

VISIT REPORT

FRANCE

October 2025



CPT

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

AD HOC VISIT
13 - 24 October 2025

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OCTOBER 2025

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

Ad hoc visit | 13 - 24 October 2025

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PREAMBLE

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) is a human rights monitoring body of the Council of Europe, mandated to strengthen the protection of persons deprived of their liberty. This work is achieved through visits to places of detention in each of the states parties to the Convention establishing the CPT ([ETS No. 126](#)). There are currently 46 states parties.

The CPT has been carrying out monitoring visits since 1990, visiting each state party on a regular basis through periodic visits. It also carries out *ad hoc* visits which are visits “required in the circumstances”, as provided for by Article 7 of its Convention. On average, the CPT carries out eight periodic and ten *ad hoc* visits each year.

The CPT is composed of independent and impartial members, elected on the basis of their recognised expertise. One member is elected in respect of each state party to the Convention.

The CPT is empowered to visit all places where persons are deprived of their liberty by a public authority. During visits, delegations of the Committee gather information through confidential interviews with persons deprived of their liberty as well as members of staff, examination of registers and files, and direct observation of living conditions and treatment. The CPT also consults with the competent authorities and public bodies, civil society organisations and other stakeholders. It reviews legislation, policies, inspection and other relevant reports, and diverse media sources.

After each visit, the CPT produces a report setting out its findings, assessing the treatment, living conditions and safeguards in place, identifying shortcomings, and formulating recommendations to strengthen the protection of persons deprived of their liberty. CPT reports also identify examples of good practice. They remain confidential until the state concerned authorises publication. The report and the response of the national authorities form the basis for the constructive dialogue pursued by the Committee with each state party.

For more information on CPT reports, standards and activities, please visit the [CPT website](#).

Note on terminology

RECOMMENDS OR REITERATES ITS RECOMMENDATION: used when the CPT considers that the state party is required to take action to meet a minimum standard of the Committee.

CALLS UPON: indicates a recommendation that the CPT has previously made on the same topic to the state party on at least three prior occasions.

URGES, ENCOURAGES, TRUSTS OR INVITES (in order of priority): terms used when the Committee wishes a state party to act or comment on specific issues. The aim is to engage the state party in an exchange on important or emerging matters, on which the Committee is currently developing its position or does not (yet) consider requiring of a formal recommendation.

REQUESTS FOR INFORMATION: issued when the Committee seeks details on measures already taken or planned by the state party.

All recommendations, comments and requests for information appear in **bold text** in the report. The national authorities are invited to provide a detailed response to each of them.

*The following report was drawn up by the CPT under its own responsibility.
Unless otherwise indicated, it covers the situation up to the moment of the visit.*

Contents

KEY OBSERVATIONS	5
EXECUTIVE SUMMARY	6
I. Introduction.....	8
A. Visit, report and follow-up.....	8
B. Consultations conducted by the delegation and co-operation encountered	8
C. Immediate observations under Article 8, paragraph 5, of the Convention	12
II. FACTS FOUND DURING THE VISIT AND RECOMMENDED ACTIONS	13
A. Situation in administrative detention centres and waiting areas	13
1. Preliminary remarks	13
2. Ill-treatment.....	17
3. Safeguards against ill-treatment.....	24
4. Detention conditions	26
5. Staff in charge of detention facilities.....	32
6. Healthcare	34
7. People in vulnerable situations	47
8. Children.....	49
9. Other issues	50
APPENDIX I – ESTABLISHMENTS VISITED	60
APPENDIX II – LIST OF NATIONAL AUTHORITIES, OTHER BODIES AND NON-GOVERNMENTAL ORGANISATIONS MET BY THE CPT DELEGATION	61

KEY OBSERVATIONS

PRIORITY TOPICS

■ Co-operation

Take decisive action to ensure prompt and unconditional access to the medical information necessary for the CPT to carry out its work

■ Administrative detention centres

ILL-TREATMENT – Take urgent steps to prevent acts of violence between detainees

MATERIAL CONDITIONS – Ensure dignified material and hygiene conditions for detainees and develop the range of purposeful activities in detention facilities

SECURITY MEASURES – Ensure that isolation is only used as a last resort

■ Waiting areas

CHILDREN – Favour alternatives to keeping unaccompanied minors in waiting areas

GOOD PRACTICES

CHILDREN – Law No. 2024-42 of 26 January 2024 on immigration control and improved integration forbids the practice of locking up any minor (under the age of 18) in a detention centre or facility, even if accompanied by an adult.

MATERIAL CONDITIONS – The operational capacity of CRAs is revised according to the numbers present and the level of dilapidation of the premises and never exceeds the theoretical capacity.

THE CPT AND FRANCE

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

Since ratification, the CPT has carried out 18 country visits to France – 8 periodic and 10 ad hoc – including 107 visits to police establishments, 51 to prisons, 23 to health institutions, 2 social welfare and educational-correctional establishments and 43 to immigration detention facilities.

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

EXECUTIVE SUMMARY

In October 2025, the CPT visited six administrative detention centres (*centres de rétention administrative* – CRAs) in Coquelles, Lyon, Mesnil-Amelot and Paris-Vincennes, as well as two airport waiting areas at Lyon Saint-Exupéry and Roissy-Charles de Gaulle. This was the Committee's eighteenth visit to France and its tenth ad hoc visit.

Although the number of placements in CRAs has fallen since the CPT's visit in 2018, the average length of administrative detention has trebled to nearly 35 days on average and in excess of 40 days in several centres. The Committee questions the legitimacy of continued detention when actual removal is not reasonably feasible. Deprivation of liberty should only be used as a last resort, following an individual assessment of the situation and consideration of less intrusive alternatives, and only for the period strictly necessary and proportionate to the achievement of its legitimate objective.

The Committee deplores the lack of improvement, and even the worsening, of tensions and ill-treatment observed in detention since 2018. The material conditions observed in the CRAs visited were often dilapidated and in a state of serious disrepair. Some newer or recently renovated buildings showed signs of premature ageing. The prison-like appearance of the CRAs and the general austerity of the premises were obvious. This impression was due in particular to the rudimentary and particularly oppressive conditions on the premises. The recently built Lyon CRA No. 2 was presented to the CPT as a prototype for the design of future administrative detention centres. The configuration of this model accentuates the "prison-like" nature of CRAs, both through its enhanced security features and by limiting contact between police personnel and detainees.

Several detainees, particularly at the Paris-Vincennes CRA, alleged that they had been brutalised by police officers intervening in centres. Many people also reported provocations, insults, including of a racist nature, as well as unprofessional behaviour, in all of the CRAs visited. Detainees also indicated that they were reluctant to file complaints for fear of reprisals or out of a sense of resignation.

The CPT recognises the human and material constraints faced by the officers responsible for supervision in CRAs. Many police officers felt that they did not have the necessary resources or training to deal with the changing profile of detainees, mostly because of the "threat to public order" that they pose, and also because they often have addiction problems and psychiatric disorders. In addition, the detention facilities visited were unsuitable for looking after these groups, whether in terms of material conditions, the dynamic security system, the regime applied or healthcare. These difficulties cannot in any way justify ill-treatment or inappropriate behaviour by staff.

In 2025, the extent of violence among detainees appears to have worsened compared with the previous few years. At the national level, the number of incidents of violence among detainees almost doubled. Many detainees reported violence, often resulting in injuries (bruises, trauma, broken teeth), as well as frequent fights, theft or extortion, which could be fuelled by "settlings of scores" within the living units. Some people who were afraid asked to be placed in solitary confinement for their own safety.

Once again, this situation is mainly attributed to the persistence, or even exacerbation, of factors already identified in 2018 as sources of tension: problematic cohabitation, the almost total absence of activities, ineffective dynamic security, the poor quality of video surveillance in living areas and generally very poor material conditions. The visit carried out in 2025 highlights the widely shared feeling that these places are "real powder kegs", and the absence of an appropriate strategy to prevent violence between detainees.

The major problems of cleanliness, maintenance and dilapidation identified by the CPT call for immediate action and increased vigilance. These shortcomings contribute to a high risk of epidemics, exacerbated by overcrowding, and keeping people in material conditions such as these could undermine their dignity.

Screening for infectious diseases was not systematic. This situation is likely to promote the transmission of infectious diseases. The CPT calls on the French authorities to review the medical examination and vulnerability protocols on admission in all the CRAs visited.

With regard to persons in psychological distress or with psychiatric disorders, the CPT noted that there was no structured programme for the prevention of self-harm and other mental health crises. The Committee also questions the large number of medical certificates issued by the medical units concluding that the condition was incompatible with detention, yet which were not acted upon.

The use of segregation for “security” reasons was extremely common, particularly at the Paris-Vincennes CRA. Some people could be placed in segregation repeatedly, sometimes on more than 20 occasions. While these measures were brief in 2018 (generally lasting just a few hours), in 2025, they could go on for periods of up to several days. The grounds for placement in segregation and the assessment of the need for and proportionality of these measures thus remain unclear. The CPT notes frequent confusion between “health” and “security” isolation.

The CPT once again expresses serious reservations about the detention of unaccompanied minors in waiting areas. In principle, minors should always receive special care and be accommodated in facilities specifically designed for them, in accordance with their best interests.

Lastly, during the visit, access to places of detention and confidential interviews with detainees and national police officers took place without difficulty. However, the delegation encountered significant restrictions on access to these essential judicial and medical documents, delaying or hindering the full implementation of its mandate. The Committee points out that direct, full and timely access to relevant documents, in particular individual medical records and video surveillance material, is essential for assessing respect for and the effectiveness of detainees’ rights and for the prevention of ill-treatment within the meaning of Article 3 of the European Convention on Human Rights. Ensuring this access strengthens prevention and the credibility of the system and protects dignity in detention, for the benefit of all parties to the Convention establishing the CPT.

I. Introduction

A. Visit, report and follow-up

1. In accordance with Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter “the Convention”), a delegation from the CPT carried out an ad hoc visit to France from 13 to 24 October 2025. The Committee considered that this visit was “required by circumstances” according to Article 7, paragraph 1, of the Convention. Its purpose was to examine the treatment of persons deprived of their liberty by law enforcement authorities under legislation relating to the entry and residence of foreign nationals, as well as the conditions in which they were held.

2. To this end, the delegation carried out a follow-up visit to the administrative detention centres (*centres de rétention administrative* – CRAs) in Coquelles, Mesnil-Amelot Nos. 2 and 3, and Paris-Vincennes Nos. 1 and 2, as well as the waiting area for passengers in transit (*zone d’attente des passagers en instance* – ZAPI 3) at Roissy-Charles de Gaulle Airport, paying particular attention to the situation of unaccompanied children in the latter. It also visited the Lyon CRA No. 2 (hereafter, Lyon CRA) and the waiting area at Lyon Saint-Exupéry Airport for the first time. This was the Committee’s eighteenth visit to France and its tenth ad hoc visit.¹

3. The visit was carried out by the following CPT members: Kristina Pardalos (Head of delegation), Valérie Bernard, Vanessa Durich Moulet and Nico Hirsch. They were accompanied by Kelly Sipp (adviser) and Patrice Weber (head of the information and communication unit) from the Committee’s Secretariat, and assisted by an expert, Teresa Salamone, doctor (Switzerland).

4. The report on this visit was adopted at the 119th meeting of the CPT, held from 9 to 13 March 2026, and submitted to the French authorities on 9 April 2026. The Committee requests that the French authorities provide, within three months, a response including a full account of the measures taken to implement the Committee’s recommendations, along with responses to the comments and requests for information set out in bold in this report.

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

5. During the visit, the delegation met with senior officials from the Ministry of the Interior and Overseas Territories and the Ministry of Labour, Health and Solidarity, as well as independent rights monitoring institutions (the Controller-General of Places of Deprivation of Liberty and the Defender of Rights).

6. The Committee takes note of the commitment expressed by the French authorities, during official meetings and in a letter dated 17 December 2025, to in-depth and high-quality co-operation with the CPT, in accordance with Article 3 of the Convention establishing the Committee. It highlights the spirit of mutual understanding that characterises exchanges with the French authorities and reaffirms, for their part, their commitment to co-operation based on respect for the Committee’s conventional mandate and the common objective of strengthening the protection of persons deprived of their liberty.

7. The CPT also wishes to emphasise the goodwill and availability of the interlocutors it met, in particular Inês Saint-Joly, Legal Adviser, Milène Blanchard, Deputy Director, Ministry of Europe and Foreign Affairs, Human Rights Sub-Directorate, and Thierry Donard, CPT Liaison Officer, First Deputy Vice-President of the Paris Judicial Court, who ensured that the visit ran smoothly.

8. During the visit, access to places of deprivation of liberty and confidential interviews with detainees and national police officers took place without difficulty. However, the delegation encountered significant restrictions on access to essential judicial and medical documents, delaying or hindering the full implementation of its mandate.

1. See the full list of visits and corresponding reports on the CPT [website](#).

9. With regard to access to information covered by medical confidentiality, in particular the medical records of patients, the delegation encountered significant restrictions on access to this information.

In most of the CRAs visited, there was a requirement to obtain the consent of patients “able to express it” to “designate the CPT doctor as a third party authorised to consult” their medical records.² In practice, such a request is materially and conventionally ineffective. On the one hand, the Committee’s access to relevant medical information should not expose the persons concerned to the risk of reprisals. In this context, it is essential that access be confidential and unconditional, so that the doctor from the delegation is not compelled to reveal the identity of the persons who have shared allegations. On the other hand, CPT visits are in principle unannounced and take place over a very limited period of time – in this case two days on site – which makes it materially difficult, if not impossible, to obtain individual consent. Medical records are also consulted in order to obtain an overall assessment of various issues, such as the proportion of traumatic injuries for various reasons, practices in relation to pharmacotherapeutic treatments, the evaluation of healthcare provision, or any other information relevant to the CPT’s mandate. This consultation of medical documents also makes it possible to identify individuals who may have been subjected to ill-treatment and with whom the delegation may wish to conduct a confidential interview. These consultations are systematically carried out by CPT doctors who are specifically mandated and trained for these tasks.

In view of these elements, the CPT considers that it would be contrary to its practice and to the spirit of the Convention to ask for such consent from persons deprived of liberty during its visits. The delegation was therefore forced during the 2025 visit to make use of an exceptional procedure proposed by the authorities,³ which consisted of enlisting a doctor from a Regional Health Agency (*Agence régionale de santé* – ARS) responsible for the Medical Units of Administrative Detention Centres (*Unités Médicales des centres de rétention administrative* – UMCRA) in order to obtain filtered, non-personal and general data. This procedure proved ineffective for the delegation, which was unable to obtain sufficiently accurate information to assess the credibility of allegations of ill-treatment received or to evaluate whether the healthcare provided was in accordance with CPT standards. For example, the analyses by the doctors of the ARS responsible for the Coquelles and Paris-Vincennes CRAs made several non-personal references to beatings and injuries observed on detainees. Without the names of the persons concerned, the delegation was unable to link the injuries that may have been recorded in individual files with any allegations of ill-treatment gathered during interviews. Furthermore, the brief information concerning the content of a medical file does not in any way enable the CPT to make recommendations, in light of the standards it has applied since its creation, on possible improvements in the recording of beatings and injuries or, more generally, on healthcare.⁴

The procedures mentioned above (obtaining individual consent, ad hoc involvement of an ARS doctor) have significant structural limitations in both timing and disparate implementation which prevent the Committee from carrying out its mandate fully. There is also the question of certain critical situations, such as those involving persons who are unable to give consent, who have already been removed or transferred, or who have died. Without the names of the persons concerned, or direct and rapid access to medical documentation, the CPT’s assessment in this area remains ineffective.

2. Based on Article [L. 1111-7](#) of the Public Health Code.

3. See in particular, the authorities’ response to the report on the CPT’s visit to France from 4 to 18 December 2019, [CPT/Inf \(2021\) 15](#), paragraphs 25 to 33.

4. For example, the analysis dated 28 October 2025 from the ARS doctor assigned to the Coquelles CRA indicates that “of the 77 medical files consulted, the person’s medical and surgical history was recorded in 46 files and vital signs (blood pressure, pulse, temperature, O2 saturation, etc.) were mentioned in 43 files”. For the Paris-Vincennes CRA, the CPT did not receive a report from the doctor of the competent ARS, but only a brief summary after a few hours on site, without further detail on the quality or content of the individual files.

10. With regard to information on disciplinary and judicial proceedings, co-operation was not fully satisfactory. At the Lyon CRA, the delegation was refused permission by the centre's management to view video recordings relating to two incidents that had taken place shortly before the visit.⁵ It was stated that, due to injuries sustained by staff as a result of these incidents, complaints had been filed against individuals detained at the centre. Hence, the delegation was not able to watch the video recordings as they were subject to the confidentiality of the investigation. Following this refusal, the delegation attempted to obtain details of the follow-up to the case and authorisation to access the videos. Despite its requests, it did not receive the necessary responses from the public prosecutor enabling it to fully reconstruct the events that took place in the CRA or to analyse the quality of the management of these incidents.

In their communication, the authorities indicate that, according to the Regulations,⁶ the judicial authority may refuse to disclose certain documents "if the release of the copy is likely to undermine the effectiveness of the investigation or the presumption of innocence". According to the authorities, "these provisions leave it to the public prosecutors and attorneys general to strike a balance between the interests of the third-party applicant and the prevention of damage to property and persons on the one hand, and the protection of privacy, the confidentiality of investigations and the presumption of innocence on the other. The French legal framework therefore allows for a balanced reconciliation of the requirements of the CPT's mission with the requirements of investigative secrecy and respect for privacy, as provided for in Article 8-2-d of the Convention."

It should be noted here that the CPT has no judicial powers and does not intervene in criminal proceedings. It takes care during its visits not to interfere with the conduct of investigations.

11. With regard to the implementation of Article 8, paragraph 2, of the Convention⁷, the Committee wishes to point out that it ensures that requests for information addressed to the authorities are strictly limited to what is necessary for the performance of its task. These requests are intended to prevent partial analyses by cross-referencing sources so as not to rely solely on the institutional version or, conversely, solely on that of the person deprived of liberty. Access to information enables it to objectify the facts in the event of allegations and to reinforce the legitimacy of practices that comply with standards. Direct, full and timely access to relevant documents, in particular individual medical records and video surveillance material, is essential for assessing the respect and the effectiveness of the rights of detainees and the prevention of ill-treatment, within the meaning of Article 3 of the European Convention on Human Rights.

12. The CPT notes the organisation of interministerial consultations aimed at developing an operational protocol for the relevant administrations and services to facilitate access to medical and judicial documents. On 23 February 2026, a CPT delegation held an exchange with representatives of the relevant ministerial departments, namely those of the Ministries of Health, Justice, the Interior and Europe and Foreign Affairs.

The CPT appreciates the strong involvement of the four ministries concerned in important reflection and co-ordination work, the mobilisation of their services and the measures already taken or in preparation. The measures presented are essentially aimed at improving the information and co-ordination of the services concerned on the role and mandate of the CPT and the procedure applicable to responding to requests from delegations during visits, while taking into account the regulatory and operational constraints imposed on the services.

13. The Committee recognises the existence of rules of law and professional ethics (in particular provisions relating to data protection and medical confidentiality) in force at national level. However, it does not consider them to be automatic limits or absolute barriers to access to the necessary information. An overly restrictive interpretation of the exceptions provided for in domestic law risks undermining the CPT mechanism. These rules must be interpreted in light of the overriding objective of preventing ill-treatment, as defined by the European Convention on Human Rights.

5. See also paragraph 36.

6. See [Article R. 170](#) of the Code of Criminal Procedure.

7. As described in paragraph 64 of the Explanatory Report to the [European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment](#).

In practice, medical confidentiality is intended to protect the person concerned, not to prevent independent monitoring aimed at preventing abuse. The confidentiality of investigations is intended to ensure the effectiveness of investigations and the presumption of innocence, not to shield institutional practices from external scrutiny.

The CPT also points out that Article 11 of the Convention guarantees the strict confidentiality of its work. The Committee cannot disclose the information to which it has access. It pays heightened attention to the handling of sensitive information, in particular medical information, communicated to it, in order to guarantee the protection of the anonymity and privacy of the persons concerned and to prevent any interference with ongoing investigations or inquiry procedures by respecting the confidentiality of the investigation.

The CPT is forced to note that the procedures proposed by the French authorities following the interministerial co-ordination, although motivated by a desire to co-operate, do not guarantee effective and systematic access to the documents necessary for the performance of its duties. It remains particularly concerned about access to medical records, as the exceptional protocol described above (see paragraph 9) remains unchanged.

