the middle cell were covered in blast plastic bin liners in attempt to stem the crumbling plaster. The ward on Block F9 (first floor) was of a similar layout except that there was no direct access to a courtyard, but they were granted access to a yard for two hours both in the morning and in the afternoon. The material conditions were in an acceptable state of repair.

At Maltepe L-type Prison No. 3, the ward on Block B9 (ground floor) consisted of three cells and a common area (equipped with three sets of bunk beds, a table and chairs and a sink area). The door to the ward courtyard was open between 7h30 and 17h30. There was also a communication booth. The ward was in an acceptable state of repair.



The CPT recommends that steps be taken to refurbish the three cells in the ward on Block F9 (ground floor) at Antalya L-type Prison.

114. At both L-types prisons, the single cells were clustered in groups of five along a corridor both at ground level and on the first floor. The cells visited were of an acceptable size (8.5 m² excluding a fully partitioned sanitary annex of 2 m²) but they were generally in a rather dilapidated state, notably at Maltepe L-type Prison No. 3 (flaking walls, broken floors, exposed or broken electricity fixtures, smelly sanitary facilities with mould and rust present). Further, the call bells did not function which meant obtaining the attention of a prison officer could be difficult given that no officer was located on the five-cell units or even in the area adjacent, notably concerning the first-floor units.

The cells were furnished with only a metal-framed bed (sometimes a bunk bed) and a mattress. Persons with sufficient funds could buy a radio, fridge, kettle, television, storage container for clothes and belongings and a table and stool.

115. The delegation met several indigent prisoners at both prisons who had only been provided with a blanket (no sheet or pillow) and a bar of soap for washing. Some of them had no change of clothes nor any product to clean the clothes they wore, and only possessed open sandals. All of them complained about having no possibility to make tea or coffee. The psycho-social services in both prisons seemed unaware of the indigent situation of a number of the persons in single-occupancy cells. Further, the CPT considers that prison officers should be proactive in reporting deficiencies in cells when they are informed of such or observe them during their work rather than always placing the onus on a prisoner to write a petition.

116. The Committee considers that there are certain essential elements that constitute a decency threshold which should be provided to all persons deprived of their liberty in prisons. One such element is that prisoners be provided with decent sleeping and living conditions and the means to keep clean: proper sanitation, including toilet and shower facilities, washing water, cleaning products, laundry, personal hygiene products.⁶³ Further, the prison should supply indigent prisoners with clean clothing appropriate to seasonal weather conditions, which should include several pairs of underwear that can be washed regularly. The indigent prisoners met in the single-occupancy cells in the L-type Prisons visited were not being afforded these basic elements.⁶⁴

117. In their response to the delegation's preliminary observations, dated 24 May 2024, the Turkish authorities informed the Committee that renovation work in the single cells and multiple-occupancy wards was being undertaken in both L-type Prisons visited to address the deficiencies identified.

63. See Decency threshold for prisons – criteria for assessing conditions of detention: CPT's 30th General Report – [CPT/Inf\(2021\)5-part](#), paragraph 68.

64. One prisoner complained that he had been wearing the same pair of underpants for over a month.

118. **The CPT recommends that the Turkish authorities ensure that action is taken to maintain the single cells and multiple-occupancy wards in a decent state of repair.**

Further, proactive steps should be taken to ensure that indigent persons in single-occupancy cells are provided with basic hygiene, washing and other goods to ensure that their living conditions do not fall below the minimum decency threshold as set out by the Committee.

119. The regime of activities offered to the transgender women and gay men accommodated in the multiple-occupancy wards was extremely limited. At Antalya L-type Prison, no activities were offered at the time of the visit and the days were spent walking in the yard, reading and watching television. At Maltepe L-type Prison no 3, the one hour per week access to the outdoor sports field had stopped in November 2023 and no opportunities to access the indoor sports gym were offered. It is positive that Turkish language courses up to B1 level were offered and that cinema screenings were occasionally shown although persons complained that the cartoon screenings were belittling.

