
1557th meeting, 15 April 2026

4 Human rights

4.1 European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT)

b. 35th general report (1 January - 31 December 2025)

¹ This document has been classified restricted until examination by the Committee of Ministers.

35th GENERAL REPORT

Activities 2025



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

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE

35th GENERAL REPORT

Activities 2025

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

1 January – 31 December **2025**

French edition:

*35^e rapport général du Comité européen pour la prévention
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“ In 2025, the CPT noted worrying signs across Europe, whereby ill-treatment has begun to re-emerge in places that had previously made real progress in combating it.

Alan Mitchell
President of the CPT

Foreword

2025 was an exceptional year for the CPT in many respects. For the first time in its 35-year history, the Committee carried out 22 country visits, spending 208 days in the field monitoring places of deprivation of liberty. In addition to eight periodic visits, the Committee carried out 14 ad hoc visits to address structural challenges, specific territorial situations, or emerging issues, including rapid reaction visits. I wish to express my sincere gratitude to all members of the Committee, Secretariat, external experts and interpreter colleagues involved in these visits for their hard work, dedication, and responsiveness throughout the year.

This achievement was made possible by a unique combination of circumstances. Between 2022 and 2025, the CPT benefited from extrabudgetary financial resources made available by Council of Europe member states following the Covid-19 pandemic. In 2025, it also benefited from a voluntary contribution from the German authorities. These supplementary resources enabled the Committee to organise and implement four additional visits. This additional support was highly appreciated by the CPT.

During its visits in 2025, the Committee reinforced its constructive dialogue with national authorities, national preventive mechanisms and civil society. It also held six high-level talks with leading ministers and key political decision-makers to enhance dialogue and seek effective solutions for the implementation of many of the Committee's long-standing recommendations. It is encouraging to see the reactivity of the authorities and their willingness to have a frank and honest dialogue with the Committee on seeking and implementing lasting solutions to the problems identified.

Indeed, in 2025, the CPT noted worrying signs across Europe, where ill-treatment has begun to re-emerge in places that had previously made real progress in combating it. At the same time, the effectiveness of a number of oversight mechanisms diminished and a sense of impunity for abusive actions pervades. Loss of institutional control, combined with strained infrastructures is, in some member states of the Council of Europe, creating conditions whereby safeguards are weakened, and harmful practices can resurface. In prisons, overcrowding is undermining the operation of these complex establishments and solutions must be found, otherwise the risk of the wider criminal justice system failing will increase. Insufficient staffing, and lack of appropriate training are also major weaknesses, creating additional pressure on already unstable environments.

The Committee has also observed many good practices during its visits and the dedication of staff working with persons deprived of their liberty must be acknowledged and supported. However, much more needs to be done to support staff, promote good practices and address systemic weaknesses. I am firmly convinced that safeguarding dignity and preventing ill-treatment in places of deprivation of liberty can only be achieved through the sustained and collective commitment of all stakeholders.

The year 2025 also marked the denunciation of the Convention establishing the CPT by the Russian Federation. Between 1998 and 2021, the CPT conducted 30 visits to places of deprivation of liberty across the entire territory of that state Party, covering all categories of detention institution. Regrettably, the vast majority of these visit reports remain confidential. The withdrawal of the Russian Federation means there is no longer any external independent and impartial mechanism to monitor detention facilities within the country.

On a more encouraging note, the increasing adherence to the automatic publication procedure of CPT visit reports and Government responses underscores the commitment of national authorities to greater transparency, cooperation and dialogue. In 2025, San Marino became the eighteenth country to adhere to this procedure. More recently, they were joined by the United Kingdom and Latvia who approved the procedure in January and February 2026, respectively, and I am confident that other States will follow.

I trust that this general report provides a clear and useful overview of our work in 2025.