14. This limitation on access to information undermines not only the rigour of the CPT's work, but also the overall credibility of the preventive mechanism, including in the eyes of international courts and mechanisms. It is important for the independence and impartiality of the Committee to apply the same procedures and approaches in a harmonious manner in all States Parties to the Convention. It should also be noted that similar obstacles in other countries have been overcome by solutions that guarantee the conditions necessary for the Committee's work to be effective.⁸

Effective and rapid access to necessary medical and judicial documents is a concrete expression of the voluntary commitment of states to prevent torture and ill-treatment, in a spirit of co-operation, trust and shared responsibility. Ensuring this access means strengthening prevention, the credibility of the system and the protection of dignity in detention, for the benefit of all Parties.

The CPT calls on the French authorities to take decisive measures to ensure rapid and unconditional access to the medical and criminal information necessary for the Committee to carry out its work effectively during its forthcoming visits. In the absence of progress, it may be compelled to consider initiating proceedings that could lead to a public declaration under Article 10, paragraph 2, of the Convention.

15. Furthermore, the CPT must point out that the principle of co-operation between the Parties to the Convention and the Committee is not limited to measures taken to facilitate the work of a visiting delegation. It also requires decisive measures to be taken to improve the situation, in particular through the implementation of the CPT's recommendations.

In this regard, the CPT remains concerned about the situation in the CRAs visited, which is characterised by security pressures, increased tensions and the complexity of the profiles of those detained. Despite previous recommendations, the findings of the 2025 visit point to the existence of an administrative detention model characterised by the prison-like nature of the buildings, very poor material conditions, shortcomings in healthcare provision, a poor standard of living, and inadequate security. The CPT hopes that the French authorities will take the measures necessary to fully implement the recommendations made in this report in order to remedy these shortcomings.

8. See, in particular, the report on the visit to the Netherlands (May 2022), [CPT/Inf \(2023\) 12](#), paragraphs 8 to 10, and the response from the authorities, [CPT/Inf \(2023\) 13](#); the report on the visit to Austria (November-December 2021), [CPT/Inf \(2023\) 03](#), paragraph 7, and the authorities' response, [CPT/Inf \(2023\) 04](#); as well as the report on the visit to Germany (December 2020), [CPT/Inf \(2022\) 18](#), paragraphs 7 to 10, and the authorities' response, [CPT/Inf \(2022\) 19](#).

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

16. During the closing interviews on 24 October 2025, the delegation made four immediate observations under Article 8(5) of the Convention and asked the French authorities to:

- proceed with the gradual closure of the blue zone of the Coquelles CRA for renovation, including the sanitary facilities, followed by the gradual renovation of the other living areas (red and green) in this centre;
- ensure the repair and proper functioning of sanitary facilities on a daily basis, including hot water supply, at the Paris-Vincennes CRA;
- carry out a comprehensive analysis of the microbiological quality of the water, including testing for indicators of faecal contamination, assessing the total bacterial load and checking for the possible presence of pathogens, in order to certify its compliance with drinking water standards and guarantee the safety of drinking water supply points within the Mesnil-Amelot CRA;
- to carry out a health investigation without delay to clarify the skin conditions observed on detainees, in particular their possible origin (scabies or bedbugs), and to implement rapid measures to treat those affected, as well as urgent actions to disinfest and disinfect the premises of the Coquelles CRA.

The delegation asked the authorities to specify, within one month, the measures taken to implement these observations. The authorities' response, received on 17 December 2025, is dealt with in the respective sections (see paragraphs 74, 75, 76 and 137).

II. FACTS FOUND DURING THE VISIT AND RECOMMENDED ACTIONS

A. Situation in administrative detention centres and waiting areas

1. Preliminary remarks

a. regulatory framework and general situation

17. The deprivation of liberty of foreign nationals under immigration law is governed by the Code on the Entry and Stay of Foreign Nationals and the Right of Asylum (*Code de l'entrée et du séjour des étrangers et du droit d'asile*, hereafter [CESEDA](#)). It may result either from placement in administrative detention or from a decision to hold the person in a waiting area. The management of the facilities and the supervision of detainees is carried out by the law enforcement agencies, either the national police or the national gendarmerie.⁹

18. Administrative detention allows a foreign national who is subject to an administrative¹⁰ or judicial¹¹ removal order to be deprived of their liberty pending their removal.¹² Placement in detention is an administrative decision subject to judicial review after 96 hours.¹³ A liberty and custody judge may extend the detention period once for 26 days, then a second time for 30 days in specific cases.¹⁴ The extension of detention may be renewed once, under the same conditions.¹⁵ The maximum period of detention shall not exceed 90 days, except in certain cases (acts or behaviour related to terrorism) where the period may be extended to 210 days.

19. In 2024, the average length of detention at the national level was 34.5 days, three times longer than in 2018, and exceeded 40 days in several centres. Despite this increase, the effective removal rate remained stable at around 40% in metropolitan France (71% in the overseas territories).¹⁶ With regard to the CRAs visited, the removal rate for 2025 is approximately 87% at the Paris-Vincennes CRAs, 48% at the Coquelles CRA, 43% at Mesnil-Amelot CRA No. 2, and 27% at Mesnil-Amelot CRA No. 3. The rate was approximately 53% at the Lyon CRA in 2024, according to a civil society report.¹⁷ According to the same report, 78% of removals at national level take place within the first 45 days of detention and fewer than 13% during extensions beyond 60 days.

20. Furthermore, as during previous visits, a significant number of detainees were still awaiting consular passes. A 2024 report by the Court of Auditors (*Cour des comptes*) underlines that between 2018 and 2022, 58% of releases from CRAs prior to removal were the result of court decisions, often due to deadlock in the issuance of consular passes.¹⁸ The authorities acknowledged that they had encountered difficulties in obtaining a pass, particularly for detainees of Algerian origin. The delegation also noted that many people were subject to successive placements in detention.¹⁹

9. During the 2025 visit, the delegation did not visit any facilities managed by the national gendarmerie.

10. For example, an obligation to leave French territory (OQTF) or an expulsion order.

11. For example, a temporary or permanent ban from French territory (ITF).

12. It should be noted that not all persons subject to a removal order are subject to a detention order.

13. This period was extended from 48 to 96 hours following Law No. 2025-796 of 11 August 2025.

14. See [Article L742-4](#), Code on the Entry and Stay of Foreign Nationals and the Right of Asylum (Code de l'entrée et du séjour des étrangers et du droit d'asile, hereafter CESEDA).

15. It should be noted that Law No. 2024-42 of 26 January 2024 on immigration control and improved integration introduces the concept of "threat to public order" as an independent criterion for justifying and extending detention beyond 60 days. See also the [circular from the Ministry of the Interior](#), 28 October 2024.

16. [Information from the Directorate of Legal and Administrative Information](#), accessed on 20 October 2025.

17. See the Inter-Association Report on Administrative Detention Centres and Facilities 2024 (hereafter "Inter-Association Report on Administrative Detention 2024").

18. [Court of Auditors](#), Policy to combat irregular immigration, January 2024.

19. The law of 26 January 2024 notably introduced the possibility for prefectures to place individuals in detention on the basis of an obligation to leave French territory (obligation de quitter le territoire français – OQTF) issued up to three years prior (as compared with one year, previously), which may explain the increase in the number of placements based on the same removal decision.

21. The CPT questions the appropriateness of the use of detention in the absence of a reasonable prospect of removal, even though the law explicitly makes it conditional on the “time strictly necessary for departure”.²⁰ This question is all the more pertinent in view of the worrying living conditions in detention centres, described in paragraphs 69 and following. Furthermore, according to the 2024 report of the Court of Auditors, the average daily cost of detention is approximately EUR 600 per person.

The CPT is of the view that administrative detention should only be used as a last resort, following careful and individualised consideration of each case and consideration of less intrusive alternatives, and only for the period strictly necessary and proportionate to the achievement of its legitimate objective.

The Committee recommends that the necessary measures be taken to put an end to placements without reasonable prospects of removal, as well as to situations of successive placements.

22. The CPT notes the change in the profile of persons held in CRAs since its previous visit in 2018. Detention is primarily aimed at addressing the “threat to public order” that these persons pose (for example, perpetrators of “disturbances to public order”, *troubles à l’ordre public* – hereafter “TOP”) as a criterion for assessing the “risk of evading the enforcement of the removal decision”.²¹

At the end of 2025, more than 90% of those detained fell into these TOP profiles, without this concept of “disturbance” or “threat to public order” being clearly defined.²² The [decree of 26 December 2025](#) merely specifies that the assessment must be individual and must make it possible to “characterise a real, current and sufficiently serious threat to public order”.

In practice, people leaving prison were regularly assigned a “TOP” profile. The proportion of such individuals has more than doubled since the CPT’s last visit, rising from 12.9% in 2018 to 26.8% in 2024.²³ In 2025, in the CRAs visited, the percentages of individuals released from prison were approximately 12% at the Coquelles CRA, 10% at the Paris-Vincennes CRA centres, 30% at the Lyon CRA centre, 18% at Mesnil-Amelot CRA No. 2, and 30% at Mesnil-Amelot CRA No. 3.

23. Furthermore, according to [Law No. 2025-796](#) of 11 August 2025, the administrative authority can place an asylum seeker in detention, even if the person is not subject to a removal order, for a period of 48 hours (which may be extended by 28 days)²⁴ if their “behaviour constitutes a threat to public order”²⁵ and if, on the basis of a case-by-case assessment, house arrest “proves insufficient”.

24. The CPT is concerned about the changing profile of detainees, which appears to prioritise the threat to public order over the reasonable prospect of removal.²⁶

According to the authorities, changes in the profile of detainees, who often suffer from addiction and psychiatric disorders, have led to an overall increase in incidents in CRAs. The CPT notes, in the various points discussed in this report, that detention facilities are unsuitable for dealing with these individuals in terms of material conditions, the dynamic security system, the regime applied and healthcare, all of which are factors that may also contribute to increased tensions.

20. [Article L741-3](#), CESEDA.

21. [Article L741-1](#), CESEDA. See also the ministerial instruction of 3 August 2022.

22. An internal communication from the Directorate-General for Foreigners in France (DGEF) dated 10 August 2022 includes in the “TOP” profiles persons who are being prosecuted or have been prosecuted (including convictions) for the following offences among others: violence against a person in a position of public authority, assault, domestic violence, pimping, sexual or drug-related offences, damage to property, etc.

23. According to figures from the Inter-Association Report on Administrative Detention 2024.

24. In this case, the detained person benefits from an accelerated procedure with the French Office for the Protection of Refugees and Stateless Persons (Office français de protection des réfugiés et apatrides – OFPRA). If they do not benefit from this, they are released.

25. See also the [implementing decree of 26 December 2025](#).

26. See also the Concluding Observations concerning the eighth periodic report of France, Committee against Torture, 22 May 2025, [CAT/C/FRA/CO/8](#), paragraphs 24 and 25.

25. The CPT recommends that the French authorities clarify the definition of “threat” and “disturbance” to public order as criteria for placement in administrative detention and ensure that any risk assessment is based on an individualised analysis and objective and defined criteria.

With regard to the new provisions applicable to asylum seekers, the CPT wishes to receive detailed statistical data on the number of administrative decisions to place these persons in detention, broken down by grounds, as well as on the duration of placements (initial period of 48 hours and extensions).

26. At the time of the visit, France had [27 CRAs](#) (1,959 places), including 23 centres (1,812 places) in mainland France. In 2024, the occupancy rate of CRAs reached 92.3%. The detained population was made up of 95.8% men and 3.8% women, with six accompanied children present in 2024.²⁷ According to [official data](#), 30,115 placements in CRAs were recorded in 2024 (16,222 in mainland France and 18,893 in the Overseas Territories), representing a decrease since the CPT’s last visit in 2018.²⁸ More than 3,000 requests for placements in CRAs had to be rejected due to lack of space in 2024.

The CPT notes positively that there was no overcrowding in the CRAs. Their operational capacity was revised according to the number of people present or sometimes the dilapidated state of the premises, and never exceeded the theoretical capacity.

27. The Ministry of the Interior has launched a plan [to create new places](#) in CRAs in order to reach a total of 3,000 beds.²⁹ The creation of 10 new CRAs and two CRA extensions for a total capacity of 1,124 additional places was planned between 2026 and 2029.

28. In addition, the border police (*Police aux frontières* – PAF) also had 29 permanent administrative detention facilities (*locaux de rétention administrative* – LRAs) in mainland France with a total capacity of 145 places, and 14 temporary LRAs (32 places in total) at the time of the visit. In August 2025, in mainland France, 1,408 placements had been made in permanent LRAs and 52 in temporary LRAs. The expansion of the LRA network was also planned, with the opening of 20 additional places in four new LRAs before 2027.

29. A measure of [detention in a waiting area](#) (*zone d’attente* – ZA) may be imposed on foreign nationals who do not meet the conditions for admission to French territory and have been refused entry. The maximum period of detention in a ZA is, in principle, 20 days: the initial measure – lasting a maximum of four days – imposed by the PAF may be extended twice by the liberty and custody judge for a maximum of eight days each time.

[Waiting areas](#) are generally located in the immediate vicinity of a border crossing between France and another country (airports, ports, railway stations open to international traffic).³⁰

30. At the time of the visit, France had 25 waiting areas (including 10 overseas) under the authority of the PAF, with a total capacity of approximately 300 places. Additional places could also be used in hotels as needed. In 2024, 8,722 persons had been placed in waiting areas in metropolitan France and 317 in the Overseas Territories. In the first half of 2025, 4,929 persons in metropolitan France and 100 in the Overseas Territories had been placed in waiting areas.

27. According to figures provided by the Inter-Association Report on Administrative Detention 2024. On the issue of minors, see Chapter 7 of this report.

28. In 2018, the number of admissions to CRAs was approximately 35,300, including 20,500 in mainland France.

29. Law No. 2023-22 of 24 January 2023 on the orientation and programming of the Ministry of the Interior (LOPMI).

30. See also the more complete description of the measure of detention in waiting areas in the CPT report on its visit to France from 23 to 30 November 2018, [CPT/Inf \(2020\) 11](#), paragraphs 12 and 14.

31. The CPT takes note of developments in European legislation and is particularly interested in the impact of the [European Pact on Migration and Asylum](#) (the Pact) adopted on 14 May 2024 and applicable from June 2026 on the deprivation of liberty of foreign nationals in France. It takes note of the [National Plan for the Implementation of the Pact](#) of 24 June 2024, which aims to prioritise screening at the external borders of the European Union and asylum and return procedures. According to an [appendix](#) to the draft 2026 Finance Act, there are plans, for example, to create a 150-place “adapted zone” at Roissy-Charles de Gaulle Airport to enable asylum applications to be processed at the border from June 2026.

The Committee would like to receive information from the French authorities on the measures and adjustments they intend to implement to effectively guarantee respect for the rights and dignity of persons held under the border reception system for the duration of border procedures resulting from recent European commitments.

b. characteristics of the detention centres and waiting areas visited

32. The delegation visited six administrative detention centres: the Coquelles CRA, the Lyon CRA No. 2, CRAs Nos. 2 and 3 in Mesnil-Amelot, and CRAs Nos. 1 and 2 in Paris-Vincennes, which accommodated only men, most of whom were between 21 and 30 years old.

The [Coquelles CRA](#), which opened in 2003, had a theoretical capacity of 104 places. The operational capacity had been reduced to 90 places due to dilapidation and staff shortages, and 88 men were being accommodated there at the time of the visit. In 2024, the number of admissions had fallen significantly by comparison with 2018, to 1,163 from 2,790. In October 2025, the number of admissions to the Coquelles CRA for the year was 828. However, the average length of stay had increased from 9.8 days in 2018 to 28 days in 2024 and 32 days in 2025 (with a removal rate of 39% in 2024 and 48% in 2025). The average occupancy rate was around 95% in 2024-2025.

The [Lyon CRA No. 2](#) (hereinafter [Lyon CRA](#)), opened in 2022, had a theoretical and actual capacity of 140 places. It was accommodating 135 men at the time of the visit. There were 1,105 arrivals in 2024³¹ and 748 between January and October 2025, with an average detention period of 36.5 days in 2024 and more than 51 days in 2025.

[Mesnil-Amelot CRA No. 2](#), opened in 2011 and located near Roissy-Charles de Gaulle Airport, was accommodating 98 men, with an actual capacity of 105 places.³² The centre was no longer authorised to accommodate women or families. In 2024, 1,080 people were admitted (as compared with 1,638 in 2018), with an average detention period of 29 days (as compared with 17.2 days in 2018) and a removal rate of 46%. The number of admissions between January and October 2025 was 927 (for an average detention period of 28 days and a removal rate of 43%). The average occupancy rate was around 88% in 2023-2025.

[Mesnil-Amelot CRA No. 3](#), adjacent to Mesnil-Amelot CRA No.2, with a similar layout and also open since 2011, was accommodating 98 men and had an actual capacity of 105. In 2024, there were 866 admissions (as compared with 1,022 in 2018), with an average detention period of 40 days (as compared with 20.5 days in 2018) and a removal rate of 32%. In October 2025, the number of admissions for the year was 671 (with an average detention period of 41 days and a removal rate of 27%). The average occupancy rate was around 95% in 2023-2025.

[CRA Nos. 1 and 2 \(A and B\) in Paris-Vincennes](#), located since 1995 in a former 19th-century fort, were accommodating 169 men, with actual capacities of 59 and 116 places respectively.³³ In 2024, 2,051 detainees passed through these CRAs (as compared with 1,173 in 2018), for an average stay of 37 days (18.8 days in 2018). The average occupancy rate of the two CRAs was 94%, as in 2023. The CRAs are unique in that they are managed not by the PAF, but by the sub-directorate of the Paris Police Prefecture responsible for combating illegal immigration.

31. According to the Inter-Association Report on Administrative Detention.

32. The theoretical capacity of the two CRAs in Mesnil-Amelot is 120 places each, but this had been underutilised due to a lack of police personnel.

33. 60 places at CRA No. 1 in Paris-Vincennes were undergoing renovation until 2027.

33. The delegation also visited the waiting areas at the airports of Lyon Saint-Exupéry and Roissy-Charles de Gaulle (more specifically, ZAPI 3). These areas had on-site accommodation. The waiting area at Roissy-Charles de Gaulle Airport had been visited by the CPT in 2002, 2006 and 2018, and the 2025 visit focused on the detention of unaccompanied children.

The accommodation facility in the *waiting area at Lyon Saint-Exupéry Airport* had an official capacity of 12 places (six rooms). At the time of the visit, four persons were being held there (including one accompanied child). The number of persons held in the waiting area rose slightly, from 251 in 2023 to 300 in 2024. A total of 131 persons had been placed in this waiting area in the first half of 2025. The average length of stay was 76 hours in both 2024 and 2025.

The accommodation facility in the *waiting area at Roissy-Charles de Gaulle Airport*, or ZAPI 3, opened in 2001. It consisted of a building located on the airport site with an official capacity of 149 places (67 rooms), with a space dedicated to families (four to eight places on the first floor with the other adults) and an area dedicated to unaccompanied children (six places on the ground floor, in an area isolated from adults and families). At the time of the visit, 99 persons were being held there, including two unaccompanied children. ZAPI 3 accommodated around 7,000 people per year; 86 unaccompanied children (including 12 children under the age of 13) were admitted in 2025. In 2025, the average length of stay was 4.5 days – 7 days for unaccompanied children – as compared with 4.2 days in 2017.

2. Ill-treatment

a. ill-treatment by staff

34. The majority of the people with whom the delegation spoke felt that they had been treated properly by the police officers responsible for supervising them during their detention or while being held in the waiting area.

Nevertheless, several detainees, particularly at the Paris-Vincennes CRAs, alleged that they had been ill-treated by police officers, particularly during interventions and incidents of use of force within the CRAs visited. Some allegations referred to actions committed against individuals who had already been restrained, including pressing their heads against a wall, pulling their hair, slapping them, punches and knees to the stomach, pressure on the ears, and excessive armlocks, frequently occurring during solitary confinement and in areas not covered by CCTV.

35. After consulting the available documents and videos and conducting interviews at the Paris-Vincennes CRAs, the CPT found that some actions taken by the police officers were not appropriate professional practice:

- On 1 October 2025, following a verbal exchange, a person sitting in the dining hall was suddenly seized from behind around the throat by a police officer, then dragged to an adjoining room to be placed in solitary confinement. Other police officers intervened to separate them and defuse the situation. During an interview with the commanding officer, it was stated that this action had resulted in a warning, without disciplinary proceedings being initiated.