The CPT recognises that the L-type prisons are not in a position to offer a full range of activities to all inmates given the high levels of overcrowding. Nevertheless, increased efforts should be made to provide educational and sports activities as well as vocational courses. At Antalya L-type Prison, transgender women should be offered the opportunity of attending courses together with women prisoners, subject to consultation and a risk assessment.

The CPT recommends that additional efforts be made to offer transgender women and gay prisoners a range of purposeful activities as part of their sentence plan. Moreover, such activities, including film screenings, should be appropriate.

120. For those transgender and gay prisoners located in a single-occupancy cell no activities with other persons were offered. A few of them were undertaking higher educational studies, which was a positive use of their time in the cell. However, they were confined to their cells for 23 hours a day and only left the cell for one hour of outdoor exercise every day. Holding persons for prolonged periods in solitary confinement is highly detrimental to their mental and physical health.

Almost none of the transgender and gay prisoners located in a single-occupancy cell had committed any infraction against the prison rules and their placement was primarily because they were still waiting to obtain a gay certificate in Antalya L-type Prison or due to their request to be taken out of the multiple-occupancy ward to which they had been initially. However, placement in a single occupancy cell resulted in a highly restricted regime which the prison managements appeared unable or unwilling to adapt to meet the needs of the transgender and gay prisoners. Much greater efforts need to be made to enable these persons to associate with other persons in a similar situation on a regular basis if they cannot be integrated into a ward. For example, this group of prisoners might be placed within the same five-cell units and allowed an open-door policy during the day within the corridor and permitted to take exercise in the yard together. Obviously, this would be subject to a risk assessment as with all placement decisions.

Further, this group of prisoners should also be offered the opportunity to participate in out-of-cell activities as outlined above, subject to the necessary risk assessment.

The CPT recommends that the Turkish authorities take steps to offer transgender and gay prisoners placed in single-occupancy cells the possibility to associate with other prisoners and access to a range of activities. At a minimum, they should all be offered at least two hours of meaningful human contact every day.

c. treatment and contact with the outside world

121. The CPT considers that prison authorities should allow access to gender-affirming treatments and surgery for transgender prisoners, for those who so wish. Ideally, where such health services are included in national health insurance schemes, the cost should be absorbed at an equal rate as that for transgender persons living in the community. This must be done based on a careful and comprehensive risk assessment involving medical doctors, psychologists and social workers.

The CPT noted that the transgender women met at both L-type Prisons were able to start or continue with hormonal therapy while in prison. Those on hormonal therapy were followed by a doctor and had regular blood tests. However, there was no clear information about such treatment and a few transgender women complained that they had not been informed about the possibility to continue their hormonal therapy and so had terminated it upon admission to prison, which had caused them a lot of emotional and physical distress. The transgender women met by the delegation were unsure whether they were permitted to proceed with gender affirming surgery while in prison. Even if not all of them desire such an intervention, they should be provided with clear information.

 **The CPT recommends that all transgender women entering prison be given clear and full information about the treatment and support they may receive while in prison.**

122. Contacts with the outside world for transgender and gay persons held in multiple-occupancy wards are the same as those for women. The delegation also noted that it is possible for calls to be made to some 35 countries outside Türkiye which is positive. However, for those countries where there is no video links, calls are reportedly expensive, and several foreign nationals met in prison stated that they had had virtually no contact with their families.

123. Contacts were however much more restricted for persons accommodated in single-occupancy cells as they were restricted to only 10-minute calls a week. At Antalya L-type Prison, a gay man who had been in a single-occupancy cell for over 18 months had been awarded the possibility of increased phone calls in November 2023 (up to 60 minutes per week) due to his good behaviour. However, at the end of January this authorisation was rescinded as it was not envisaged in the prison legislation and rules.

Nevertheless, there is a need for a more flexible approach towards transgender and gay persons placed in single-occupancy cells at both Antalya and Maltepe No. 3 L-type Prisons. Even if they cannot be reintegrated into a multiple-occupancy ward, they should be offered the same opportunities for contact with the outside world. At a minimum, they could be offered two calls of 10 minutes or a call of 20 minutes per week in accordance with Article 51(f) of the LESSM.