- On 6 October 2025, a police officer allegedly pushed a detainee onto a chair. The man was then allegedly grabbed by the collar of his clothing and pulled by his hair. He allegedly resisted being handcuffed, and while five police officers were trying to restrain him, he was punched in the face under his left eye and insulted. In the images viewed, the detainee was carried by four police officers holding him by his arms and legs, with his face towards the ground and his hands cuffed behind his back. When the access gate was opened, the person's arm slipped from the grip of one of the police officers. The person fell, hitting his head on the floor. In another piece of footage, the detainee was pulled by his legs, with his head on the floor, into the isolation room. He was brutally treated (punched, pressed, twisted) in this room, which was not under video surveillance. The detainee stated that he was seen by nursing staff about 15 minutes after being placed in isolation, who brought him ice for his swollen eye. The healthcare staff documented his injuries and the doctor decided to transfer him to hospital for examination. The delegation was unable to verify these details using medical records due to the access issues described in paragraph 9.
- On 6 October 2025, footage shows a detainee being grabbed by the shoulder, despite indications that they had shoulder pain, and pushed into the isolation room. One police officer was stationed outside the door, while another remained alone with the detainee in the room. The body camera was activated but attached to the belt in a non-compliant manner, rendering the images inside the room unusable; however, the audio recording attests to heated verbal exchanges. According to the allegations, the police officer violently handcuffed the detained person, shoved them, knocked them to the ground, struck them and banged their head against the wall several times.
- On 13 October 2025, a detainee alleged that he was struck by police officers in a room, causing an injury to his lips, after making racist remarks to an officer. He also stated that he was grabbed by the hair, handcuffed behind his back and grabbed by the neck. The video shows that the person was indeed grabbed by the hair and handcuffed. The delegation was unable to verify the relevant medical documents.

In view of the above-mentioned factors, **the CPT recommends that an independent and thorough investigation be carried out into the allegations of ill-treatment and the follow-up of professional misconduct at the Paris-Vincennes CRAs.**

36. At the Lyon CRA, the delegation was informed of several incidents in which officers were allegedly injured while on duty. The delegation was refused permission to view the relevant CCTV recordings because they were evidence in criminal proceedings, as indicated in paragraph 10. This is regrettable, given that the injuries mentioned in the incident reports³⁴ indicate a certain level of force being used by officers, whether to restrain a detainee or to place them in a segregation room. According to the information provided, a complaint had been made against police officers concerning an incident that occurred on 1 October 2025.

The CPT wishes to be informed of the follow-up to and outcome of this complaint.

37. Many people also reported provocative comments, insults, including of a racist nature, as well as threats and unprofessional behaviour, such as the use of disrespectful language, in all the CRAs visited. Detainees also indicated that they were reluctant to file complaints for fear of reprisals or out of a sense of resignation.

34. The files consulted indicated in particular: an arm injury associated with a "wrist trapped under the armpit and twisting of the right wrist" (incident of 12 March 2025) with 165 days of sick leave; "severe pain in the right shoulder" (incident of 1 July 2025) with 240 days off work; pain in the left side following a fall (incident of 1 October 2025); a sprain of the left thumb (incident of 1 October 2025); pain in the back and right hand (incident of 1 October 2025); injuries reported to the back and left knee (incident of 1 October 2025); pain in the nose accompanied by sharp pain in the knee (incident of 1 October 2025); as well as pain in the right hand and left shin (incident of 1 October 2025), with 11 to 19 days off work for the incidents of 1 October 2025.

38. The Committee deplores the lack of improvement, and even the worsening, of tensions and ill-treatment observed in detention since its last visit in 2018. The prison-like environment of detention centres, presented as a model for the future, such as the Lyon CRA,³⁵ is based on a particularly fragile balance.

The CPT is aware of the human and material constraints faced by the officers responsible for supervising the CRAs. Many police officers felt that they did not have the necessary resources or training (see in particular paragraph 99) to deal with the changing profile of detainees. The Committee reaffirms, however, that the difficulties encountered by the police cannot in any way justify ill-treatment or inappropriate behaviour or comments.

The Committee takes note of the authorities' commitment in their communication of December 2025 to the principle of "zero tolerance", a principle at the heart of the Committee's mandate, with regard to any form of inappropriate violence on the part of officers assigned to CRAs, as well as strict compliance with the ethical principles applicable to law enforcement agencies.³⁶ It reiterates that any use of force against detainees must comply with the principles of necessity and proportionality, be limited to legitimate defence or protection of life and safety, or ensure adherence to the law. There is no justification for the use of force against detainees who have already been restrained (see also paragraphs 99 and following with regard to staff training).

The Committee recommends that the French authorities maintain heightened vigilance with regard to the level of tension and incidents in CRAs, and reiterate a clear message of "zero tolerance" for ill-treatment in detention, including insulting remarks.

b. measures to prevent ill-treatment

39. The Committee considers it essential that CRA managers exercise effective control over the proportionality of the use of force and implement appropriate measures to ensure full transparency of actions and prevent ethical breaches or any unacceptable practices. Shortcomings have been identified in the measures already in place.

40. Officers' interventions were not adequately recorded in order to enable effective control over responses to incidents and actions taken. The CRA management software (LOGICRA) made it possible to extract the number and type of incidents,³⁷ distinguishing between collective and individual incidents. According to official figures, the number of incidents in mainland France rose from 587 in 2022 to 799 in 2023 (+36%), then to 869 in 2024 (+9%). This trend appears to have declined slightly in 2025, with 742 incidents in the first 10 months of 2025 as compared with 764 a year earlier (-3%). At the Paris-Vincennes CRAs, a statistical typology and a list of incidents under investigation were kept, enabling cases to be tracked.

However, the centres visited did not have a specific and structured register for recording the details of police interventions, monitoring the number and type of instances of force or coercive measures used, or recording cases of alleged ill-treatment by police officers. The information was scattered. Incident reports took the form of internal notes recorded in LOGICRA. Incidents could also be recorded in the national police logbook (MCPN) and in the admissions register.

The CPT recommends that a single register (separate from the logbook) be set up in each CRA, in which all incidents are systematically recorded, with details of the circumstances, the use of coercive measures, the duration, the officers involved, any injuries observed, and follow-up measures, including complaints and any follow-up action taken.

35. See in particular paragraphs 69 and following concerning material conditions.

36. See [Articles R. 434-1 to R. 434-33](#) of the Internal Security Code.

37. The term "incidents" covers, in particular: acts of self-harm, riots, insults, hunger strikes, suicide attempts, escape attempts, violence between detainees, violence against staff and police officers, deliberate damage, etc.

41. Incident reports were most often based solely on the testimony of police officers. Breaches of professional ethics or practices contrary to instructions could be mentioned, but the testimony of the detainees involved was not collected, which did not allow for an objective assessment of the facts.
42. Similarly, feedback or “retex” was not systematically carried out in cases of use of force in the establishments visited, particularly when complaints had been filed in the context of certain incidents.³⁸
43. With regard to the quality of video surveillance, projects were under way to replace certain malfunctioning cameras or obsolete systems (particularly at the Paris-Vincennes and Mesnil-Amelot CRAs). Images were stored and automatically deleted after seven days at Paris-Vincennes CRA No. 1D in Paris-Vincennes, 15 days at the Mesnil-Amelot CRAs, and 30 days at the other CRAs, with no requests for extraction. Video recordings of incidents were not systematically used by the police to verify the accuracy of reports and allegations, or to support the legitimacy of law enforcement intervention.
44. The Committee notes that the deployment of body-worn video cameras is planned at the national level and that their use is governed by a code. In practice, they were not always worn correctly or activated in a timely manner during incidents, particularly at the Paris-Vincennes and Mesnil-Amelot CRAs. Officers indicated that the batteries of body-worn cameras were not sufficient to cover the needs of an entire shift.
45. With regard to the wearing of identification numbers on uniforms, which is compulsory in principle, it appeared that these numbers were rarely worn or difficult to read on the uniforms of the officers in the CRAs visited.

46. The CPT recommends that the authorities continue their efforts to prevent ill-treatment so that concrete and urgent improvements can be observed on the ground.

In particular, the CPT recommends that, for each use of force or means of restraint, CCTV footage be systematically extracted, stored and watched by the competent authorities. In addition, CCTV operators should be required to immediately report any incidents observed to CRA managers. It is important for CRA managers and, where applicable, independent investigating and supervisory authorities to carry out regular assessments of professional practices, including on the basis of video recordings and, where required, to take the necessary measures, including in terms of training and disciplinary or criminal proceedings.

The CPT recommends that national authorities take the necessary measures to optimise the quality of the video surveillance system, through the use of either fixed cameras or body-worn cameras. The body-worn camera system should be improved to ensure sufficient autonomy and effective continuity of recordings during interventions. It also recommends that the authorities issue a reminder on the proper use of body-worn cameras in the event of incidents. It would like to be informed of the roll-out of plans to replace the CCTV systems and the authorities’ assessment of the deployment of body-worn cameras at the Paris-Vincennes and Mesnil-Amelot CRAs.

The CPT recommends that all CRAs keep all CCTV footage for a minimum of 30 days in order to make it easier to investigate allegations of ill-treatment made against members of the law enforcement agencies.

38. At the Paris-Vincennes CRAs, for example, feedback sessions were only held following “serious” incidents (suicides, fires, etc.) in order to share lessons learned with a view to continuous improvement. Feedback sessions were not held following incidents where force had been used.

||| The CPT recommends to the French authorities that they ensure that identification numbers are worn in practice in all circumstances and wishes to be informed of the measures envisaged to make them more visible.

47. Effective prevention of ill-treatment also includes measures to tackle impunity. In its dialogue with the French authorities, the CPT welcomes their commitment to investigating and punishing acts of violence, if proven. The speed of these investigations is particularly important, as they concern urgent situations, with detainees only supposed to stay in detention centres for a short period of time.

The Committee notes that, in the event of complaints against a person in a position of public authority, cases below a certain threshold of seriousness were investigated by the departmental ethics unit or the police ethics, analysis and evaluation service (*service de déontologie de synthèse et d'évaluation de la police* – SDSE) in the case of the Paris-Vincennes CRAs. Above a certain level of seriousness,³⁹ the General Inspectorate of the National Police (*Inspection générale de la police nationale* – IGPN), attached to the Ministry of the Interior, was responsible for conducting administrative and judicial investigations. The decision to refer a case to the IGPN or the ethics unit was made by the competent public prosecutor.⁴⁰ Furthermore, the IGPN could only investigate allegations of ill-treatment on the basis of a report, and the findings of the Defender of Rights were not systematically followed up, particularly with regard to the initiation of proceedings.⁴¹

48. In light of the information provided by the authorities, there appear to be significant disparities in the volume of complaints and reports between the various CRAs over the 2023-2025 period. The Paris-Vincennes CRA stood out significantly, with dozens of judicial referrals each year (44 in 2023, 36 in 2024 and 26 in 2025), with only 22% of the proceedings having been dealt with by the time of the visit. At the same time, seven administrative investigations conducted by the IGPN had resulted in warnings, reprimands and one dismissal. In addition, according to information provided locally, numerous reports had been made to the SDSE (47 in 2023, 82 in 2024 and 25 in 2025), almost all of which were still under investigation at the time of the CPT's visit in autumn 2025.

The other CRAs recorded fewer complaints. No reports were made in the waiting areas visited.

At the Coquelles CRA, seven legal proceedings and two administrative investigations had been handled by the IGPN; furthermore, the departmental ethics unit had not received any referrals during the period under review.

At the Mesnil-Amelot CRAs, four judicial investigations had been handled by the IGPN and all had been closed without further action (absence of unlawful violence); no pre-disciplinary administrative investigations had been opened, and only one referral to the departmental ethics unit had been recorded.

At the Lyon CRA, 16 complaints had been recorded by the IGPN and two judicial investigations and two administrative investigations had been launched. The CPT did not receive any information concerning referrals to the competent departmental ethics unit at the Lyon CRA. Furthermore, these findings contradict the information gathered from the NGO present in the establishment, which reports at least 25 complaints filed against police officers in 2025, 20 in 2024, and 23 in 2023.

||| The CPT would like to receive information regarding this statistical discrepancy.

39. See the Circular from the Directorate of Criminal Affairs and Pardons, Ministry of Justice, 20 February 2014.

40. In accordance with Article [12-1](#) of the Code of Criminal Procedure.

41. See, in particular, the CPT report on its visit to France from 15 to 27 November 2015, [CPT/Inf \(2017\) 7](#), paragraph 15.

49. Information on the existence of complaints and their follow-up remained vague and incomplete, making it impossible to obtain a coherent picture of the referrals made to the public prosecutor's office, the IGPN and the ethics units. At the Paris-Vincennes CRAs, the management, and often the Defender of Rights, were copied into complaints submitted through the association working in the CRAs. However, neither the administrations of the CRAs nor the association that assisted most of the detainees in their proceedings were aware of the progress of the investigations, with the exception of the above-mentioned case, which led to the dismissal of a civil servant.

50. With regard to the management of situations likely to involve ill-treatment, the CPT was not informed of any provisional measures that might have been taken in the event of a complaint being made except, in some cases, for informal monitoring of the officers concerned. Based on the principle of the presumption of innocence, this approach appears insufficient, as it may allow risky situations to continue.

The CPT is of the opinion that, in order to avoid any sense of impunity, it is imperative that the authorities responsible for prosecution and investigation take effective measures when they become aware of any evidence that ill-treatment may have been inflicted. In this regard, it is well established, through the case law of the European Court of Human Rights, that whenever a person is injured while under the authority of public officials, there is a presumption of ill-treatment and it is incumbent on the authorities to provide a satisfactory explanation for the origin of the injuries. In addition, police officers under criminal investigation for allegations of ill-treatment should, during the proceedings, be assigned duties that do not involve direct contact with persons in custody.

51. With regard to complaints of ill-treatment by law enforcement officials, **the CPT recommends that the French authorities ensure that independent investigations are opened and conducted expeditiously. The CPT calls on the authorities to take appropriate measures (including appropriate protective measures) whenever there are grounds to believe that a person has been subjected to ill-treatment, pending the outcome of the investigations.**

The CPT again recommends that the French authorities strengthen their efforts to tackle impunity by considering the possibility of the IGPN taking up cases on its own initiative.

The CPT also recommends that the French authorities set up a national system for compiling comprehensive data, including statistics, on the follow-up of complaints and on disciplinary and criminal proceedings and sanctions against members of the law enforcement agencies. Such compilation could reveal trends and facilitate the action to be taken.

c. violence between detainees

52. In 2025, based on interviews conducted and files consulted, the extent of violence between detainees appears to have worsened compared with 2018.⁴² At the national level, the number of incidents of violence between detainees almost doubled, rising from 209 in 2022 to 405 in 2024. In the first 10 months of 2025, 379 acts of violence were recorded, as compared with 356 in the same period in 2024 (+6.46%).

53. With regard to the CRAs visited, the numbers of registered incidents involving violence between detainees in 2025 were approximately 25 at the Lyon CRA, 21 at the Coquelles CRA, 276 at Mesnil-Amelot CRA No. 2, 56 at Mesnil-Amelot CRA No. 3, and 99 at the Paris-Vincennes CRAs.⁴³

42. In 2018, the Committee noted a low number of acts of violence between detainees, but with an increase in tensions and conflicts within the centres.

43. Statistics extracted from the detention software (Logicra) or activity reports provided by the centres.

Many detainees interviewed reported violence, often resulting in injuries (bruises, trauma, including broken teeth), as well as fights, frequent thefts or extortion, which could be driven by “settling of scores” or “wars between leaders” within the living units. Some people mentioned “lynchings” by several other people. Some people who were afraid asked to be placed in solitary confinement for their own safety. The recurrent use of makeshift systems, such as torn pieces of sheets or mattresses on the floor (as seen at the Mesnil-Amelot CRAs), to seal up the doors of rooms in the living areas also reflected the feeling of insecurity.

54. The CPT is particularly concerned that many episodes of violence, including very serious incidents such as “lynchings”, seemed to escape officers’ attention. Many incidents appeared to take place out of sight of cameras, in bedrooms or bathroom areas.

This situation is mainly attributed to the persistence, or even exacerbation, of factors already identified in 2018 as sources of tension: problematic cohabitation, the almost total absence of activities, ineffective dynamic security, the poor quality of video surveillance in living areas, and generally very poor material conditions. The visit made in 2025 highlights the widely shared feeling that these places are “real powder kegs” and the absence of an appropriate strategy to prevent violence between detainees.

55. The CPT notes the creation in 2022 of a judicial unit made up of three judicial police officers at the Mesnil-Amelot CRAs, which is empowered directly to handle complaints from detainees against other detainees.⁴⁴ This presence facilitates investigations and may encourage detainees to file complaints. This unit does not deal with cases involving police officers, however.

The CPT recommends that the French authorities adopt a national strategy and urgently put in place appropriate and effective measures, including by strengthening dynamic security, to prevent acts of violence and intimidation between detainees in all places of detention.

d. removal assistance units

56. Police officers appointed as mediators (known as “removal assistance units” or *cellules d’aide à l’éloignement* – “CAEL”) played a role in building rapport with detainees within detention centres. Their mission was to contribute effectively to defusing situations likely to escalate into violence and to facilitate the co-operation of detainees during the removal phase.

According to the 2024 instructions,⁴⁵ “the CAEL must, as far as possible, remain outside any management of law enforcement (except in cases of serious exposure of other CRA staff for security reasons). It intervenes either upstream, in a preventive manner and to calm any tensions before using legitimate force, or downstream, to remind detainees of the CRA’s operating rules and restore calm.” In particular, it allows information to be gathered in order to “anticipate or delay mood swings and leaders, disturbances of public order (including damage, theft and assault) and any preparations for escape”. In addition, the CAEL “makes itself available as a priority to be present at arrivals”. It assists staff during searches, “without replacing them”.

57. At the Mesnil-Amelot CRAs, the CAEL was made up of 22 civil servants divided into four brigades (two per CRA). At the Lyon and Paris-Vincennes CRAs, it comprised six officers organised into two brigades. At the Coquelles CRA, there was one person assigned to the CAEL.

The CPT notes that the existence of CAELs can, in many situations, make a positive contribution to the care of detainees with differing profiles and in often tense contexts (see also paragraphs 22 and following).

44. 85 procedures ongoing and processed since its creation in September 2022.

45. According to a National Border Police Directorate guide dated 22 April 2024. See also the CPT’s report on its visit to France from 23 to 30 November 2018, [CPT/Inf \(2020\) 11](#), paragraph 76.

58. However, the delegation noted that some officers, who had generally been trained specifically to perform the CAEL role, had been directly involved in several incidents and the work of these units had not been assessed.

During the visit to Mesnil-Amelot CRA No. 2, a video recording of an incident that had occurred on the same day showed a CAEL officer physically intervening to restrain a detainee without trying to de-escalate the situation. At the same CRA, the delegation met a detainee whose behaviour was clearly disrupting the functioning of a living area. According to the information gathered, no appropriate detection or measures had been carried out by the CAEL officers since his arrival three weeks earlier (see also paragraph 140 on psychiatric care). At the Lyon CRA, the incidents mentioned in paragraph 10 also allegedly involved at least two CAEL officers. As it did not have access to recordings, the CPT is not in a position to comment on the quality of the interventions.

59. Furthermore, according to the same instructions mentioned above, “CAEL staff work in plain clothes but must be clearly identifiable as police officers and are equipped with a radio”. However, an internal memo dated 5 February 2024 to Mesnil-Amelot CRA No. 3 states that “*during their various missions in the living area, officers must have a telescopic baton (BTD) and an individual tear gas canister, at least one officer must be equipped with a body-worn camera, and another, having regard to the current authorisations, must carry a conducted energy device (CED)*”. The delegation noted that, in the Mesnil-Amelot CRAs, CAEL officers could carry the prescribed equipment and handcuffs. The CPT considers that carrying tear gas canisters, handcuffs and telescopic batons or a conducted energy device in living areas is not conducive to establishing positive relationships between staff and detainees (see paragraph 178).

60. The behaviours described above, the accounts gathered and the equipment worn are at odds with the nationally established philosophy of the role of CAEL officers as mediators and trusted persons for detainees. They should only participate in interventions in exceptional cases. Furthermore, given the numerous allegations of violence between detainees that have escaped police attention, it is important to strengthen their role within living areas and their *modi operandi*.

61. **The CPT recommends revising the note to the Mesnil-Amelot CRAs dated 5 February 2024 on the issue of intervention methods.**

The Committee also calls for the establishment of a system for the regular monitoring and evaluation of interventions of CAELs and their management. The Committee would also like more detailed information on the specific training received by CAEL officers in detention centres.

3. Safeguards against ill-treatment

a. notification of rights

62. All persons placed in detention or held in waiting areas who were interviewed had received written decisions concerning them (refusal of entry into the country/territory, removal order, placement in detention, holding in the waiting area, etc.). These decisions were reasoned and mentioned the means of appeal. Persons placed in detention or held in waiting areas were also informed of their rights with regard to asylum applications.

63. Persons detained or held in waiting areas were notified of their rights by the border police upon their arrival at CRAs and waiting areas, including the right to request the assistance of an interpreter, a lawyer and a doctor, and to communicate with their consulate and any person of their choice. This notice was given as soon as possible and in a language they understood.

64. Each CRA had internal rules based on a standard set of rules. These were displayed in several visible locations in the CRAs, in several languages. Only the Coquelles CRA distributed a welcome booklet, which reminded detainees of the internal rules and explained them in nine languages.

The CPT recommends that the French authorities ensure that the internal rules are systematically given to each person detained or held, upon admission and in a language they understand. The design at national level of a standardised welcome booklet translated into different languages could facilitate the implementation of this principle. People who are unable to read the information booklet or understand its contents should be given appropriate assistance, including, if necessary, by using other methods, means or formats of communication.

b. access to rights

65. The exercise of the rights of detainees and persons held in custody was generally satisfactory. Detained persons could receive assistance from the French Office for Immigration and Integration (*Office français de l'immigration et de l'intégration* – OFII), which provided material support in the centres (purchase of basic necessities, cash withdrawals and bank account closures, collection of luggage from prisons, donation of clothing in certain places, among other things) and support for voluntary departure.⁴⁶ In practice, each CRA had several OFII “mediators”.

66. An association was present (six days out of seven) in each CRA⁴⁷ and 24/7 at ZAPI 3⁴⁸ and available by telephone in the Lyon Saint-Exupéry waiting area⁴⁹ to provide information and legal assistance to detainees in order to enable them to effectively exercise their rights.⁵⁰ These associations and other organisations could also intervene to provide psychosocial assistance or offer activities to individuals.

According to the CPT, the presence and intervention of legal advice and support associations within CRAs and waiting areas play an essential role in guaranteeing the effectiveness of rights and in facilitating referrals to courts and independent institutions in cases of violations of rights. The associations provide a listening ear, psychosocial support and independent legal assistance, and were perceived as such by those detained in the CRAs. Through their daily presence in the detention centres, the associations monitor the conditions of detention of persons detained or placed in waiting areas.

The CPT takes note of a draft law tabled on 20 March 2025 aimed at ending the use of associations to provide legal information and assistance to foreign nationals in administrative detention centres, and entrusting this task to the OFII for information and to lawyers for legal assistance.

The CPT would like to receive an update on the progress of this reform and, where applicable, its implementing arrangements, including the human, material and financial resources that would be allocated to the OFII and lawyers to enable them to carry out their respective tasks effectively. In particular, it would like to receive comments from the authorities on the necessary respect for the neutrality of those involved in providing assistance in accessing rights.

67. With regard to communication with third parties and access to a solicitor, the observations do not call for specific comments.⁵¹

46. According to the OFII's [2024 activity report](#), page 42.

47. France terre d'asile at the Coquelles CRA and the Mesnil-Amelot CRAs, Forum-Réfugiés at CRA No. 2 in Lyon and Assfam/SOS Solidarités at the Paris-Vincennes CRAs.

48. The Red Cross provided 24-hour access to mediator-interpreters (speaking a total of nearly 20 languages) at ZAPI 3.

49. The numbers for the Forum Réfugiés and the National Association for Assistance to Foreigners at the Border (Anafé) are displayed.

50. As provided for in [Article R.744-20](#), CESEDA.

51. See, however, contact with the outside world in paragraph 188.

A room was available at all times at the request of solicitors in the CRAs visited. Hearings before the courts and OFPRA (for asylum applications) did not seem to pose any difficulties overall; they took place in court or by videoconference (at the Coquelles CRA and the Mesnil-Amelot CRAs). An annexe to the court was planned for the Lyon CRA site in 2026, while a videoconferencing courtroom was planned for 2027 at the Paris-Vincennes CRAs. The CPT is of the opinion that videoconferencing can overcome difficulties in transferring individuals, but should not be the default method.

||| The CPT encourages the authorities to facilitate the holding in person of hearings before the courts and OFPRA.

68. In general, access to an in-person or telephone interpreting service appeared to be effective for official procedures (notification of rights, court hearings). The assistance associations present in the CRA also had a translation system to facilitate communication with persons detained or held.

4. Detention conditions

a. material conditions in the CRAs

69. The material conditions observed in the CRAs varied depending on the age of the buildings. They were often dilapidated and/or in a state of serious disrepair, particularly in the three historic units of the Coquelles CRA. Some newer or recently renovated buildings, including those at the Lyon and Paris-Vincennes CRAs, showed signs of premature ageing.

The delegation was once again struck by the prison-like appearance of the CRAs and the general austerity of the premises, a finding already noted during the 2018 visit. This impression was due in particular to the rudimentary and particularly oppressive conditions in the rooms, all of which had barred windows, and the exercise yards (see also paragraph 64). The recently built CRA in Lyon was described to the CPT as a prototype for the design of future detention centres. The configuration of this facility emphasises the “prison-like” nature of CRAs, both through its enhanced security features and also by limiting contact between police personnel and detainees.

||| The CPT recommends that the authorities adapt the design of new buildings in the light of the factors mentioned above.

70. With some exceptions, detainees were accommodated in shared rooms generally occupied by two to four people. While the size of the rooms was generally acceptable at the Lyon and Mesnil-Amelot CRAs, it was inadequate at the Paris-Vincennes and Coquelles CRAs, where detainees sometimes had barely more than 2 m² of living space in shared rooms.⁵² The rooms also lacked chairs and tables at the Coquelles CRA and chairs at the Paris-Vincennes CRAs. None of the rooms had curtains or any means of blocking out light.

The rooms at the Lyon CRA offered acceptable accommodation conditions: sufficient fixed furniture, a television with a protective frame, and a bathroom with a shower, toilet and washbasin in each room. However, the delegation noted that many doors were broken and makeshift curtains had been fitted to preserve privacy. Furthermore, persons accommodated at the Coquelles CRA and at Paris-Vincennes CRA No. 1 also had access to a bathroom (with a shower) in their room.⁵³ Persons held at the Mesnil-Amelot CRAs and at Paris-Vincennes CRA No. 2 (A and B) shared communal showers and toilets.

71. Furthermore, although some detainees could stay in the CRAs for extended periods (generally up to 90 days), they did not have a secure place to store their personal belongings, including clothing, which led to theft. They were not allowed to personalise their space with decorations.

52. Those detained had approximately 7 m² of space at the Lyon CRA (in rooms for two or four people) and 5.5 m² at the Mesnil-Amelot CRAs in double-occupancy rooms. By contrast, at the Paris-Vincennes CRAs, detainees had only a little over 3 m² of space per person in rooms in the CRA No. 2.

53. In the blue, red and green zones of the Coquelles CRA, the bathroom facilities in the rooms did not have showers. These were communal and partially partitioned off.

72. During its visit, the delegation noted numerous faulty or dysfunctional facilities: out-of-order bathrooms, showers and toilets that were not fully partitioned off,⁵⁴ unsuitable temperatures on the premises, broken room doors, no electrical sockets in rooms, insufficient alarm or intercom systems in living areas, or broken communal lighters. Furthermore, there were no indoor areas reserved for smokers, leading to smoke-filled living areas despite the smoking ban.

73. The hygiene conditions in the centres visited were particularly worrying. Despite regular, even daily, cleaning and maintenance, hygiene and cleanliness were not fully guaranteed. The delegation also noted the presence of rats on the premises of the Paris-Vincennes CRAs, including in the administrative offices. It also received numerous complaints from detainees about the presence of bedbugs in all the CRAs visited except for the Lyon CRA No. 2.

74. At the *Paris-Vincennes CRAs*, the communal (squat) toilets were often blocked,⁵⁵ water stagnated in the sinks, and the premises were constantly damp and smelled foul. The hot water supply in the showers was regularly faulty, sometimes for weeks at a time.

Pursuant to Article 8, paragraph 5, of the Convention, the delegation asked the authorities to ensure that the plumbing fixtures were repaired and functioned properly on a daily basis, including the hot water supply in this CRA. The authorities informed the CPT that a temporary system had been installed to compensate for the hot water and heating cut-offs pending the installation of a boiler scheduled for the first quarter of 2026 at the Paris-Vincennes CRAs.

75. At the *Mesnil-Amelot CRAs*, the delegation also noted high levels of damp and problems with stagnant water around plumbing fixtures. Access to drinking water was provided by means of unsanitary drinking fountains, which risked promoting the proliferation of bacteria and viruses. In their discussions with the delegation, the healthcare staff reported several outbreaks of gastroenteritis or gastrointestinal symptoms among the detainees. However, it was not possible to attribute in a documented manner the origin of these outbreaks to the quality of the water and the material condition of the water points. In any case, an untested water source or a source potentially exposed to bacterial contamination nevertheless constitutes a risk factor.

Under Article 8(5) of the Convention, the delegation asked the French authorities to carry out a comprehensive analysis of the microbiological quality of the water, including testing for indicators of faecal contamination, assessing the total bacterial load and checking for the possible presence of pathogens, in order to certify compliance with health standards and guarantee the safety of drinking water supply points. In response, the authorities firstly indicated that replacement of the water fountains at the Mesnil-Amelot CRAs had been discussed with the Directorate of Property and the Environment and that a process to commence work was under way. Secondly, 10 new drinking water supply points and repairs to the adjacent walls had been ordered since the CPT's visit. Furthermore, the available analyses confirmed that there was no cross-contamination between clean and dirty water, but that there was a problem of dilapidation. An in-depth analysis of the water at the supply points was planned after the work had been completed.

76. During its visit, the delegation was particularly concerned about the level of hygiene in the living areas, especially the "blue zone" at the *Coquelles CRA*. Despite disinfection efforts, parts of the premises were infested with bedbugs (particularly in the wall joints). The bathroom facilities were affected by significant mould growth and the walls in the living areas were covered with excrement.

54. The bathroom facilities either had no doors, had swing doors that were often broken, or had doors that did not close properly. A prototype door allowing for full partitioning of bathroom areas had been installed in block B1 of the Lyon CRA, and there were plans to install it in the other blocks.

55. For example, during the visit in October 2025, 13 out of 20 toilets and 6 out of 20 showers in the two accommodation areas of Paris-Vincennes CRA No. 2 were not in working order.

Pursuant to Article 8, paragraph 5, of the Convention, the delegation asked the French authorities to gradually close the blue zone of the Coquelles CRA for renovation, including the bathroom facilities, and then gradually renovate the other living areas (red and green) at the Coquelles CRA. The CPT notes that work (renovation of bathroom facilities with improved ventilation, repointing of walls, painting of rooms in the four living areas) was budgeted for 2025. However, according to information provided by the authorities, the work was expected to begin in the first half of 2026. A contract with a specialist company providing for weekly bedbug control treatments had also been renewed.

77. Hygiene kits were also distributed to each new arrival in the CRAs visited. In principle, each detainee received bed linen and towels, with the possibility of replacing them every week. The delegation received several complaints that these kits were not regularly replenished in the CRAs visited.

A free laundry service was available, allowing personal laundry to be washed regularly. However, the foam mattresses, which were often torn and had no mattress covers, were not cleaned after each user had finished using them, and no pillows were provided.

78. With the exception of the Mesnil-Amelot CRAs, the outdoor yards were generally very oppressive, as they were often surrounded by walls or fences, edged with concertina wire and covered with wire mesh or safety nets, giving these spaces the appearance of cages. In addition, the yards were particularly small at the Coquelles and Paris-Vincennes No. 1 CRAs. The yards generally had a few benches and small shelters. These spaces were particularly austere and for the most part lacked sports or recreational facilities, or were even completely empty at the Lyon CRA, and were often littered with rubbish. The argument of vandalism used at the Lyon CRA to explain the lack of equipment cannot justify its absence. Solutions can be found to ensure that the equipment installed is resistant to vandalism. The CPT notes in particular an ongoing project at the Coquelles CRA to install more equipment, including pull-up bars, in the exercise yards.

79. The CPT is aware of the structural difficulties faced by external service providers in keeping premises in good condition. In particular, it has been reported that some detainees sometimes show little respect for maintenance staff and cause considerable damage. However, the material conditions observed during the visit were unacceptable.

The major problems of cleanliness, maintenance and dilapidation reported above call for immediate action and increased vigilance. These shortcomings contribute to a high risk of epidemics, exacerbated by overcrowding, and keeping people in material conditions such as these could undermine their dignity.

80. In light of the above and the requirements imposed on CRAs by the current regulatory framework,⁵⁶ **the CPT recommends the following for all of the CRAs visited:**

- (i) **ensure that the layout of rooms respects detainees' privacy, in particular by ensuring that bathroom facilities are completely partitioned off;**
- (ii) **ensure that detainees are provided with clean linen and a mattress on admission and guarantee adequate access to the necessary hygiene products;**
- (iii) **ensure the maintenance and cleanliness of all premises and, where appropriate, allow detainees access to basic cleaning equipment in order to improve the daily hygiene of their accommodation;**
- (iv) **ensure that mattresses are systematically disinfected between uses, or as needed, and regularly review protocols for combating bedbugs and other vermin and their implementation;**
- (v) **treat mould;**

56. See [Article R.744-6](#), CESEDA.

- (vi) ensure that plumbing fixtures (toilets, showers, sinks, hot water supply) are repaired and in good working order;
- (vii) equip living quarters with sufficient furniture to enable detainees to sit at a table and store certain personal belongings, preferably in secure cupboards that are accessible at all times;
- (viii) equip exercise yards with sports equipment and shelters from the sun and bad weather, and possibly plant vegetation;
- (ix) ensure that detainees and supervisory staff are not exposed to passive smoking.

81. The Committee also recommends that the authorities reassess the relevance of certain physical security measures (bars on the inside, metal mesh above yards).

82. Furthermore, with regard to the Coquelles and Paris-Vincennes CRAs, the CPT recommends ensuring that each detainee has at least 4 m² of living space in shared rooms, if necessary by reviewing the occupancy rate and capacity of the centres and removing bunk beds in the Coquelles CRA. Renovation work in the old areas of the Coquelles CRA should also be carried out as soon as possible. The CPT would like to receive a schedule of the work planned at the Coquelles CRA.

83. Moreover, with regard to the Mesnil-Amelot CRAs, the CPT would like to receive the results of the water analysis and information on the measures taken to identify the causes of outbreaks of gastroenteritis or gastrointestinal symptoms among detainees. It would also like to be informed of the progress of work on the installation of new water fountains.

84. Furthermore, many persons complained about the quantity and quality of the food served, which could also contribute to increasing tensions. The CPT took note of the vigilance of the centre managers on this issue and of the fact that, according to the authorities, the quantity and quality of the meals comply with the dietary guidelines recommended for an adult.

The delegation also noted the presence of vending machines selling drinks, snacks, cigarettes and coffee. However, these machines were not always properly stocked, and destitute persons without pocket money were unable to use them. Furthermore, the cash machine was not working at the Lyon and Coquelles CRAs at the time of the visit, making it difficult for detainees to make purchases from the vending machines.

The CPT invites the authorities to check the quantity and quality of the food served at mealtimes. It recommends that the authorities ensure that vending machines are properly stocked and that coin-operated machines are in good working order, and that they consider introducing financial support for destitute persons so that they can use them.

85. Moreover, many destitute people without outside assistance do not appear to receive clothing. The way in which clothing banks were run was not always clearly defined. According to the CRAs, clothing banks could sometimes be run by the OFII (see paragraph 65), by the police or CAEL officers, or by associations. The information was confusing and the service was neither systematic nor efficient. Several people reported having taken clothing left behind by other people.

The CPT once again encourages the authorities to review the distribution of clothing and footwear in CRAs, ensuring that the needs of the most disadvantaged are met.

b. regime

86. The delegation notes that, in the CRAs visited, all persons benefit from an open-door regime (without confinement to their rooms), both day and night. As in 2018, detainees were divided into living units of 12 to 58 persons depending on the CRA. Room allocation was decided upon arrival, but numerous changes were subsequently made within units, allowing for regrouping by affinity.

87. Detainees had extended access to the “recreation room” and outdoor areas adjacent to the living unit from morning until around 23:00, or even throughout the night in the “small yards” of the Mesnil-Amelot CRAs. This option did not apply to individuals placed in solitary confinement (see paragraph 174).

88. However, no regular activities were offered, apart from a few activities at the Lyon CRA⁵⁷ and the Coquelles CRA (in the dining hall).⁵⁸ Activities in detention were limited to watching television (with television sets often being shared by more than 20 people and installed in recreation rooms equipped with rudimentary benches but no tables), attending various appointments, and, upon request, accessing a very limited number of games and consoles, balls or books. The existence of a communal gym at the Mesnil-Amelot CRAs is a positive initiative, but the sports activities that were sometimes organised had been suspended at the time of the visit.⁵⁹ Recreation rooms were often turned into places of worship.

89. Following the visit in 2018, the French authorities informed the CPT that a programme of occupational activities in relation to reading, sport and recreational and cultural activities would be launched in June 2018. The budget for this programme was estimated at €3.5 million, including outdoor equipment (sports facilities or outdoor activity areas), furniture (games consoles, bookcases, etc.) and refurbishment of existing infrastructure. The effects of this programme were not observed during the 2025 visit.

90. It is clear that the lack of activities is totally unsuitable for the length of detention of many people, who are held for the maximum period of 90 days and who sometimes serve several consecutive periods separated by brief interruptions. The CPT stresses that idleness is a major source of tension.

The CPT once again recommends that the French authorities develop the range of purposeful activities (supervised and unsupervised) available in detention centres, on appropriate premises, such as activity rooms and prayer rooms, and equip both indoor and outdoor communal areas with sports or leisure facilities. It also invites the French authorities to seek partnerships with associations and local authorities in order to broaden and diversify the range of activities on offer.

91. In the CRAs visited, various services (offices of approved associations, the OFII, infirmary, as well as drink and snack vending machines) were often grouped together in the same area. Detainees were dependent on police officers to accompany them there from the living quarters, either on request or during a time slot of no more than one hour. Despite the measures put in place to call on staff when needed (notably an intercom), many detainees said they faced long waiting times, which caused frustration.

The CPT invites the French authorities to take the necessary measures to ensure that detainees have access to the various services within a reasonable time.

57. At the Lyon CRA, an association offered four two-hour sessions per week in the activity room. The sessions were divided between the seven blocks. However, there was no library.

58. A few games activities had been offered by an association for four months during 2024 at Mesnil-Amelot CRA No. 2. No activities were taking place at the time of the visit.

59. A sports instructor had been present from January to September 2025 and from September to December 2024, two to three times a week for 1.5 hours for 15 to 20 people at a time in each CRA. The position was vacant at the time of the visit. A sports instructor was also due to be recruited at the Paris-Vincennes CRAs.

c. detention conditions in waiting areas

92. The material conditions in the waiting areas visited were generally acceptable. The premises were clean and regularly maintained. However, the CPT notes an increase in reports of bedbugs in recent years at ZAPI 3. According to the information gathered, requests for disinfection were dealt with when a need was identified, and wooden furniture had been gradually replaced by metal furniture.

93. The rooms designed for two people in the Lyon Saint-Exupéry waiting area offered sufficient living space and adequate basic facilities. However, they did not have access to natural light. None of the rooms had secure storage space.

94. The bathroom facilities in the waiting area in Lyon and the area for unaccompanied children at ZAPI 3, which were located in the communal areas, were designed to ensure privacy and could be locked.

95. The waiting areas visited had outer yards and communal areas or rooms, including a dining hall with a “lounge area” and an inner yard at Lyon Saint-Exupéry, and a lounge area in the area for children at ZAPI 3. However, the outdoor areas did not have shelters to protect against the sun and bad weather.

96. **The CPT recommends that outdoor areas be equipped with shelters from the sun and bad weather, and that persons held in waiting areas be able to store their personal belongings in secure furniture. It also recommends that persons held in the Lyon Saint-Exupéry waiting area have access to an area with a view of the outside.**

97. The delegation observed that the waiting areas had supplies of hygiene kits. There were also sheets and blankets. It is positive to note that since the last visit in 2018, a laundry room had also become available at ZAPI 3. The Red Cross also offered a cloakroom. However, at the Lyon Saint-Exupéry waiting area, there were no washing machines or emergency cloakrooms.