 **The CPT recommends that transgender and gay persons placed in single-occupancy cells should be offered increased opportunities for contact with the outside world, in the light of the above remarks.**

124. The delegation met a couple of persons who had no relatives in Türkiye but who did have a partner living in the country. However, the current regulations only permit contacts with relatives (by blood) up to the fourth degree. The CPT considers that there is a need for a more flexible approach to reflect changing societal practices. In this respect, it has taken note of the 24 May 2024 response of the Turkish authorities to the delegation's preliminary observations in which it is stated that this matter will be examined when the legislation is next reviewed.

D. Healthcare services in the prisons visited

125. The CPT noted once again that, in the same way as during previous visits to Türkiye, the healthcare services of the prisons visited were severely understaffed.

For example, Antalya L-type Prison and Maltepe L-type Prison No. 3, accommodating at the time of the visit around 2 400 prisoners each, employed only two part-time general practitioners (GPs), corresponding, in full-time equivalent (FTE), to 1.4 posts at Antalya and one post at Maltepe. The situation was only relatively better at İğdır S-type Prison, which had one full-time doctor for a prisoner population of approximately 600 (see, however, paragraph 130 below).⁶⁵

Nursing staff resources were also inadequate. For instance, Antalya L-type Prison employed no nurses; instead, the establishment's healthcare unit was staffed by four "health officers" who were, as a rule, assigned by the Ministry of Justice and had some medical training. Similarly, there were no nurses at Van F-type Prison and only one nurse at Van High-Security Prison,⁶⁶ with five to six health officers assigned to the healthcare unit.⁶⁷

126. It is clear that, under such circumstances, a prison healthcare service cannot be expected to perform its tasks in an effective manner. Indeed, during the visit, many prisoners complained to the delegation about considerable delays (up to one month) in gaining access to – and extremely brief encounters with⁶⁸ – the prison doctors. Further, in most of the prisons visited, the quality of medical record-keeping left a lot to be desired.

127. **In light of the above, the CPT recommends that the Turkish authorities take steps as a matter of priority to increase the healthcare staffing levels in the prisons visited (and in other prisons where there are similarly low levels of healthcare staffing), also taking into account the remarks made in paragraph 68 of the report on the Committee's 2021 visit to Türkiye.**⁶⁹

128. Further, as the CPT has stressed in the past, 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 Committee reiterates its recommendation that health officers working in prisons, as all prison healthcare staff, be affiliated to the Ministry of Health.

129. In some of the establishments visited (for example, Antalya L-type and S-type Prisons), no healthcare staff were present at night.

65. As concerns the other establishments visited, Van F-type and Van High-Security Prisons (accommodating, at the time of the visit, some 300 and 400 prisoners respectively) each had two part-time GPs together covering 0.2 FTE. Antalya S-type Prison, holding 565 prisoners at the time of the visit, employed one GP who worked 1.5 days a week (that is, 0.3 FTE).

66. At both prisons, the delegation was informed that two nurses had just been recruited and were expected to start working shortly.

67. Further, İğdır S-type Prison had 4 nurses, Antalya S-type Prison 2 nurses and 2 health officers, and Maltepe L-type Prison 2 nurses and 7 health officers. In addition, in most of the establishments visited, the nursing staff were supported by several custodial officers working as medical orderlies.

68. For example, at Van F-type and Van High-Security Prisons, the delegation noted that the doctors conducted 25 to 40 patient consultations in half a day.

69. In that report, the CPT had pointed out, in relation to the low healthcare staffing levels often found in Turkish prisons, that "it should be borne in mind that morbidity among the prison population is usually very high. 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."

The CPT recommends that the Turkish authorities take steps to ensure that at least one staff member competent to provide first aid (which should include being trained in the application of cardiopulmonary resuscitation and the use of automated external defibrillators) is always present on the premises of all prisons, including at night. In this regard, steps should also be taken to ensure that all health officers working in prisons receive resuscitation/life support training on a regular basis, given that they are usually the only member of healthcare staff present in prisons at night-time.