98. The regime in the Lyon Saint-Exupéry and ZAPI 3 waiting areas was similar to those in the CRAs. People were free to come and go within the living units and communal areas, including outdoor areas, day and night. Other than that, the situation was the same as in 2018: the main activity (and sometimes the only distraction) was watching television. The situation in the waiting area for children at ZAPI 3 was slightly better because activities were offered by the Red Cross.

The CPT once again calls on the authorities to take measures to expand the range of activities and occupations available to persons held in waiting areas, for example by providing reading material and games in the waiting area at Lyon Saint-Exupéry.

5. Staff in charge of detention facilities

99. The numbers of staff in charge of detention centres varied significantly from one CRA to another. While the ratio was 1 officer to every 2 detainees at the Mesnil-Amelot CRAs and 1 to every 2.5 at the Lyon CRA, it was much less favourable at the Paris-Vincennes CRAs (1 to 4.4) and even more unfavourable at the Coquelles CRA (1 to 7.5).

At the Coquelles CRA, there were 107 officers (instead of the theoretical 145 posts), 15 fewer than in 2022, ensuring a minimum presence of around 12 officers in the living area during the day⁶⁰ and seven at night. The two Paris-Vincennes CRAs were managed by 350 police officers, ensuring a minimum average presence of 40 officers during the day and 37 at night. The Lyon CRA had 168 officers, including the administrative team, with no absenteeism issues reported, except for six officers on sick leave due to injuries sustained during the interventions on 1 October 2025 (see paragraph 10). Finally, Mesnil-Amelot CRAs No. 2 and No. 3 had around 130 surveillance officers, not including administrative staff, with around 50 officers assigned to each CRA during the day and around 15 at night.

||| The CPT recommends increasing the numbers of staff at the Coquelles CRA and the Paris-Vincennes CRAs in order to improve the staff-to-detainee ratio.

Table I – Surveillance staff numbers

	Total staff	Daytime presence	Night-time presence	Notes
Coquelles CRA (90 places)	107 (actual) with administration for 145 theoretical positions	12	7	Ratio: 1/7.5 (during the day) 5 officers on extended leave at the time of the visit
Lyon CRA (140 places)	169 (including administrative staff), 198 reference staff (29 vacant positions)	Approx. 55	16	Ratio: 1 / 2.5 (during the day) 8 staff on extended leave at the time of the visit
Paris-Vincennes CRAs (175 places)	374 actual, 426 theoretical capacity	30-40	29-37	Ratio: 1 / 4.4 (during the day) 6 officers on extended leave at the time of the visit
Mesnil-Amelot CRA No. 2 (105 places)	128 security staff, 6 registry staff and a dozen administrative staff (147 in total)	Approx. 50	Approx. 15	Ratio: approx. 1 / 2 3 officers on extended leave and one person excluded at the time of the visit
Mesnil-Amelot CRA No. 3 (105 places)	139 security staff, 15 court clerks and administrative staff (153 in total)	52	15	Ratio: approx. 1 / 2 <i>No information concerning officers on extended leave at the time of the visit</i>

60. However, some officers could be requisitioned by SIPAF for other operations.

100. Interviews with officers revealed that managing a CRA is clearly not a vocation for the law enforcement officers encountered. In all of the centres visited, surveillance tasks were often assigned to newly recruited officers, police officers who had just completed their training or security assistants. These officers, who were primarily trained to work on public roads, had rarely chosen their assignment. According to the management of the Paris-Vincennes CRAs, 70% of the staff had completed less than two years of service and 59 young police officers who were “fresh out of police academy” were due to arrive in December 2025.

101. Despite the CPT’s recommendations on this subject in its reports on its visits in 2006, 2010 and 2018, the training offered in the care of detainees seemed insufficient. The training courses available were limited to basic concepts specific to CRAs, in particular intervention techniques in confined spaces, security procedures and the use of the Logicra software. It was not always compulsory, including first aid training, or particularly in depth, with courses lasting only one week or even just one day in some CRAs. In addition, the training offered on de-escalation techniques or the care of vulnerable persons appeared to be limited. A mentoring system existed for trainee officers, but the quality of this support varied according to the availability and abilities of the mentor.

Some officers said that they felt “helpless” when dealing with certain detainees who were considered “not to belong in a CRA”, and felt that this situation was not part of their job description. They often mentioned mental health issues. As in 2018, the delegation observed that contact and communication between the majority of staff and detainees or persons held in custody was often limited to the bare minimum (distribution of meals, calls, movements).

The CPT recalls that direct contact between staff and persons deprived of their liberty promotes the development of positive relationships within an establishment and contributes to dynamic security. Such interactions also make the work of supervisory staff more rewarding. Establishing and maintaining positive relationships requires, in particular, that staff have appropriate interpersonal communication skills. The CPT considers the absence of staff trained in first aid at night to be particularly problematic, given the lack of available medical staff (see in particular paragraph 108).

102. The CPT recommends again that the French authorities consider the selection and training of staff assigned to detention facilities and redefine the tasks and roles of police officers working in these facilities, drawing inspiration from other management models that do not rely solely on the police force.

The CPT reiterates its recommendation that all police officers called upon to work in detention facilities or waiting areas, and in particular those in direct contact with detainees, should receive specialised training in areas such as awareness of detainees’ mental health, the use of means of restraint, interpersonal communication and techniques for de-escalating tensions. It should be pointed out that responsibility for dynamic security lies with all staff in contact with detainees, and not just CAEL officers.

The CPT also recommends that at least one member of staff – preferably a qualified nurse – who holds a first aid training certificate (covering cardiopulmonary resuscitation and the use of an automated external defibrillator) should be present at all times, including at night and at weekends, on the premises of detention centres.

103. The CPT is aware of the difficulties inherent in managing detention centres and waiting areas. It notes the existence of the psychological support service for police officers (*service de soutien psychologique aux policiers* – SSPO), which is attached to prefectures and can intervene on site on request, and welcomes this resource.

104. As in 2018, the frequency and methods of communication between the police and the various operators working in CRAs (OFII, healthcare partners, voluntary-sector partners, etc.) varied considerably from one centre to another, and communication between certain partners was sometimes lacking. In the CPT's view, the proper care of detainees depends on regular consultation between the various partners and parties who work in detention facilities.

||| The CPT calls for regular dialogue between the various partners and parties in all CRAs.

6. Healthcare

105. All the CRAs visited, as well as ZAPI 3, had an on-site medical service attached to a local hospital and were therefore independent of the police. However, the Lyon Saint-Exupéry waiting area did not have an agreement with a hospital; when necessary, the police called on the airport's nursing services or a local hospital.

||| The Committee recommends ensuring a regular presence of healthcare professionals at the Lyon Saint-Exupéry waiting area in order to guarantee appropriate care and continuity of treatment.

106. Overall, the delegation met healthcare teams in the medical units of administrative detention centres (*Unités médicales des centres de rétention administrative - UMCRA*) who were committed and organised, but also weakened by difficult working conditions and levels of governance that varied from centre to centre. Co-ordination with the police varied significantly between sites. At the Lyon CRA, bi-weekly meetings were held and the healthcare team participated in induction days and training for new police officers. Weekly meetings were also held at the Paris-Vincennes CRAs, while at the Coquelles CRA, they were limited to quarterly meetings as co-ordination was more difficult. The delegation has no information on exchanges between the Mesnil-Amelot UMCRA and the police.

a. organisation of healthcare

107. The UMCRA are governed by a common set of standards and local agreements⁶¹ which specify the terms and conditions for the healthcare of detainees.⁶² The CPT notes that the UMCRA are entirely managed and funded by the Ministry of the Interior. Regional health agencies (*agences régionales de santé - ARS*) are responsible for monitoring and inspecting the healthcare activities run by the healthcare facility within the CRA.

Healthcare services provided by UMCRA were generally limited to primary care and emergencies. However, given the changing health issues of detainees, the Committee notes positively that there was increased care for psychiatric and addiction issues, particularly at the Lyon and Mesnil-Amelot CRAs.

108. With regard to healthcare staffing, the CPT notes positively the national recommendations regarding minimum time commitments in the government's instructions on organising healthcare for detainees.⁶³ The amendment to the decree on the flat-rate risk allowance applicable to certain hospital workers which includes staff working in CRAs makes the job more attractive. The Committee also notes the beneficial contribution of a dedicated secretarial service and a healthcare manager to co-ordinate healthcare within UMCRA.

61. Article [R. 744-14](#), CESEDA allows an agreement between the prefect and a healthcare establishment to be entered into for each CRA.

62. See the decree on healthcare for persons held in administrative detention centres, [NOR: INTV2119154A](#), 17 December 2021; the interministerial decree of 5 January 2022, [NOR: INTV2138701A](#); and the Government instruction on the organisation of healthcare for detainees, [NOR: INTV2119176J](#), 11 February 2022.

63. See, in particular, factsheet no.1 in the aforementioned instruction, [NOR: INTV2119176J](#), 2022.

However, during its visit, the delegation noted an actual presence of medical and/or paramedical staff that was below recommended standards. In addition, many posts remained vacant (see Table II) at all the CRAs visited, except for the Lyon UMCRA, and this affected the continuity and accessibility of care. At the Coquelles CRA, 1.5 nursing posts remained vacant. The actual presence of general practitioners was such that daily cover could not be guaranteed. Furthermore, vacancies were creating a significant shortage within the nursing team at the Mesnil-Amelot UMCRA (2.8 FTE filled out of 7), and to a lesser extent at the Paris-Vincennes UMCRA (9 FTE filled out of 11.5). Medical staffing should be at least doubled at the Mesnil-Amelot CRAs (at least 1 FTE instead of 0.5 FTE) and increased at the Paris-Vincennes CRAs (at least 0.5 FTE).

Furthermore, only the Paris-Vincennes CRAs had medical staff on duty at night. In the other CRAs, the night police teams had to call on the emergency services of the nearest hospital and arrange a transfer if necessary.

Table II: Healthcare staff levels

Staffing levels in FTE (theoretical)	Vacancies in FTE / absenteeism	Actual presence on site
Coquelles CRA (90 places)		
0.6 FTE doctor	0.5 FTE vacant	3 doctors on rotation 3 times 2 hours on duty per week On-call duty in the afternoons, at weekends and on public holidays Referral to the emergency services as needed
0.1 FTE paramedical manager 4.4 FTE nurses	1.5 FTE vacancies	Only via videoconferencing 3 nurses on rotation Available 7 days a week (08:00 – 18:00)
No dedicated secretarial staff	-	-
CRAs Nos. 1 and 2 in Lyon (capacity 280 places)		
1.9 FTE doctor	0 – low absenteeism	3 doctors on rotation daily on weekdays Shared presence at CRA 1 and CRA 2 On-call duty at night, weekends and on public holidays Referral to the emergency services as needed
0.3 FTE paramedical manager 9.9 FTE nurses	0 – low absenteeism	Healthcare manager present on site one day a week (Tuesday at CRA 1 and Wednesday at CRA 2) Present 7 days a week (08:00 – 18:00)
Dedicated secretarial staff (1.9 FTE for both CRAs)	0	Provides secretarial services for both CRAs during the week

Paris-Vincennes CRAs (175 places)		
1.2 FTE doctor 0.4 FTE intern (since November 2024)	0.5 FTE doctor	2 doctors and 2 interns on rotation 1 doctor present in the morning, every weekday. 1 intern present each day/week On-call duty in the afternoons, at night and at weekends. Referral to the emergency services outside opening hours for emergencies.
0.1 FTE paramedical manager 11.5 FTE nursing staff	2.5 FTE nursing vacancies	Healthcare manager present at the CRA once a week Daytime: 2 FTE nurses Night shift: 1 FTE nurse across both CRAs Present 24/7
0.5 FTE dedicated secretarial staff		On duty between 08:00 – 17:00 on weekdays
Mesnil-Amelot CRAs (210 places)		
0.5 FTE doctor	0 FTE vacancies	3 doctors (2 trained emergency doctors and 1 general practitioner) on rotation 1 doctor present every weekday morning On-call duty in the afternoons, at night and at weekends Referral to the emergency services as needed
0.2 FTE healthcare manager 7 FTE nurses supplemented by temporary staff and prison staff providing back-up approximately 2 days per month	4.2 FTE nurses vacant and numerous absences	Nurse on duty from 08:00 – 18:00 except Sundays
0.2 FTE psychiatrist		Present two mornings a week
1 FTE dedicated secretarial staff	No replacement in case of absence	Available from 08:00 – 16:00 on weekdays
Lyon Saint-Exupéry waiting area (12 places)		
No medical or paramedical staff present		Airport nursing staff present on an irregular basis

ZAPI 3 (149 places)		
3.5 FTE doctors		4 doctors on rotation Open from 08:00 – 20:00 every day
1 paramedical manager 3 FTE nurses		Present once a month Open from 08:00 – 20:00 every day

109. With regard to specialist care, the absence of an on-site dentist meant that many patients had to be referred to external facilities for basic care, which could cause delays and compromise adequate treatment, especially given the short length of stay of those detained. The CPT welcomes the good practice implemented at the UMCRA in Lyon, where a dental examination was carried out on admission and the records were then forwarded to dental services to facilitate referral and prioritisation of care.

110. Despite recognition of the scale of the mental health issues, resources devoted to mental healthcare remained insufficient, with a virtual absence of psychiatrists and a severe shortage of psychologists.

At the Coquelles CRA, the presence of a psychologist was theoretically planned for 80% of the time, but was only actually guaranteed for around 30% of the time (**three half-days** per week), and at the time of the visit, no psychologist had been in post since July 2025. At the Lyon and Paris-Vincennes CRAs, a psychologist worked at each centre with a frequency equating to 0.6 FTE, or **approximately just three days a week**. At ZAPI 3, a partnership with a psychologist had been arranged to provide support at the request of the individual or at the suggestion of the Red Cross. There was no psychological support service at the Lyon Saint-Exupéry waiting area.

Only the Mesnil-Amelot CRAs had a psychiatrist (0.2 FTE, or two half-days per week, as compared with 0.4 FTE in 2018), but this was still highly inadequate given the identified needs. In addition, the Mesnil-Amelot CRAs did not have a psychologist or healthcare staff specialising in addiction. At the other CRAs, psychiatric care was limited in practice to referring individuals to a psychiatric facility for emergency situations or to continuing psychiatric care in external facilities in cases where treatment had begun prior to detention.

The CPT recommends that the French authorities fill all vacant posts, increase medical and paramedical staffing levels according to the size of centres, and implement a sustainable policy for recruiting and attracting health professionals, particularly in psychiatry and psychology, as well as in dental care.

111. The material conditions in the UMCRA's visited were relatively good and the premises were organised and well equipped in terms of healthcare, with the exception of the Coquelles CRA (see below). The premises of the UMCRA's in Lyon, Paris-Vincennes and Mesnil-Amelot were equipped with alarm buttons, but not portable alarms. The UMCRA's were equipped with a semi-automatic defibrillator (SAD) as well as oxygen bottles and nebulisers, in addition to the SADs available in the police areas. Healthcare staff were trained in the use of emergency equipment. The pharmacies were generally well stocked.

The premises of the ZAPI 3 medical area, where children were seen, were clean, tidy and well equipped. However, the premises did not have an alarm system.

112. The Coquelles UMCRA had serious structural deficiencies. The premises were cramped, poorly ventilated, inadequately maintained and unsuited to the existing needs, with unhygienic brick walls and ingress of water. There was also no suitable room to ensure that consultations were confidential (see also paragraph 114). Medicines were supplied by the hospital pharmacy. However, they were stored in an unsecured manner in unlocked cupboards. The Coquelles UMCRA did not have a SAD or other emergency equipment, nor did it have an alarm button.

The CPT recommends that the French authorities take the necessary measures to bring the healthcare facilities at the Coquelles UMCRA, and where necessary at all CRAs, into line with health and safety standards, while ensuring respect for medical confidentiality.

113. With the exception of the Coquelles UMCRA, where the service was ineffective, healthcare teams in the CRAs and waiting areas could, if necessary, use an interpreting service, which was usually provided by telephone. However, the quality of the interpreting was variable, which made psychological and psychiatric consultations particularly difficult. To facilitate communication, a person from outside the UMCRA sometimes acted as an interpreter, particularly at the Mesnil-Amelot and Paris-Vincennes CRAs. The healthcare teams also used an automated translation system to avoid the use of telephone interpreters; this was considered less confidential and likely to hinder the care relationship with the individual.

In the CPT's view, when healthcare professionals are unable to communicate with detainees during medical consultations, professional-quality interpreting services (in person, remote or involving the use of electronic devices) should be available to all detainees who need them. The use of other detainees or police officers with relevant language skills to provide interpretation should be avoided.

The CPT once again recommends that the authorities take appropriate measures in all the CRAs visited, and as a matter of priority at the Coquelles UMCRA, to ensure more systematic use of qualified interpreting services during healthcare consultations, particularly during mental healthcare consultations.

114. With regard to medical confidentiality, consultations in the UMCRA's visited generally took place with the door closed or slightly ajar, without officers being present. However, medical consultations at the Coquelles UMCRA were often conducted with the door open; officers and sometimes other detainees could watch consultations.

115. In none of the facilities visited did the delegation find a dedicated letterbox for sending confidential requests to the UMCRA teams.

116. Medication was generally distributed by nursing staff during the day. However, some medical staff members (particularly nurses) did not dare to remain alone with detainees out of fear for their safety, and the distribution of medication and other contact with nursing staff generally took place in the presence of police officers. At the Lyon CRA, a grille was also installed in the nurses' dispensing area which was used when giving out medication. In exceptional cases, medication could be distributed by the police in accordance with a written protocol, particularly at the Lyon CRA. At the Coquelles CRA, the CPT noted, as in the past, that in the evening, medication prepared by nursing staff was distributed by police officers in sealed envelopes. Furthermore, at the Lyon Saint-Exupéry waiting area, when medication was prescribed, it was purchased from the pharmacy by a police officer.

117. The CPT again recommends that the French authorities take measures at the CRAs visited and, where appropriate, at other CRAs, to ensure that all consultations with healthcare personnel take place out of sight and earshot of anyone who is not involved in the therapeutic relationship with the patient (such as surveillance staff, other detainees and any other persons involved) and in conditions that fully guarantee medical confidentiality.

The presence of persons not belonging to this category of staff during the consultation, at the request of the healthcare professional concerned, may be justified in exceptional cases. Such exceptions should be specified in the relevant regulations and be limited to cases where the healthcare professional considers, on the basis of an individual risk assessment and after having duly considered less intrusive security measures (such as the presence of additional healthcare personnel or a call system), that the presence of supervisory staff is necessary to fully contain the risks that the person appears to pose.

All healthcare professionals should receive training on the applicable rules and on the actions required in risky situations. In addition, supervisory staff should, where appropriate, fully inform the healthcare professional of any relevant previous behaviour of the person being examined.

b. examination on admission and prevention

118. The CPT attaches paramount importance to carrying out full medical examinations of all persons arriving in detention. This is in the interests both of detainees and staff alike, and is an essential preventive and curative health measure. This examination allows, in particular, for the detection of physical injuries or signs of ill-treatment prior to arrival, as well as vulnerabilities such as trauma related to gender-based violence or trafficking in human beings, or fragilities related to self-harming behaviour that may worsen in detention. Screening for communicable diseases (in particular through systematic testing for signs of tuberculosis and voluntary screening for HIV and hepatitis B and C), chronic diseases and long-term conditions (such as diabetes, epilepsy or conditions requiring anticoagulants) is also essential.

119. A medical examination was generally carried out by a health professional within 24 hours of admission to the Lyon and Paris-Vincennes UMCRA. At the Lyon UMCRA, the admission examination was systematically carried out by the doctor or nursing staff in the case of weekend admissions and before assignment to the block during the daytime. At the Paris-Vincennes UMCRA, an admission examination was systematically carried out by nursing staff, including at night, no later than 12 hours after arrival.

However, at the Coquelles UMCRA, the first consultation could take place on the day of admission or up to 65 days later; approximately half of the individuals were seen for consultation within the first three days. By contrast, at the Mesnil-Amelot and Coquelles CRAs, the admission visit was not systematic but only offered, using a call system for individuals who had been detained. Nearly 20% of patients at the Mesnil-Amelot CRAs had not had an admission interview in 2024. At the time of the visit, 18% of the detainees present in the Coquelles CRA, some of whom had been there for nearly 14 days, had not yet had a consultation at the Coquelles UMCRA.