130. At Iğdır S-type Prison, the delegation learned that, over the past few years, the single prison doctor had been replaced every few months.

The CPT considers that situations of this kind should be avoided and steps taken to ensure a doctor is in post for much longer periods in order to guarantee the continuity of medical care received by prisoners.

131. In all the prisons visited, requests to see a prison doctor had to be handed over by prisoners to custodial staff. In this connection, some prisoners met by the delegation at Antalya S-type Prison claimed that staff members had repeatedly ignored their requests to visit the healthcare service, in particular following instances of use of force by staff.

In order to ensure the confidentiality of prisoners' requests to see a doctor and to prevent such requests from being filtered by prison officers, the CPT recommends that the arrangements for accessing healthcare personnel in prisons be reviewed in order to avoid custodial staff acting as intermediaries. This can be achieved, for instance, by arranging daily rounds of nursing staff in the detention areas to collect requests for medical consultations, or by introducing sealed envelopes or locked letterboxes for requests for consultations, to which only members of the healthcare team have access.

132. As regards access to psychiatric care for prisoners, the delegation noted that, at Antalya L-type and S-type Prisons, a psychiatrist was present once a week.⁷⁰ However, the other prisons were not visited by a psychiatrist,⁷¹ despite the presence of many persons with severe mental health disorders. Further, as has been the case in the past, the delegation observed in most of the prisons visited that mentally ill prisoners were frequently placed in isolation for prolonged periods with little or no meaningful human contact (see, for example, paragraph 149 below). Such a practice is unacceptable and, in the CPT's view, could be considered as amounting to degrading treatment.

Whilst acknowledging that prisoners who needed to be seen by a psychiatrist were generally referred to a campus hospital (such as at Maltepe) or campus polyclinic (at Van), the CPT wishes to stress once again that the regular presence of a psychiatrist in a prison will enable prisoners with mental health problems 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 prisoners who are returned to prison after treatment in a psychiatric facility is satisfactorily monitored.

133. The CPT reiterates its recommendation that steps be taken in all prisons in Türkiye 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. Further, in the Committee's view, it is necessary that doctors and nurses working in prisons are trained to identify common mental health disorders.

70. It should be noted, however, that the prisons were visited often by different psychiatrists which posed challenges in terms of continuity of care.

71. At Van F-type and High-Security Prisons, the delegation was told that the campus polyclinic was attended by a psychiatrist several times per week.

III The CPT also recommends that appropriate steps be taken to ensure that prisoners with mental health disorders who require in-patient psychiatric treatment are always transferred without delay to suitable hospital facilities. Clear protocols should be established to facilitate and manage such transfers.

134. In their letter of 24 May 2024, the Turkish authorities informed the Committee of a newly initiated “Mental Rehabilitation Project”, which envisages the creation of “physical spaces [...] to allow for events and activities for rehabilitation of remand and sentenced prisoners [...] who have mental illnesses but whose in-patient treatment was not deemed necessary at Mental and Neurological Diseases Hospitals, thus sent back to prison establishments.”

III The CPT would like to receive detailed information about the implementation of this project.

135. Each of the prisons visited employed two to three psychologists. However, the delegation noted that they were essentially involved in security risk assessment of prisoners, and much less so in therapeutic clinical work.

III The CPT recommends that the Turkish authorities reinforce the provision of psychological care in prisons, especially as regards therapeutic clinical work with prisoners. In this context, it is important to ensure that the psychological service be integrated in the prison healthcare service. Further, with a view to enabling the development of a proper therapeutic relationship with prisoners, risk assessments should be conducted by a psychologist who does not have a therapeutic relationship with the prisoner in question.

136. The medical facilities and equipment in the prisons visited were satisfactory. However, Van F-type Prison was not equipped with an automated external defibrillator.

III Steps should be taken to remedy this shortcoming.

137. In the healthcare unit of Van F-type Prison, the delegation noted that, in the case of an emergency requiring transfer to a hospital, staff had to carry the patient on a stretcher to the upper floor and then down again, which involved a risk of falling from the stretcher when carried down the narrow staircase.

III The CPT recommends that steps be taken at Van F-type Prison to address this deficiency (for example, by ensuring a flat transportation path on the ground floor or installing a lift).

138. The supply of medication did not seem to pose any particular problems in most of the prisons visited. However, at Iğdır S-type Prison and Maltepe L-type Prison No. 3, the delegation noted that there could be occasional disruptions to the supply of medication, including essential medicines.

For example, at Iğdır, the delegation met a prisoner who had started to receive treatment for Hepatitis C after his admission to the establishment, which, however, had been interrupted two months later due to a lack of the necessary medicines. On the day of the visit, the prisoner had had his HCV treatment interrupted for one month.⁷²

This is not acceptable. Such interruptions reduce the effectiveness of the treatment administered and may, with certain categories of medication (antibiotics, antiviral medicines, etc.), even cause harmful effects and lead to treatment resistance in patients.

72. In another case, a prisoner held at Maltepe L-type Prison had had his HIV treatment interrupted for over three months following his imprisonment as he had apparently failed to submit a request for renewal of the prescription on time.

The CPT recommends that the existing arrangements for prescribing and supplying medication to prisoners be reviewed, with a view to ensuring that they receive the necessary medication with no interruptions and without relying on the patient's request for renewal.

In this regard, reference should be made to the positive practice observed by the delegation at Van F-type Prison, where the healthcare staff used a special software which ensured the continuous supply of chronic medication.

139. There were no visiting specialists in the prisons visited and, if a prisoner needed referral to secondary care, this was done by the prison GP. In this context, the delegation received numerous complaints from prisoners about considerable delays (up to several months) for transfers to a hospital for specialist examinations. According to staff, this situation was mainly due to difficulties in arranging a gendarmerie escort which occasionally also led to missed hospital appointments.⁷³

As the CPT has stressed in the past, prisoners identified as being in need of examination/care in an outside hospital should be taken there with the promptness and in a manner required by their state of health.

The CPT recommends that the Turkish authorities take the necessary measures to ensure that prisoners in need of specialist treatment (including outside consultations/examinations and hospitalisation) are granted access to such care without undue delay.

140. The CPT noted with concern that, despite the specific recommendation repeatedly made by the Committee in previous visit reports, newly arrived prisoners were still not systematically subjected to a thorough medical screening by healthcare staff in any of the establishments visited. In fact, such screening appeared to be usually limited to documenting a list of diagnoses and – unless the prisoner concerned indicated having bodily injuries – did not entail a physical examination.

It would also appear that women held at Antalya L-type Prison were generally not screened for sexual and gender-based violence sustained prior to admission to prison. On a more positive note, newly arrived female prisoners of reproductive age were asked whether they thought they might be pregnant and, in the affirmative, a pregnancy test was carried out.⁷⁴

The delegation also noted that in none of the prisons visited was systematic screening/testing for transmissible diseases (such as TB, hepatitis B/C and HIV) performed upon admission (not even in respect of prisoners with particular risk factors such as those with a history of drug use).⁷⁵

141. As regards the recording and reporting of injuries, the examination of the medical documentation in the prisons visited revealed that, in those rare cases where injuries were recorded, their description was usually superficial and lacked detail, and no record was kept of statements made by the prisoner concerned as to the origin of the injuries.⁷⁶ The delegation also noted that healthcare staff did not take photographs of injuries in any of the establishments visited. Moreover, there was no dedicated register for traumatic injuries in any of the prisons visited.

It also transpired from the information gathered that information on bodily injuries recorded upon admission was not systematically reported to the competent prosecutor.

73. The existence of this problem was also confirmed by the delegation's various interlocutors, including representatives of the National Preventive Mechanism.

74. If it was confirmed that the prisoner was pregnant, the GP referred her for an ultrasound examination as well as to a gynaecologist for follow-up ante-natal care.

75. The admission screening/testing should be in addition to the current annual screening of prisoners for tuberculosis by chest X-ray which is carried out in a mobile truck that tours different prisons.