At ZAPI 3, only unaccompanied minors (UMs) were, in principle, systematically seen on arrival. Those under the age of 13 were then seen daily by a doctor, while UMs aged 13 and over were seen on request or at the doctor's initiative. Consultations were also systematic for pregnant women and for persons who stated that they had medication in their luggage. At the Lyon Saint-Exupéry waiting area, medical examinations were not systematic. They were merely offered, and then carried out on request.

120. Concerned about the situation at the Coquelles CRA, the CPT was informed by the authorities that a "dialogue [would] be initiated with the Coquelles UMCRA in order to identify ways of making the offering of an initial consultation systematic".⁶⁴ However, the Committee considers that it is not sufficient for medical follow-up to be simply offered and left to the initiative of the detainee. The result of this practice is that detainees are sometimes not seen by a member of the healthcare team, which creates significant risks, particularly in terms of disease transmission and even therapeutic abandonment. This problem is illustrated by the skin disease epidemic observed among persons detained at the Coquelles CRA, as described in paragraph 137, and the case of a person encountered at the Mesnil-Amelot CRAs who was in a state of serious mental crisis and had not been seen by a member of the medical staff since his arrival at the centre 23 days earlier (see also paragraph 140).

121. The CPT recommends that all persons detained or held should systematically undergo a full medical examination by a healthcare professional (a doctor, or a qualified nurse under the authority of a doctor) as soon as possible and, except in exceptional circumstances, no later than 24 hours after their admission to any CRA or waiting area. Particular attention is required at the Coquelles CRA. If the person refuses to attend the consultation, the doctor (or nurse) must visit that person as soon as possible.

64. See also the [decree of 17 December 2021](#) on healthcare for persons held in administrative detention centres.

122. When a medical examination on admission was carried out, it generally consisted of a general assessment of the person's health (weight, blood pressure, medical history). At the Lyon CRA, this assessment was systematically followed by an initial oral and dental screening. At the Coquelles CRA, there was no standardised assessment protocol in place.

At all of the locations visited, screening for infectious diseases (scabies, tuberculosis, HIV, HCV) was not systematic, but was carried out after a medical assessment or in cases of clinical suspicion.⁶⁵ The vaccination status of detainees was not checked on arrival either. This situation is likely to promote the spread of infectious diseases.

Finally, none of the UMCRA's or waiting areas visited carried out systematic examinations upon admission to detect ill-treatment or trauma related to trafficking in human beings or gender-based violence prior to placement in detention, nor did they systematically record such incidents in medical records (see also paragraph 131 on the recording of injuries).

The CPT recommends that the French authorities review the health examination protocols on admission in all the CRA visited, including screening processes and voluntary tests (such as HIV and hepatitis B and C).

123. The medical examination upon admission should enable the healthcare team to identify the specific needs of people belonging to certain groups (women, children, elderly people, people who use substances, transgender people, people with disabilities, people in psychological distress) in order to make adjustments or, where appropriate, conclude that they are incompatible with detention at the centre (see also paragraphs 147 and following on assessment of vulnerability).

For example, at the Lyon CRA, systematic toxicological urine screening was carried out on admission, enabling those concerned to be referred for an addiction assessment.

With regard to persons in psychological distress or with psychiatric disorders, the CPT noted that there were no suicide risk assessment forms on admission and no structured programme for the prevention of self-harm and other mental health crises. This shortcoming is all the more worrying given that police officers receive little training in mental health issues.

The authorities have indicated their willingness to strengthen suicide prevention and crisis management procedures, drawing on hospital protocols. The Committee encourages this approach and points out that many persons detained or held in custody may be in a state of psychological fragility.

Early detection of mental disorders, including risk factors for self-harm and suicide upon admission to detention, as well as timely support and treatment, are crucial to preventing the deterioration of a detainee's mental state. It is therefore important that persons identified as being at risk of self-harm or suicide are supported and monitored by a multidisciplinary team.

124. The CPT recommends ensuring that the specific needs and vulnerabilities of detainees are identified upon their admission to the centres. In particular, the CPT invites the French authorities to take the necessary measures to ensure that health and prison staff receive the information and training necessary to recognise the risk factors for self-harm or suicide and to put in place appropriate protocols.

65. For persons in a waiting area, a transfer to the referral hospital could be arranged in the event of suspected communicable disease.

125. It should be noted that very little information on prevention and healthcare promotion was available or known to either detainees or police officers. In the CPT's view, prevention and healthcare promotion should include the opportunity to be screened throughout detention and the dissemination of information focused on the most common health problems among detainees. Targeted prevention and risk reduction measures should be offered. In addition, the distribution of disinfectants to reduce the risk of transmission of respiratory or gastrointestinal diseases and the implementation of measures to prevent sexually transmitted infections are essential.

126. The UMCRA's collected statistical information on the prevalence of diseases in the centres. However, at the Coquelles and Mesnil-Amelot UMCRA's, statistical information could be improved through better computerisation.

There was more or less regular dialogue between the UMCRA's and the police services (see in particular paragraph 106). In the CPT's view, this could be strengthened in order to better serve the objectives of health prevention, or even guide the UMCRA's' actions. Healthcare professionals should be able to play an essential role in providing information and advice to the management of CRA's, assessing the impact of living conditions on the health of detainees and recommending measures to remedy any material and hygiene deficiencies observed (see paragraph 69). Passive smoking, for example, remains a significant problem in all the centres visited.

127. The CPT recommends that the authorities regularly review the following measures or structures:

- (i) the provision of up-to-date and comprehensive information on communicable diseases, both to detainees (in a language and form they can understand) and to police personnel, before and – in the event of a positive result – after any screening tests;**
- (ii) logistical preparedness for respiratory epidemics and the spread of other communicable diseases;**
- (iii) awareness-raising and training of staff on reducing the risks associated with self-harm and suicide, and substance use;**
- (iv) measures against passive smoking;**
- (v) living conditions that may have a direct impact on detainees' mental and physical health;**
- (vi) the provision of a management tool through the collection of health statistics concerning various subjects.**

c. medical records

128. An individual medical record was systematically opened for persons held in the CRA's visited, with the exception of the Coquelles CRA and the waiting areas. However, even when a record was opened, it did not necessarily contain all relevant clinical information relating to the persons concerned.

In most of the CRA's visited (Lyon, Mesnil-Amelot, Paris-Vincennes), according to the interviews with healthcare professionals, medical records appeared to be generally well maintained, with good traceability of persons involved, thanks to shared computerised medical records or, failing that, complete paper records. However, at the Coquelles CRA, according to information provided by the competent ARS, not all detainees had a medical file relating to them (77 files for 90 people in the centre) and less than 50% of the files mentioned medical and surgical history and measurements of vital signs. In addition, the exclusive use of paper files posed difficulties, particularly in terms of monitoring consultations.

In the waiting areas, since the individuals held were not systematically seen by a healthcare professional upon admission, not all of them actually had personal medical files. The delegation was unable to analyse the number and quality of medical files in the waiting areas.

129. With the exception of the Lyon and Paris-Vincennes CRAs, which benefited from the sharing of medical data with the computer systems of referral hospitals, there was no standardised transmission of medical records between the UMCRA and hospitals or prison healthcare units. As a result, persons placed in detention upon release from prison or transferred from another institution frequently missed their clinical follow-up and could discontinue their treatment. This situation undermines the fundamental principle of continuity of care.

The CPT welcomes the ongoing development by the Ministry of Health and the Ministry of the Interior of a methodological guide to healthcare in CRAs. This document should help to harmonise the practices of medical units, clarify the roles of professionals, and improve the quality and consistency of care provided to detainees.

130. The CPT recommends that the authorities ensure that an individual medical file, preferably in electronic form, is systematically opened for each person examined. It also invites the authorities to review the protocols for the sharing of medical information between public facilities (hospitals, prisons or other CRAs) in order to ensure continuity of care.

d. recording and reporting of injuries

131. In the event of injuries, a certificate of injury could be drawn up and kept in individual files. As indicated in paragraph 122, this procedure was not systematic, either on admission or after an incident or a suspended removal procedure. The certificate was only issued to the detainee upon request, with the resulting risk that some injuries might not be recorded or documented in the case of people who did not ask to be examined. At the Coquelles UMCRA, 7 out of 77 files (9%) contained a medical certificate of assault and battery in connection with an incident involving the police. At the Paris-Vincennes UMCRA, out of 233 consultations carried out between September and October 2025, 10 (4%) concerned requests for certificates relating to allegations of police violence.⁶⁶

The CPT recommends that the French authorities take the necessary measures to ensure that, as part of the medical examination on admission, a detailed file documenting, in particular, any signs of injury is created. The same procedure should apply following any violent incident in CRAs, including where force has been used by staff, or where a removal operation has been suspended and individuals who have put up resistance are returned to CRAs or waiting areas.

132. In the CRAs visited, the forms used to record traumatic injuries had limitations.⁶⁷ According to medical staff, none of them contained photographs or body chart. Only certificates drawn up by the Paris-Vincennes UMCRA included, on an inconsistent basis, an analysis of the consistency between the injuries observed and the allegations made by the detainees.⁶⁸

66. Due to a lack of sufficient resources, it was not possible for the Paris-Vincennes UMCRA to extract data relating to violence between detainees as the reason for a consultation in these situations was mainly trauma-related rather than an explicit request for a certificate.

67. It may be recalled that the delegation was unable to carry out a full assessment of the quality of traumatic injury reports due to the lack of access to individual medical records (see paragraph 9). The information comes from interviews with medical staff. At the Coquelles CRA, the electronic form to be completed for requests for certificates of assault and battery did not allow for the attachment of photographs or a body chart.

68. According to information gathered by the ARS doctor assigned to the Coquelles CRA, out of seven reports of assault and battery (out of 77 available files), four appeared to relate to injuries resulting from fights between detainees (wound to the eyebrow, blow to the face, armlock). For the other three, it was not possible to determine the circumstances because the information was insufficient: a fracture to the left hand (confirmed by X-ray), a sprain (described as resulting from “a blow”), and an emergency room report from the hospital stating that “the patient was the victim of an assault at the CRA” without further details, as the person refused to attend the UMCRA.

133. During its visit, the delegation was not informed of any cases that had been reported by UMCRA to the judicial or administrative authorities. No verification was possible due to the lack of access to medical records. The CPT notes that Article 226-14 of the Criminal Code does not oblige doctors to report such incidents, leaving these to their own conscience. There are no penalties for failure to comply with the obligations under Article 40 of the Code of Criminal Procedure.

At the Lyon CRA, the delegation was informed that the doctor sometimes encouraged detainees to file a complaint and request a certificate of traumatic injury. The CPT considers this practice to be insufficient.

134. The CPT considers that the medical units attached to CRAs play a central role in preventing and combating ill-treatment and violence between detainees by detecting and recording injuries systematically and methodically and, where appropriate, providing information to the competent authorities.⁶⁹

The Committee again recommends that the French authorities take the necessary measures to ensure that, when injuries are found during a medical examination, the healthcare professional creates a file including the following information:

- (i) a record of statements made by the person that are relevant to the medical examination (including their description of their state of health and any allegations of ill-treatment),**
- (ii) a full account of the objective medical findings based on a thorough examination (supported by a “body chart” showing traumatic injuries and photographs of the injuries); and**
- (iii) the healthcare professional’s observations in the light of points (i) and (ii), indicating the degree of consistency between any allegations made and the objective medical findings.**

The file should also contain the results of any additional examinations carried out, detailed conclusions of any specialist consultations, and a description of the treatment given for the injuries or any other procedures followed.

The traumatic injuries observed during the medical examination should be recorded in a form specifically designed for this purpose, which will be kept in the detainee’s medical file.

The results of each medical examination, including the above-mentioned statements and the healthcare professional’s observations, should be made available to the detainee and their lawyer upon request.

There should be procedures in place to ensure that, whenever recorded injuries are consistent with allegations of ill-treatment made by a detainee – or are clearly indicative of ill-treatment, even in the absence of any allegations – the recorded information is immediately and systematically brought to the attention of the competent independent investigating authority. Healthcare professionals should inform the detainees concerned that the drafting of such a document and its submission to the competent investigating authority are part of a system for the prevention of ill-treatment and that this reporting procedure does not replace the filing of a formal complaint.

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

The CPT recommends ensuring that the healthcare professionals and detainees concerned are never exposed to any form of reprisals when fulfilling their reporting obligation.

Healthcare professionals should receive specialised training on recording, interpreting and reporting injuries, as well as on interviewing persons who may have been subjected to violence or other potentially traumatic experiences.

135. Furthermore, none of the UMCRA had a trauma register containing structured information on injuries resulting from incidents, including self-harm, which makes it impossible to gain an overview of the situation in the centres.

The CPT recommends that a special trauma register be created and maintained in order to record all types of injuries observed on detainees and to enable the monitoring and statistical analysis of incidents at the medical level.

e. access to care

136. While the quality of physical care appeared to be satisfactory overall, access to specialised care varied from one establishment to another. In order to reduce delays, the UMCRA tried to optimise care by putting in place, among other things, dedicated slots for detainees, “liaison forms” and “calls to colleagues”. However, at the Coquelles CRA, many detainees reported that they only saw the nurse, even though medical support seemed necessary according to the assessment of the doctors accompanying the CPT delegation.

The CPT recommends ensuring, as soon as possible, effective access to care, when medically justified, for all detainees.

137. At the Coquelles CRA, the delegation’s doctors also noted the presence of an active skin disease epidemic affecting at least 20 persons. These individuals had cutaneous wounds on their hands, armpits, backs and groins consistent with scabies or bedbug bites. No action was being taken to treat those affected and prevent the spread of the disease. Despite this being a common problem among detainees, information provided by the ARS referral doctor indicated that no diagnosis of scabies appeared in the medical records viewed.

In its dialogue with the authorities, the delegation requested, pursuant to Article 8, paragraph 5, of the Convention, that a medical investigation be carried out without delay in order to clarify the situation regarding the skin conditions observed, in particular their possible origins (scabies or bedbugs), and that rapid treatment be provided to those affected. It also requested that the premises of the Coquelles CRA be disinfested and disinfected.

The authorities stated in their communication of 17 December 2025 that “it has not been possible for the UMCRA to identify with certainty the origin of the skin conditions observed by the CPT, as the cause of the cutaneous conditions could be scratching following bedbug bites or scratching related to itching associated with poor personal hygiene.” In any event, the French authorities emphasise that no cases of scabies were identified at the Coquelles CRA, “either during the CPT’s visit” or “during the visit by the doctor from the Directorate-General for Foreigners in France (DGEF) of the Ministry of the Interior on 18 November 2025”.

It should be noted that the ARS doctor who visited the centre five days after the CPT’s visit apparently limited himself to viewing the 77 files available, without visiting the living areas to diagnose the skin conditions. It was not stated whether the doctor appointed by the DGEF carried out any clinical examinations during his visit on 18 November. Neither the search for cases of scabies nor the ways in which the skin conditions were examined are mentioned in the response from the authorities.

According to the French authorities, the treatment of scabies is subject to protocols that have been approved and are known to the UMCRA teams at Coquelles. A new protocol for combating bedbugs on the premises of the Coquelles CRA has also been drawn up with the CRA and UMCRA managers; it involves disinfection of affected rooms by mechanical means (dry steam equipment or the use of heat guns) and the treatment of linen as soon as the presence of bedbugs is confirmed by a doctor. The CPT takes note of the above measures.

The Committee calls on the authorities to remain vigilant with regard to the presence of skin conditions, including by carrying out clinical examinations to determine their cause with certainty.

138. With regard to the handling of hunger strikes, the measures appear to be generally inadequate in all of the CRAs visited. According to the protocols applicable in the CRAs visited, in particular the police “emergency checklists” and the internal protocols of the UMCRA, the latter had to be notified quickly when a detainee went on hunger strike. At the Lyon CRA, a document had to be signed by the person in the event of a hunger strike, and the person had to be seen every day by UMCRA staff. While this practice demonstrates structured organisation, frequent hunger strikes were not always reported to the UMCRA unit or documented.

139. The CPT is particularly concerned about mental healthcare. According to a national study, 41.7% of UMCRA staff observed a deterioration in the mental health of detainees.⁷⁰ As indicated in paragraph 110, there were insufficient numbers of healthcare staff to properly care for the mental health of detainees. Psychological and psychiatric disorders were often poorly detected, which tended to encourage self-harm and suicide attempts in all of the CRAs visited. Care was generally limited to emergencies and common conditions, and continuity of treatment was not systematically ensured.

140. In particular, the delegation identified several cases of persons showing signs of serious psychiatric problems who were not receiving appropriate therapeutic support. For example, at the *Mesnil-Amelot* CRAs, the delegation met a detainee showing clear signs of mental health problems (very dirty room, agitated state, talking to themselves, shouting). This person had not been seen by a psychiatrist since entering the CRA 23 days earlier, even though other detainees had complained about this to the delegation.⁷¹ Similarly, at the Coquelles CRA, the delegation was alerted by detainees to the presence of a person who was silent and immobile, showing no verbal response or eye contact. According to information provided by the UMCRA, this person was refusing to take their medication and no psychiatric reassessment had been carried out for over a month and a half.⁷²

In addition, on reviewing recent files in the CRAs visited, the CPT noted cases where individuals had been placed in “security isolation for disturbing public order” because they had cut themselves. These individuals could be restrained to prevent them from harming themselves.

The CPT recommends that the authorities ensure immediate access to mental healthcare. It recommends that a protocol for transfer and treatment in the event of a mental health crisis be drawn up, in addition to increasing the presence of mental healthcare professionals in the CRAs visited. Surveillance staff should be made aware of how to recognise critical cases requiring healthcare. The Committee would also like to receive information concerning the care of persons in these situations at the Coquelles and Mesnil-Amelot CRAs.

141. In addition, the CPT also took note of several deaths, but was unable to consult the analysis reports produced by the healthcare units.

70. General Inspectorate of Administration (IGA) and General Inspectorate of Social Affairs (IGAS), La prise en charge sanitaire des étrangers placés en centre de rétention administrative, November 2023.

71. When questioned by the delegation, the UMCRA doctor indicated that the person would be seen by a psychiatrist the following day.

72. Following the delegation’s intervention, the person was transferred to the psychiatric emergency department.

However, according to the information gathered, two deaths were reported in 2023 at the Paris-Vincennes CRAs: one detainee died of natural causes (stroke) in their room, and another died in hospital after attempting to hang themselves. According to an administrative report concerning the first case, it appears that medical staff did not participate in CPR, leaving that to the police officers, and there was no oxygen cylinder or mucus aspirator available. According to some reports, the second person had been suffering from several serious medical conditions, as a result of which the UMCRA had issued a certificate stating that the state of their health was incompatible with administrative detention upon their arrival at the CRA. The person died in hospital two weeks after attempting suicide at the CRA. One death by hanging was also recorded in 2024. According to additional information, this person was not considered to be in a vulnerable state, despite several suicide attempts during the period of incarceration prior to their placement in detention.

At Mesnil-Amelot CRA No. 3, a detainee died on 18 October 2024 following a “probable pulmonary embolism”.⁷³ According to the information gathered, they should have been taken away from the CRA a week earlier, but this had been cancelled due to a lack of escorts. It was also reported that no psychological support was provided for the other detainees who had witnessed the death.

142. As with traumatic injuries, there is no centralised database within the UMCRA giving an overview of serious medical events such as suicides and other deaths.

||| The CPT recommends that a register of serious medical events be established in all the UMCRA visited.

143. With regard to access to substance-use-related healthcare, despite positive initiatives such as the presence of a doctor trained in addiction medicine at the Lyon CRA, the provision of care remained clearly inadequate to meet the needs observed.

According to the authorities, changes in the CRA population have led to a sharp increase in the prescription of pregabalin, a drug used to treat neuropathic pain, epilepsy and post-traumatic stress disorders such as generalised anxiety and bipolar disorder. Cases of misuse and trafficking of drugs – particularly Lyrica (pregabalin) and Rivotril (clonazepam) – were reported to the delegation. Although protocols governing prescriptions and use existed, their application remained inconsistent across institutions. Furthermore, despite the availability of medications for opioid use disorder (Subutex or methadone) at the CRAs visited, addiction treatment was primarily based on withdrawal. In addition, the delegation did not find any naloxone available on the premises.