76. For example, at Antalya S-type Prison, the delegation came across a case where, despite noting down significant injuries (such as abrasions on left elbow, forearm, right side of the neck and chest and a painful swelling on the left elbow) displayed by a prisoner, the prison doctor had not recorded the prisoner's statement as to the origin of those injuries. When interviewed by the delegation, the prisoner concerned claimed that the injuries had been inflicted by prison officers.

142. The CPT once again calls upon the 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 Türkiye:

- 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 their description of their state of health and 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 (be it paper-based or electronic). 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 their 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. 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;
- special training is provided to healthcare professionals working in prisons which, in addition to developing the necessary competence in the documentation and interpretation of injuries, as well as ensuring full knowledge of reporting obligations and procedures, should cover the technique of interviewing persons who may have been ill-treated.⁷⁷

The Committee also recommends that the Turkish authorities develop the admission procedures at all prisons accommodating female prisoners to take into account the gender-specific needs of women. This should include screening for sexual abuse or other forms of gender-based violence inflicted prior to entry to prison⁷⁸ and ensuring that such information is considered in the drawing up of a care plan for the woman in question.⁷⁹

77. Reference is also made to the Istanbul Protocol – Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (issued by the Office of the United Nations High Commissioner for Human Rights: Professional Training Series No. 8 / Rev. 2).

78. While it may not be appropriate for such screening to be carried out immediately upon admission to prison out of concerns for avoiding re-traumatisation, it should be factored into the admission "process" and take place within the first few weeks following admission.

79. See also Rule 6 of the Bangkok Rules.

143. The observations made by the delegation during the visit suggested that medical confidentiality was far from being respected in the prisons visited, despite repeated assurances to the contrary by the Turkish authorities after previous visits. It appeared that medical consultations of prisoners (including upon admission to prison) were still usually carried out in the presence of custodial staff, or within their earshot – as was the case with women held at Antalya L-type Prison. It also transpired from the information gathered that medical examinations of prisoners in outside hospitals were systematically performed in the presence of gendarmerie officers.

Further, prisoners' medical data continued to be entered into the UYAP system (run by the Ministry of Justice) to which non-medical staff had unrestricted access.

144. The CPT once again calls upon the Ministry of Justice to take immediate steps – in co-operation with the Ministry of Health and the Ministry of the Interior – to ensure that medical examinations of prisoners in prisons or outside healthcare facilities are conducted out of the hearing and – unless the doctor concerned requests otherwise in a particular case – out of the sight of prison or law enforcement officers.

145. In their letter of 24 May 2024, the Turkish authorities informed the Committee that “works are underway by the Ministry of Justice and the Ministry of Health [...] for the integration of medical records of all inmates within the database of the Ministry of Health and ensuring protection of personal data.”

III The CPT would like to be updated on the steps taken in this regard.

146. As had been the case during previous CPT visits, the delegation noted that, in some of the prisons visited, newly arrived prisoners experiencing opioid withdrawal signs (sleeplessness, joint pain, nausea, agitation, etc.) were frequently left unattended, without receiving pain-relief medication or other symptomatic treatment.⁸⁰ Further, although opioid agonist therapy (OAT) was, in principle, available to prisoners who had already been receiving such treatment prior to their imprisonment, it appeared that it was not always possible for a prison doctor to initiate OAT. For example, at Iğdır S-type Prison, the delegation met a prisoner whose Suboxone treatment, which he had been receiving prior to admission to the establishment, had been renewed only after eight months following his admission to the prison and after repeated complaints.

The CPT must reiterate its view that admission to prison is an opportunity to address a person's drug-related problems and it is therefore important that suitable assistance is offered to all persons concerned; consequently, appropriate healthcare 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. Finally, all healthcare staff (and prison staff generally) should be given specific training on issues related to drug use.

III The CPT reiterates its recommendation 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.

80. At Antalya L-type Prison, the delegation's doctor met a female prisoner who had arrived that same day and who was in considerable distress and discomfort from heroin withdrawal. It appeared that she had been seen by the prison doctor but had not even been given Paracetamol.