The CPT reiterates the importance of including the treatment of substance-use disorders in detention centres as part of a comprehensive national strategy. The sole purpose of a CRA should not be to cure people with substance-use problems of their addiction. The system should be integrated in order to meet the needs of the persons concerned and ensure continuity of care. UMCRA should in particular make provision for preventive interventions, psychosocial support and personalised drug treatment, as well as risk reduction programmes, such as the provision of sterile injection equipment. In addition, naloxone should always be available in order to respond to opioid overdoses and poly-drug use.

||| The CPT would like to receive information on recent developments in access to substance-use-related healthcare, in particular on the implementation of a national policy on this issue and on the intervention in CRAs of professionals trained in addiction-related therapy. Also, measures should be taken to ensure the continuity of any medication for opioid use disorders.

73. The delegation did not have access to the report presenting the results of the judicial procedure to determine the causes of death or the autopsy carried out by the Paris Institute of Forensic Medicine, as envisaged in an incident report.

144. With regard to medical transfers, hospital transfers and specialist consultations, these appeared to be carried out without major difficulty at the Lyon and Paris-Vincennes CRAs.⁷⁴ However, at the Coquelles CRA and, in particular, the Mesnil-Amelot CRAs, many medical appointments were postponed or cancelled,⁷⁵ often due to a lack of police officers available to provide escorts. These delays could compromise continuity of care. In addition, telemedicine was not available in the CRAs visited, with the exception of the Paris-Vincennes CRAs for specialist consultations.

The CPT again recommends that measures be taken to ensure, without delay, the transportation of detainees from the Coquelles and Mesnil-Amelot CRAs to outpatient consultations. The Committee also invites the authorities to develop telemedicine options.

145. The CPT remains concerned that detainees, including those who have attempted suicide, as observed at the Lyon CRA, were systematically handcuffed during transfers to hospital. Such a practice appears manifestly disproportionate in the absence of an individual risk assessment.

The Committee recommends that the French authorities take the necessary measures at all CRAs in France to ensure that detainees are only handcuffed during transfers outside of centres in exceptional circumstances, on the basis of an individual risk assessment.

146. The medical support during removal or release provided by the UMCRA remained insufficient and limited. Where possible, detainees could receive prescriptions or contact details for facilities that could ensure continuity of care after their release. Information could be provided in several languages by means of posters given to those being released. When it was possible to plan it, those detained also received medication for a few days and a prescription for treatment, and an appointment was made in advance at the permanent healthcare access service (*permanence d'accès aux soins de santé* – PASS) or at addiction support and prevention centres (*Centres de Soins, d'Accompagnement et de Prévention en Addictologie* – CSAPA) or at other medical and psychological centres (*Centres Médico-Psychologiques* – CMP) in order to facilitate continuity of care after detention and during removal.

The CPT encourages the authorities to take further measures to improve healthcare support for people upon release from detention or upon return to their country.

7. People in vulnerable situations

147. The legislation in force at the time of the visit requires that the decision to place a person in detention takes into account the “vulnerability” of the person concerned and “any disability” so that “motor, cognitive or mental disabilities and support needs” are “taken into account in deciding conditions of detention”. Regardless of the assessment of their vulnerability by the administrative authority at the time of their detention, detainees may, at their request, have their vulnerability assessed by the OFII and, if necessary, by a doctor from the UMCRA.⁷⁶

148. In 2024, only 28 vulnerability interviews, conducted at the request of detainees, had been carried out by OFII mediators at the national level.⁷⁷ This low number could suggest that the persons concerned are not fully informed of their right to request this vulnerability assessment.

74. At the end of 2023, a new organisational structure was decided upon at the Paris-Vincennes CRA, which led to a significant reduction in the number of escort cancellations.

75. On average, at the national level, 20% of removals for medical reasons are cancelled due to a lack of escorts. See General Inspectorate of Administration (IGA) and General Inspectorate of Social Affairs (IGAS), *La prise en charge sanitaire des étrangers placés en centre de rétention administrative*, November 2023.

76. According to Article [L741-4](#) and Article [R751-8](#), CESEDA, in force since 1 May 2021.

77. See the OFII [activity report](#), 2024.

As for assessments carried out by UMCRA, the delegation was unable to collect figures enabling it to assess the situation in all the CRAs visited. Only the activity report of the Paris-Vincennes UMCRA states that 45 certificates of incompatibility with detention were issued in 2024, as compared with 65 in 2023, 44 in 2022 and 81 in 2021.

149. According to a civil society report, releases on medical grounds remain marginal, accounting for only 0.7% of cases in 2024.⁷⁸ The Committee questions the number – which, according to the information gathered, is high – of medical certificates issued by UMCRA which concluded that the condition was incompatible with detention and which were not acted upon. Administration detention was therefore continued despite the doctor’s unfavourable opinion.⁷⁹

In the absence of structured follow-up files available in all the CRA centres visited, the CPT was unable to assess precisely the quality of vulnerability assessments, the timeframes and the measures actually implemented in the CRAs and waiting areas to adapt conditions of detention or review the placement decision.

However, the situation appears to contradict the findings of the authorities in their communication to the CPT of 17 December 2025, which refer to an increase in “addiction and psychiatric disorders” – factors that the CPT considers to be major vulnerabilities – and which, according to the authorities themselves, contribute to “increased tensions”.

Furthermore, the CPT noted, in general, significant shortcomings in the care of persons in vulnerable situations and the lack of adequate facilities. The response was very often limited to priority removal or placement in isolation, while police personnel generally did not receive training appropriate to their management.

150. For example, there was no specific protocol for the care of persons with physical disabilities, and the arrangements were very inadequate. At the Paris-Vincennes CRAs, a wheelchair was even reportedly taken away from a detainee on the grounds that it was considered a “potential weapon”. The Lyon CRA had five adapted rooms, the Paris-Vincennes CRAs had one per CRA, and the new “yellow area” at the Coquelles CRA had one adapted room. In the other CRAs, the premises were not adapted for persons with reduced mobility.⁸⁰

151. Furthermore, in the absence of a general protocol for the care of transgender persons, these persons, when identified, were most often removed as a priority or isolated during their detention.⁸¹ According to the information gathered, these persons were not seen by the administrative authority before the decision to place them in detention was taken.

The CPT takes note of instructions from the Paris metropolitan area local security department (29 March 2023) pointing out the need to preserve the dignity and fundamental rights of individuals during searches. Transgender persons must be asked to express their preference regarding the gender of the officers who will search them. Staff must take into account the gender declared by the person deprived of liberty, who must be placed “wherever possible [...] in an individual cell”.

The CPT questions the effectiveness of placing individuals in single cells in accommodation areas where the doors to rooms cannot be locked. Reference should be made in this context to the CPT rules regarding transgender persons in prison, which are largely applicable to the situation of such persons in administrative detention centres.⁸²

78. Inter-Association Report on Administrative Detention 2024.

79. As indicated in the activity report of the Paris-Vincennes UMCRA, 2024, which states in particular that “these situations are unexplainable from the medical unit’s point of view”.

80. For example, most of the bathroom facilities in detention centres were floor-level toilets, making them difficult for people with reduced mobility to use.

81. According to information gathered by the delegation, “two to three transgender persons” were accommodated in the Coquelles CRA in 2025. The delegation did not obtain useful information on the proportion of transgender persons placed in the other CRAs visited during the year.

82. See in particular [CPT/Inf \(2024\) 16 – part](#).

152. The CPT invites the French authorities to reassess the quality of the existing protocols applicable to the management of vulnerabilities and, where necessary, to develop specific protocols for the assessment and care of persons in vulnerable situations from the time of admission.

The CPT recommends that the French authorities take the necessary measures to ensure appropriate support and accommodation for detainees in vulnerable situations and to give priority to alternatives to detention where such support and accommodation cannot be provided.

The CPT would like to receive comments from the French authorities on how vulnerability assessments are taken into account in the decision-making process for detention and also on how information concerning the vulnerability assessment carried out by the OFII is provided.

8. Children

153. The Act of 26 January 2024 on controlling immigration and improving integration ([Article 40](#)) now prohibits the detention of any child under the age of 18 in a detention centre or facility, even if accompanied by an adult. The CPT welcomes this progress. However, it regrets that the Act will not apply in Mayotte until 2027 (Article 86 of the Act).

154. Furthermore, the Act does not prohibit the placement of children, whether accompanied or unaccompanied, in waiting areas.

In the first 10 months of 2025, ZAPI 3 had received 86 unaccompanied children, including 12 children under the age of 13. The average length of stay was seven days for unaccompanied children. At the time of the visit in 2025, two unaccompanied children were being held: a 15-year-old child for six days, and a 5-year-old child for two days. The delegation has no statistical information on the placement of accompanied and unaccompanied children in the Lyon Saint-Exupéry waiting area.

The CPT would like to receive comprehensive statistics broken down by age, gender and length of placement of unaccompanied and accompanied children in waiting areas in France (metropolitan and Overseas Territories).

155. At the time of the visit to the Lyon Saint-Exupéry waiting area, an eight-year-old minor accompanied by his mother and a man, all from Sri Lanka, were being held there. The three individuals were described by the police as a “family”. However, it appeared that these individuals did not know each other and had been placed in adjoining rooms, which they said did not cause any problems. This grouping of individuals as a “family” could have put the mother and child at risk, and nonetheless raises questions. The child did not seem to have access to any activities other than watching television – even though he did not speak French – drawing and going out into the yard, which lacked any equipment suitable for his age. The waiting area did not appear to have any facilities suitable for unaccompanied children.

The CPT would like to receive the authorities’ comments on this situation, as well as information on the arrangements made for the accommodation of unaccompanied children in the Lyon Saint-Exupéry waiting area.

156. As in 2018, ZAPI 3 had a space for families on the upper floor and a separate space reserved for unaccompanied minors, with three rooms for six people. The material conditions in the area dedicated to children, which were generally good, were similar to those described in the report on the 2018 visit. Unaccompanied minors had access to a welcoming activity room with suitable books and games. The small yard adjoining the area set aside for them was planted with greenery and equipped with a few facilities allowing children to play games and engage in physical activities.

The French Red Cross was responsible for the care of unaccompanied minors. Border police officers did not enter the accommodation area, except to escort children to the medical unit and bring meals. Five mediator-interpreters (speaking several languages) took it in turns to provide day and night cover in the area. They were recruited on the basis of their experience and/or training (for example, in childcare). When the children in their care did not speak the language, they could use a telephone interpreting service. One person had the job of looking after the children throughout the day.

According to the information provided, in the event of a lack of space, unaccompanied children aged 13 and over could, in principle, be placed on the floor for adults and families provided that they were placed next to the mediators' office and on the basis of an individual assessment. This arrangement did not guarantee that unaccompanied minors would be separated from other adults. In 2025, nine unaccompanied children (aged 15 to 17) were reportedly placed on this floor. Five of them stayed there for more than 12 days. These children were not monitored by the mediators assigned to the dedicated area, but by other Red Cross workers.

157. The CPT once again expresses serious reservations about the detention of unaccompanied children in waiting areas.⁸³ In principle, unaccompanied children should always receive special care and be accommodated in dedicated facilities, in accordance with their best interests.⁸⁴

The CPT once again recommends that the French authorities give priority to alternatives to holding unaccompanied children in waiting areas and ensure that, in the exceptional cases where a child is subject to such a measure, the duration of the detention is as short as possible. It recommends that the authorities prohibit any placements of unaccompanied children with adults.

The presence of staff specifically trained in child protection and psychosocial support based on an individual assessment of needs and able to communicate with the child should also be guaranteed. In addition, the CPT recommends that structured, regular and age-appropriate activities be offered to children and that indoor and outdoor areas dedicated to children, both accompanied and unaccompanied, be equipped with appropriate games and sports equipment.

9. Other issues

a. secure and medical isolation

158. Each CRA had several "isolation rooms" located outside the living areas, generally near the UMCRA premises and other administrative offices: two rooms at the Coquelles CRA, two at each of the Paris-Vincennes CRAs, three at each of the Mesnil-Amelot CRAs, and three at the Lyon CRA.

159. The material conditions in the isolation rooms were extremely rudimentary, and these rooms were in a deplorable state in terms of hygiene. With the exception of a concrete bedstead or a metal bed fixed to the floor, the rooms were devoid of furniture (tables, chairs). Some had toilets and sinks inside, but these facilities were not always adequately partitioned off, particularly at the Mesnil-Amelot CRAs. In the isolation room at Paris-Vincennes CRA No. 1, there was no water supply. The rooms at the Coquelles CRA did not have toilets or sinks. While the size and ventilation were generally adequate, the rooms were very dark for the most part. Four of the six isolation cells at the Mesnil-Amelot CRAs and the two rooms at Paris-Vincennes CRA No. 1 did not have windows. In the three rooms at the Lyon CRA, the delegation noted the presence of torn foam mattresses and blankets, a lack of sheets, mattress covers and pillows, bespattered walls and metal toilets in very poor hygienic condition. The situation is generally unacceptable.

83. See, in particular, the CPT's report following its visit in 2018, [CPT/Inf \(2020\) 11](#), paragraph 68.

84. Reference is made to the findings concerning France adopted by the Committee on the Rights of the Child under the Optional Protocol to the Convention on the Rights of the Child, [CRC/C/FRA/IR/1](#), 3 October 2025.

The Committee recommends that the material conditions in the isolation rooms be similar to those in ordinary rooms (equipment, permanent access to water and toilets) and that the necessary resources be allocated without delay to bring them up to standard. The CPT recommends in particular that the necessary work be carried out to ensure access to a water supply and adequately partitioned toilets at all times.

160. The use of these rooms remained poorly regulated and practices varied greatly between establishments.⁸⁵ With variations in frequency and motivations depending on the centre, the use of segregation rooms for “security” reasons was extremely high, particularly at the Paris-Vincennes CRAs.

Table III: Number of security isolation placements between 2024 and 2025 in the CRAs visited (*information extracted from the Logicra software by the delegation)

	2024	2025 (January-October)
Coquelles CRA (90 places)	11	4
Lyon CRA (140 places)	129	126
Mesnil-Amelot CRA No. 2 (105 places)	154*	180*
Mesnil-Amelot CRA No. 3 (105 places)	120	119
Paris-Vincennes CRAs Nos. 1 and 2 (175 places)	1,115	532

161. Some individuals could be placed in solitary confinement multiple times. For example, nine individuals were placed in solitary confinement more than 10 times, including three on between 15 and 25 occasions at the Paris-Vincennes CRAs in 2025. In at least one case, an individual was placed in solitary confinement more than 10 times at Mesnil-Amelot CRA No. 2.

162. In principle, solitary confinement should only last for the “time strictly necessary to bring the situation back to normal”. The lack of a precise definition led to differences in practices between CRAs. While these measures were of short duration (usually lasting a few hours) in 2018, by 2025 they could last for much longer periods. For example:

- At the Coquelles CRA in 2025, four detainees were placed in solitary confinement for periods ranging from 18 hours to eight days;
- At the Lyon CRA, between July and October 2025, the average length of solitary confinement was 21 hours. 11 cases exceeded 24 hours, including three that lasted nearly two days (39, 43 and 47 hours);
- At the Mesnil-Amelot CRAs, the average length of isolation in 2025 was around 14 hours, with placements lasting nearly two days at CRA No. 2 and more than 3.5 days at CRA No. 3;
- At the Paris-Vincennes CRAs, the average length of isolation in 2025 was nearly five hours, with 15 instances of isolation lasting more than one day, including four for more than two days.

⁸⁵ The practices are based in particular on an interpretation of Article 17 of the model internal regulations (Order of 2 May 2006 implementing the Decree of 30 May 2005 on administrative detention), as well as Circular [NOR IMIM1000105C](#), 14 June 2010, and a memorandum from the Central Directorate of the Border Police, 16 May 2013.

163. According to existing instructions, “secure isolation” was decided by the centre manager “to ensure public safety and order” in the event of “disturbances to public order” or “threats to the safety of others”. It was not to be “disciplinary in nature” and was “not to exacerbate the conditions of administrative detention in any way”. In practice, the CPT notes that decisions to place individuals in isolation could be taken by a police officer and then approved by the centre manager, and that these decisions often seemed to be used in response to incidents that disturbed the peace of the centre and were experienced as punishments by the detainees concerned.

164. According to the documentation viewed, the reasons could include: “disturbances at the centre”, “being aggressive”, “insults”, “altercations”, “refusal to comply”, “possession of narcotics” or “home-made weapons”, “rioting” or “in anticipation of a theft”. Furthermore, in the context of conflicts between detainees, a person who was a victim was also sometimes placed in solitary confinement.

The grounds for placement thus remained unclear. The CPT also notes frequent confusion between “medical” and “security” isolation, or isolation due to a threat to the safety of other detainees or for reasons of protection. In reality, individuals could also be placed in “security” isolation if they “needed peace and quiet” in situations of psychological distress or following acts of self-harm, upon return from overnight hospitalisation (awaiting a consultation with UMCRA staff, sometimes despite authorisation from hospital doctors to return to detention) or for reasons of “protection” (disagreements, risk of violence, transgender persons, etc.).

165. Analysis of the documentation reveals that the necessity and proportionality of the isolation measures were not sufficiently justified.⁸⁶ No information was available on the time limit for the measure, nor was the delegation aware of any documents going into the reasons why isolation could be lifted. Officers’ incident reports were the most comprehensive source of information on the circumstances of placements. The wordings used (“proportionate force”, “unco-operative”) seemed sufficient to justify the intervention, but did not give a full understanding of the causes and courses of events that had led to the person’s isolation. Furthermore, the person concerned did not receive a copy of the decision.

In cases of placements to protect the person or when requested by the persons concerned, there was also no analysis of the person’s vulnerability or of the alternatives considered that could justify the measure of isolation as a last resort.

166. According to the instructions in force,⁸⁷ each “security” isolation (and its lifting) had to be reported to the public prosecutor without delay and recorded in the detention register. This obligation appeared to be scrupulously respected. However, the notifications sent to the public prosecutor often stated merely “security isolation following disturbance of public order” as the reason, without providing any further detailed explanation, and included only a brief description of the nature of the events. No information concerning additional requests from the referring public prosecutors was submitted to the delegation.

In addition, the approved associations present in the centres also had to be informed as soon as possible during periods when their representatives were present. The delegation noted that the association was not always informed of the placement or its lifting, particularly at the Paris-Vincennes CRAs.

167. The CPT recommends that isolation only be used as a last resort and if deemed strictly necessary after consideration of less restrictive or more appropriate alternatives. Special attention must be paid to the use of isolation rooms at the Paris-Vincennes CRAs.

The Committee recommends in particular that the authorities clarify the grounds for using “security” isolation, including isolation “pending removal”. It also recommends that they ensure that any isolation for health reasons should be decided by a doctor and should preferably take place in a healthcare setting.

86. See also the [Decision no 2025-127](#) of the Defender of Rights, 4 July 2025.

87. See in particular the memorandum from the Central Directorate of the Border Police, 16 May 2013.

In addition, consideration must be given to managing isolation for protection purposes and developing alternatives to isolation.

Lastly, the CPT recommends that reports sent to prosecutors be duly detailed and that approved associations be duly notified of placements in solitary confinement and their lifting.

168. Furthermore, according to current law,⁸⁸ healthcare personnel must be informed as soon as possible of all placements in solitary confinement so that they can visit the person concerned no later than 24 hours after the start of their isolation in order to carry out a medical examination. Throughout their isolation, the detained person must be able to receive assistance from a healthcare professional at their request.⁸⁹ In the absence of a doctor, nursing staff or emergency medical services are required to attend if necessary. The times of the notification and the consultation must be recorded in the detention register.

169. At the Paris-Vincennes CRAs, practice seemed satisfactory. Persons placed in isolation were seen by a doctor or nurse within minutes of their placement. A note from the chief medical officer of the UMCRA stated that nursing staff “must visit the detainee’s room within one hour of placement in isolation (except in emergencies) to conduct a comprehensive assessment of the patient’s condition: level of consciousness, presence or absence of traumatic injuries, mental state, general condition, symptoms reported by the patient. This assessment and any actions taken must be noted in the care file.”

However, according to the applicable instructions at the Mesnil-Amelot CRAs, the isolated person had to be taken to the UMCRA outside of open access hours and busy periods. Under no circumstances were healthcare professionals “allowed to go to the isolation room, except in cases of life-threatening distress”. The time taken for medical visits to be made to persons placed in isolation could exceed four hours outside the UMCRA’s opening hours. It also appears that, when placed in isolation at Mesnil-Amelot CRA No. 3, the detainee was merely informed that they were entitled to a medical examination (to which they could reply that they did not wish to be seen by medical staff). Information about placement in solitary confinement was not provided systematically and was only given if the detainee requested it.

At the Lyon CRA, between July and October 2025, the medical unit intervened on average nearly eight hours (in 50% of cases, more than three hours) following notification of placement in isolation (and in four cases, more than 24 hours following placement). At the Coquelles CRA, the delegation was unable to verify the medical team’s visiting hours due to a lack of adequate monitoring in the registers. It should be noted that according to a national report, 67% of UMCRA’s stated that they were systematically called upon to see a detainee placed in an isolation room for security reasons.⁹⁰

170. The CPT recommends that healthcare staff at the Mesnil-Amelot CRAs, and where applicable at other CRAs, be systematically notified without delay so that they can go to the isolation room on their own initiative to assess the situation and inquire about the detainee’s condition themselves, without waiting for the detainee to request medical care.

171. “Segregation for medical reasons” is decided upon by the medical unit’s doctor. In exceptional cases, it may be initiated by the manager of the CRA (for example, for a highly contagious disease) and then confirmed as soon as possible by a doctor from the medical unit. In the CRAs visited, “medical” segregation was less frequent than “security” segregation (see Table IV). Isolation took place in an isolation room or, failing that, in an ordinary room.

88. See, in particular, the circular [NOR IMIM1000105C](#), 14 June 2010, and the memorandum from the Central Directorate of the Border Police, 16 May 2013.

89. Government instruction on the organisation of healthcare for detainees, [NOR:INTV2119176J](#), 11 February 2022.

90. General Inspectorate of Administration (IGA) and General Inspectorate of Social Affairs (IGAS), La prise en charge sanitaire des étrangers placés en centre de rétention administrative, November 2023.

According to the documents seen, the majority of cases of placement in isolation rooms involved isolation to prevent contagion (chickenpox, scabies, Covid-19, influenza). The information provided did not indicate whether isolation in ordinary rooms had taken place.

Table IV: Number of placements in medical isolation in 2024 and 2025 in the CRAs visited, according to police records

	2024	2025 (January-October)
Coquelles CRA (90 places)	3	0
Lyon CRA (140 places)	15	10
Mesnil-Amelot CRA No. 2 (105 places)	0	1
Mesnil-Amelot CRA No. 3 (105 places)	0	0
Paris-Vincennes CRAs (175 places)	19	16

172. As indicated above (see paragraph 158), the conditions in isolation rooms were often lamentable and in no way met the requirements for a therapeutic and secure environment for a person in psychological distress or affected by a contagious disease. The delegation was not informed of the existence of any supply of sheets or equipment for dealing with contagious diseases (scabies in particular) or suicide risks.

The CPT considers that placement in an isolation room for the purposes of medical isolation should only be permitted in exceptional circumstances, when no ordinary room is available. The duration of such placements should be limited to the time strictly necessary to treat the contagion or to arrange hospitalisation.

173. Finally, the CPT notes positively that the isolation rooms in the CRAs visited were not subject to video surveillance and that alarm buttons had been installed in the isolation rooms at the Coquelles CRA since the CPT's last visit in 2018. However, there was no call system in the isolation rooms at the Lyon CRA. Physical surveillance, often "through a peephole", was provided there. At the Paris-Vincennes CRAs, although the rooms were equipped with cameras, these were not working according to the police. There were no peepholes or call buttons in the two isolation rooms at Paris-Vincennes CRA No. 1.

Only the Coquelles and Mesnil-Amelot CRAs kept surveillance records to record observations relating to the person's situation (for example, access to toilets and showers, meal distribution, medical examination, behaviour of the detainee). At the Coquelles CRA, the delegation noted that, despite the instruction to carry out a check every 15 minutes, patrols were sometimes spaced more than an hour apart, or even non-existent at night (between 21:00 and 07:30). This surveillance is all the more essential given that the isolation rooms in this centre do not have toilets. In the absence of monitoring records at the Paris-Vincennes and Lyon CRAs, the delegation was unable to assess the frequency of surveillance.

The French authorities are invited to remove the CCTV cameras installed in the isolation rooms at the Paris-Vincennes CRAs and to improve the monitoring of persons placed in isolation in all CRAs. Call buttons or intercoms should be installed in all isolation rooms and it should be ensured that they are in working order.

174. Finally, although in theory, solitary confinement does not suspend the rights of the detainee, who may continue to receive visits or talk to various outside parties (in particular humanitarian organisations or the OFII), the delegation had no information on the effective implementation of these rights at the CRAs visited.

In addition, persons placed in isolation were not offered any activities or even access to an outdoor area, even though the measure could last for more than 24 hours.

175. The CPT further recommends that any person held in solitary confinement be allowed at least one hour of outdoor exercise every day and at least two hours of constructive human contact a day, preferably more, starting from the first day of placement in solitary confinement.

Additional measures should be taken to provide detainees with adequate conditions and treatment; it is important that they have access to constructive and/or sports activities and that they are allowed to use their personal belongings.

176. Isolation was generally recorded in a register – a detention register or “admissions” register – on monitoring sheets,⁹¹ in the “Logicra” computer software, or in the logbook. The start and end dates and times, as well as the reason for the measure, were generally recorded.

However, the documentation relating to this type of placement gave very few details. The registers generally did not have a box to indicate the circumstances of the placement or the condition of the person, which is particularly problematic when isolation follows hospitalisation. Furthermore, any means of restraint used to restrain the detainee (handcuffs attached to the bed, as reported at the Lyon CRA) or to prevent them from injuring themselves (use of a helmet at the Mesnil-Amelot CRAs) were not recorded in the documents relating to isolation (see also paragraph 179 on the use of means of restraint). Discrepancies were also found between incident reports and isolation placement records, with the latter not being recorded systematically, either in Logicra or in paper registers.

b. other security measures

177. The carrying of lethal weapons was prohibited in detention centres and waiting areas. Police officers were only allowed to use intermediate means of defence (tear gel, conducted energy devices, telescopic batons).⁹² In all the CRAs visited, the delegation observed that police officers never carried firearms in living areas but could do so in reception areas, as could be seen at the Lyon CRA.

In the CRAs visited, the delegation again noted that some police officers, both in uniform and in plain clothes, were equipped with telescopic batons⁹³ and handcuffs, and sometimes even tear gas and conducted energy devices, including in living areas.

178. The CPT again recommends that guidelines be issued to ensure that police officers do not carry weapons in any detention centres, including in admission areas.

The CPT reiterates its recommendation that the visible and systematic wearing of means of restraint (handcuffs, telescopic batons, tear gas, conducted energy devices) in living areas within CRAs and waiting areas should be discontinued.

179. Means of restraint such as protective helmets, handcuffs and arm restraints could be used together or individually during restraint operations and/or placements in solitary confinement.

91. At Mesnil-Amelot CRA No. 3, the monitoring form in the isolation register is well designed. It allows the date and time of regulatory notices to be recorded. It also tracks the times of medical examinations and meals.

92. Policy on the arming of personnel in CRAs and waiting areas, Instructions from the Ministry of the Interior of 15 June 2009 and 26 February 2019.

93. In accordance with the policy on the arming of CRA and waiting area staff, instructions of 15 June 2009 and 26 February 2019.

180. With regard to the use of handcuffs, the CPT laments the repeated findings that detainees placed in isolation cells were sometimes handcuffed, including sometimes to the bed frame and for long periods of time, according to the documentation consulted and the interviews conducted. The use of handcuffs was mentioned in officers' incident reports, but none of these measures were recorded in the registers or other documents relating to isolation.

Metal handcuffs were used almost systematically during movements and transfers outside of CRAs. In addition, the two waiting rooms in the admission area at the Lyon CRA were equipped with fixing rings on the concrete seats.⁹⁴ The CPT takes note of the authorities' statement that these devices were never used.

In the CPT's view, the use of handcuffs may be justified in cases where a detainee behaves in a dangerous manner and on the basis of an individual assessment. Under no circumstances should the use of handcuffs be systematic during transportation. Furthermore, tying a person to a fixed object is not an acceptable practice.

181. The CPT once again strongly recommends that the French authorities prohibit the practice of handcuffing persons to objects such as beds or fixed points. The fixing rings should also be removed from the waiting rooms at the Lyon CRA and, where appropriate, from other CRAs and from any specifications for the possible future construction of establishments.

The Committee reiterates that an individual risk assessment is necessary to justify the use of handcuffs during transportation.

182. The CPT also notes the use of foam protective helmets or restraint belts in certain cases. While this equipment is rarely used at the Coquelles CRA, i.e. once or twice in 2024-2025, the delegation saw a protective helmet ready for use near the isolation rooms and in the entrance to the Mesnil-Amelot CRAs. However, the delegation did not receive any reports of interventions carried out in 2024 and 2025 that resulted in the use of means of restraint such as helmets or restraint belts at the Mesnil-Amelot CRAs.

With regard to such restraint belts, the Committee considers that they should never be used in a non-medicalised detention facility, due to the risks involved in their use in a non-medical setting and the potentially degrading nature of this measure.⁹⁵

The CPT recommends that the French authorities prohibit the use of restraint belts in CRAs. It also recommends ensuring that protective helmets are used by trained officers and that their use is always kept to a minimum. In addition, persons presenting a risk of self-harm should be examined by a doctor without delay.

183. In the event of incidents, police officers could use tear spray in gel form in living areas, for example to evacuate detainees from a block to the yard (at least three uses of tear gas/gel at the Lyon CRA in July and October 2024 and in April 2025) or to break up a fight (for example, on 12 October 2025 at Mesnil-Amelot CRA No. 3). Several allegations of tear gas use at the Paris-Vincennes CRAs were made to the delegation, but it was unable to corroborate them with documentation. It found no information concerning the use of tear gas at the Coquelles CRA.

⁹⁴ The delegation was informed that the Lyon CRA was considered a model facility for the construction of future CRAs.

⁹⁵ See also [Decision No. 2025-127](#) of the Defender of Rights, 4 July 2025.

The CPT took note of a reminder of the conditions for the use of tear gas or incapacitating aerosol generators by the DGP (Directorate-General of the National Police) dated 5 September 2025. This “weapon” is authorised in closed environments on condition that its use remains “exceptional and limited”. “As far as possible, tear gas sprays should not be used within one metre of a person, as this could cause dangerous eye damage. In the event that an officer is forced to use it at close range towards a person’s face, they should pay attention to the state of health of the person targeted and provide assistance if necessary.”

The CPT recommends that the authorities remove tear gas sprays from the standard equipment of surveillance personnel and, given the potentially dangerous effects of this substance, prohibit all use of tear gas in confined spaces.

184. As in 2018, the CPT has serious reservations about the use of conducted energy devices (CEDs) in secure places of detention. According to the documentation seen by the delegation, CEDs were used at least three times in 2025 at the Lyon CRA to “disperse detainees and keep them at a distance” and twice to “break up a fight”.

The CPT considers that only very exceptional circumstances could justify the use of CEDs in such places, and then only on the strict condition that the weapons in question are used only by specially trained personnel. The reasons given above in the service reports from the Lyon CRA do not constitute circumstances justifying such use.

The CPT recommends that the use of conducted energy devices be limited to strictly defined exceptional circumstances.

185. There was no specific register to record the use of means of restraint and weapons (handcuffs, protective helmets, restraint belts, CEDs and tear gel).

According to the authorities, depending on the means used, the use of means of restraint is recorded in one or more existing monitoring tools: national police logbook (*Main courante de la police nationale* – MCPN), incident reports, incident in “Logicra”. When a means of restraint (helmet, handcuffs) is used during isolation, it must be recorded in the MCPN and in the isolation register.

With regard to CEDs, the authorities state that any use of the device automatically triggers a record of its use and that the use of the CED in firing mode is systematically noted in the weapon use tracking system (*traitement du suivi de l’usage des armes* – TSUA). In detention centres, it is also recorded in Logicra and managed as an event in the MCPN.

186. The CPT considers that a dedicated register is an essential tool for traceability and control, enabling those responsible to monitor the frequency and duration of the use of means of restraint and, where necessary, to take measures to limit their use. The entries to be recorded should include the start and end times of the measure, the circumstances of the incident, the reasons for use, the identity of the person who ordered or approved it, and, where applicable, a report on any injuries sustained by the person concerned or by staff members, as well as the follow-up measures that were taken.

The CPT recommends that the French authorities take the necessary measures to ensure that each use of a means of restraint is recorded in detail in a single, dedicated register, as outlined above, and that use is regularly monitored by detention centre managers.

c. contact with the outside world

187. With regard to visits, detainees were allowed to receive visits from loved ones every day, subject to the availability of time slots, for between 30 minutes and one hour.

The delegation did not note any particular difficulties with regard to visits, except at the Paris-Vincennes and Mesnil-Amelot CRAs, where the prohibition of all physical contact between detainees and their loved ones (the persons were separated by a plexiglass partition) and the excessive proximity of the officers precluded a minimal level of privacy and confidentiality during visits.

Furthermore, the number of visitors allowed was not regulated uniformly, which led to disparities between centres. In particular, visits were limited to one visitor and one child at the Lyon CRA, causing frustration for detainees with several children.

The CPT invites the French authorities to remove the plexiglass partitions in the visiting rooms at the Paris-Vincennes CRAs, to allow physical contact between detainees and their loved ones, and to guarantee a minimum level of privacy during visits at all CRAs. It also invites them to review the guidelines on visits to the Lyon CRA in order to make them less restrictive.

188. With regard to access to telephones, all living areas in the detention centres and waiting areas had a freely accessible landline telephone, but this was a payphone and did not allow for confidential communication.

In all the CRAs visited, detainees' smartphones were kept on arrival and returned on departure from the centre. Temporary access could be granted to retrieve data and, at the Coquelles CRA, to communicate in a dedicated area, which is good practice. The centres gave detainees the opportunity to purchase a telephone without a camera, which could be used in the living areas.

In the Lyon Saint-Exupéry waiting area, detainees were allowed to keep their phones, including smartphones, which is good practice. Calls could also be made from a telephone provided in the communal areas.

However, at ZAPI 3, detainees were not allowed to keep their mobile phones. The prepaid card system for the use of the telephone booths was obsolete. The booths could nonetheless receive calls from outside and rang almost continuously, creating an "anxiety-inducing" atmosphere. Furthermore, the spare phones provided by the Red Cross or the police did not provide access for all detainees, nor did they allow sufficient time for use.

Furthermore, there was no Wi-Fi network available in the centres or waiting areas.

The CPT recommends that the French authorities take the necessary measures to ensure that persons detained and held have the opportunity to contact their loved ones in conditions of adequate confidentiality. Free solutions could also be considered, such as secure access to an Internet communication system or videoconferencing. The CPT also recommends providing effective and permanent access to functional telephones at ZAPI 3.

d. complaint procedures

189. With regard to internal requests, no written procedure was in place in either the CRAs or the waiting areas. Requests were made orally to the officers present in living areas, without any responses being given systematically to the persons detained. Only the Paris-Vincennes CRAs produced an activity report, drawn up by the day brigade co-ordination office (*bureau de coordination des brigades de jour* – BCBJ), which recorded the number of complaints dealt with during the year.

The CPT invites the French authorities to establish a register of internal requests at CRAs and waiting areas. The CPT also invites them to specify the time limits for processing requests and the manner in which people are informed of the measures taken to address their concerns.

190. Furthermore, the delegation did not see any dedicated letterboxes enabling detainees to submit their requests or complaints directly and confidentially.

The CPT invites the authorities to guarantee that persons detained or held are able to submit written complaints or requests at any time, confidentially, via secure mechanisms (complaint boxes or electronic terminals) available in each centre or waiting area.

191. With regard to complaints, persons placed in detention or held in waiting areas could refer matters to the courts at any time by contacting the associations present in the CRAs or the registries of the CRAs or police stations. This information was available in the internal regulations of the CRAs visited and displayed in several languages in the centres. Despite this, some detainees reported that they did not know how to file a complaint or feared that doing so would have negative consequences for their cases and their stay in the country.⁹⁶

However, the internal regulations available in the waiting areas did not contain any information on the complaint procedures in force, and the notices displayed were incomplete in this regard.

Information about the possibility of contacting independent institutions (such as the Defender of Rights or the Controller-General of Places of Deprivation of Liberty) and associations providing assistance to detainees was provided when detainees were notified of their rights.

The CPT recommends that complaint procedures be specified in the internal rules of detention facilities and waiting areas and in the welcome booklets given out upon admission to detainees. It also recommends that all detainees be protected from reprisals if they make complaints.

96. See also paragraphs 47 and following on efforts to tackle impunity.

APPENDIX I – ESTABLISHMENTS VISITED

The delegation visited the following detention facilities:

Immigration detention centres

- Coquelles Administrative Detention Centre
- Lyon Saint-Exupéry Administrative Detention Centre No. 2
- Mesnil-Amelot Administrative Detention Centres Nos. 2 and 3
- Paris-Vincennes Administrative Detention Centres Nos. 1 and 2

Airport waiting areas

- Lyon Saint-Exupéry Airport Waiting Area
- Roissy-Charles de Gaulle Airport Waiting Area (ZAPI 3)

APPENDIX II – LIST OF NATIONAL AUTHORITIES, OTHER BODIES AND NON-GOVERNMENTAL ORGANISATIONS MET BY THE CPT DELEGATION

A. MINISTERIAL AUTHORITIES

Ministry of the Interior and Overseas Territories

Minister's Office

Pascale PIN

Deputy Chief of Staff to the Minister of the Interior

Directorate for European and International Affairs (DAEI)

Patrick LAPOUZE

Prefect, Deputy Director of Legal and Institutional Affairs (SDAJI)

Lola MAZE

Legal Adviser, Deputy Head of the Legal Mission

Kevin MEKROUD

Legal Adviser to the Legal Mission of SDAJI

Directorate-General for Foreigners in France (DGEF)

Eric BIERGEON

Deputy Assistant Director for Combating Illegal Immigration

Marjorie AUTAIN

Deputy Head of the Detention and Removal Office

Sylvie RENARD-DUBOIS

Medical Adviser, DGEF Office

Police Prefecture (PP)

Mireille LARREDE

Deputy Prefect for Immigration

Didier MARTIN

Deputy Director for Combating Illegal Immigration

Directorate-General of the National Police (DGPN)

Renaud BERNHARDT

Controller-General, Deputy Director for Borders, National Directorate of the Border Police (DNPAF)

Nathalie SKIBA

Inspector General, Deputy Director (DNPAF)

Directorate-General of the National Gendarmerie (DGGN)

Frédéric LEST

Head of the Cross-Border Flows and Foreigners Litigation Section, Mobility Security Office

Ministry of Labour, Health and Solidarity

Marie DAUDE

Director, Directorate-General for Healthcare Provision (DGOS)

Anne HEGOBURU

Deputy Director for Hospital Care and Community-to-Hospital Transitions, DGOS

Gaëlle PAPIN

Head of the Territories, Europe and International Office, DGOS

Laora TILMAN

Head of the Office for Mental Healthcare and Vulnerable Populations, DGOS

Ministry for Europe and Foreign Affairs

Directorate for Legal Affairs (DJ)

Christelle THOMAS

Deputy Director

Milène BLANCHARD

Deputy Director for Human Rights

Inês SAINT-JOLY

Legal Adviser, Human Rights Sub-Directorate

B. INDEPENDENT ADMINISTRATIVE INSTITUTIONS

Controller-General of Places of Deprivation of Liberty

Dominique SIMONNOT	Inspector-General of Places of Deprivation of Liberty
André FERRAGNE	General Secretary
Maria DE CASTRO CAVALLI	Deputy Director of Legal Affairs
Anne-Sophie BONNET	International Relations Officer

Defender of Rights

Céline ROUX	Deputy, Ethics of Security
Marie LIEBERHERR	Director, Directorate for the Protection of Rights – Legal Matters
Muriel CAUVIN	Deputy, Directorate for the Protection of Rights – Legal Matters
Benoît NARBÉY	Head of the Ethics of Security Unit
Audrey RABOT	Legal Officer, Ethics Unit
Vanessa BARLIER	Legal Officer, Ethics Unit
Aurélié GUITTON	Legal Officer, Children's Rights Unit
Elsa ALASSEUR	Head of the Fundamental Rights of Foreigners Unit
Néphéli YATROPOULOS	Adviser on European and International Affairs, Office
Marina RASCHILAS	Trainee

C. NON-GOVERNMENTAL ORGANISATIONS

Anafé (National Association for Assistance to Foreigners at the Border)
National Bar Council
Red Cross
Refugee Forum
France Terre d'Asile
SOS Solidarité/ASSFAM

“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.