147. The delegation noted that, as had been the case during previous CPT visits, it was common practice in some of the establishments visited (such as Antalya S-type Prison) for prisoners with HIV to be segregated upon admission to prison (even if they were on anti-retroviral treatment).⁸¹ This is unacceptable.

The CPT must stress once again that there is no medical justification for the segregation of prisoners solely on the grounds that they have HIV infection. The Committee reiterates its recommendation 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 prisoners 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.

148. In the course of the visit, the delegation heard many complaints from prisoners (including women) that they had remained in handcuffs during medical consultations or examinations when taken to an outside hospital. Allegations were also received about being handcuffed to a hospital bed for prolonged periods of time.⁸²

In this regard, the CPT notes that, according to a 2017 Tripartite Protocol between the Ministry of Health, the Ministry of Justice and the Ministry of the Interior, when prisoners are taken to an outside medical facility, they shall remain in handcuffs unless the healthcare professional asks for the handcuffs to be removed.

As stressed by the Committee in the past, handcuffing prisoners during medical consultations or examination is not acceptable, since it infringes upon the dignity of the persons 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; this may require amending relevant normative acts. Other means of meeting security needs satisfactorily can and should be found (for example, the installation of a call system, the presence of additional healthcare personnel, the use of secure consultation rooms, etc.).

149. As already mentioned above (see paragraph 7), at the end of the visit, the delegation invoked Article 8, paragraph 5, of the Convention and requested the Turkish authorities to address the specific needs of the following three prisoners.

- (i) In respect of Ö.A., held in Van High-Security Prison, who had a severe mental disorder and was being held in a bare cell, the delegation requested that the prisoner be transferred at regular intervals to a psychiatric hospital with a secure ward (for example, Elazığ Mental Hospital) for treatment and care.
- (ii) In respect of O.K., held in Antalya S-type Prison, who had chronic psychosis and, despite being prescribed anti-psychotic medications and a mood stabiliser, remained visibly distressed by his

81. For example, a prisoner met by the delegation at Antalya S-type Prison stated that he had been placed in single cell upon arrival where he had spent three months on his own. He was apparently only allowed to share a cell with other prisoners once he had seen an infectious diseases specialist and the latter had informed the prison management that the prisoner concerned did not need to be segregated.

82. For instance, a female prisoner claimed that, following a recent cancer surgery at a public hospital, she had been continuously handcuffed by one hand to the hospital bed for almost a month.

ongoing psychotic experiences and self-harmed regularly, the delegation requested that the prisoner be subject to an urgent psychiatric assessment to determine whether he was fit to be held in prison or his transfer to a psychiatric facility would be more appropriate so that his care and treatment needs could be met.

- (iii) In respect of A.Y., 79 years old, held in Van F-type Prison, who had severe physical disabilities (including paresis of the lower limbs) and was a wheelchair user. He was accommodated in an ordinary living unit with a floor-level toilet and a sleeping area located upstairs and was totally dependent on the help of his cellmate. The delegation requested that the prisoner be accommodated in a suitable environment and receive regular medical attention and professional support (e.g. physiotherapy).

150. By letter of 24 May 2024, the Turkish authorities provided information on the measures taken in response to the above-mentioned immediate observation regarding each of the three prisoners concerned.

As regards Ö.A., the authorities indicate that on 29 February 2024 he was referred to the District Psychiatry Polyclinic of Van Regional Training and Research Hospital. Subsequently, he was transferred to the Psychiatry Polyclinic of Elazığ Fethi Sekin City Hospital where he is undergoing in-patient treatment.

As concerns O.K., the aforementioned letter states that on 7 March 2024 the prison administration requested an appointment for his hospitalisation at Manisa Psychiatric Hospital. The request was granted and the prisoner will be transferred to the hospital on 17 July 2024.

Regarding A.Y., the Committee is informed that, in the context of a compassionate release procedure initiated in November 2023, his sentence has been lifted by the Presidential Decree dated 16 May 2024. Mr Y. was therefore released from prison on 17 May 2024.

The CPT welcomes the measures taken by the Turkish authorities.

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

Article 3 of the European Convention on Human Rights

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

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

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



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