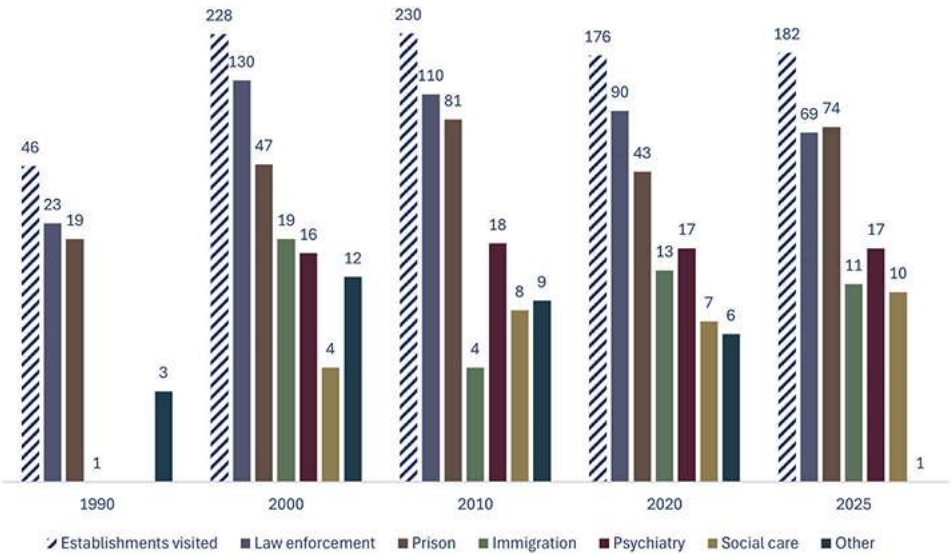
Alan Mitchell
President of the CPT

CPT'S ACTION SINCE 1989

NUMBER OF VISITS AND DAYS



TYPES OF ESTABLISHMENTS VISITED AND TOTAL NUMBER



2025 IN FIGURES

22 VISITS

8 PERIODIC & 14 AD HOC



208 DAYS

IN THE FIELD

**182 PLACES OF
DETENTION
VISITED**



69 POLICE
STATIONS

74 PRISONS

17 PSYCHIATRIC
HOSPITALS

10 SOCIAL CARE
INSTITUTIONS

11 IMMIGRATION
DETENTION CENTRES

1 OTHER PLACE
OF DETENTION



Preventing torture in Europe

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Review of ongoing challenges in detention

For over 35 years, the CPT has carried out visits to places of detention throughout Europe, gathering extensive knowledge and insight into the treatment of persons deprived of their liberty. While each country and each establishment has its own distinct functioning and approach, experience shows that similar challenges frequently arise, and that many responses and deficiencies share common characteristics across different national contexts.

Through its visits, the CPT has also identified examples of good practice implemented in prisons, immigration detention facilities, police stations, psychiatric hospitals and social care homes, both at local and at national level. It has also met many staff members who demonstrated professionalism, dedication and commitment to upholding the rights and dignity of persons deprived of liberty under their care. Such findings serve as valuable reference points, showing what can be achieved even within challenging environments. At the same time, visits have consistently brought to light important and recurring issues that merit attention and further action.

The following overview covers issues relating to police, prison and immigration detention, and mental health establishments, while social care premises and healthcare in prison are addressed separately below. It does not aim to be exhaustive, but rather seeks to draw attention to several trends that have been observed during recent visits, as well as to those long-standing unimplemented recommendations made by the CPT. These points reflect the Committee's ongoing commitment to promote positive change and to address persistent gaps.

Police

In a society that many perceive as increasingly violent, it is essential that police and other law enforcement officials act in an exemplary manner when interacting with the public while enforcing the law and maintaining order. The trust that society places in the institution which they represent depends upon it.

The CPT visited 69 law enforcement establishments in 2025. Its findings indicate both positive and negative practices. In many European countries, the volume of allegations of excessive use of force and ill-treatment is on the decrease, in particular during interviews of criminal suspects by police officers.

On the other hand, the CPT continues to report allegations of physical ill-treatment by law-enforcement personnel, especially upon apprehension and during informal questioning. Claims of excessive use of force and verbal abuse or insults are also frequently made to CPT delegations.

The persistence of such allegations underscores the need for additional measures. Initial and ongoing training must be strengthened. Particular emphasis should be placed on improving interview methods, in line with the Principles on Effective Interviewing for Investigations and Information Gathering (Méndez Principles). For the CPT, training and other relevant measures have a lasting impact when they are supported by management and, even more effectively, by political leaders who promote and implement zero-tolerance policies on violence.



In a society that many perceive as increasingly violent, it is essential that police and other law enforcement officials act in an exemplary manner when interacting with the public while enforcing the law and maintaining order

Over the years the CPT has witnessed an improvement in the professionalisation of law enforcement staff. Ill-treatment as a means to elicit confessions is no longer a problem in most countries. In 2025, real progress was noted in one country while, in another, there was unfortunately clear regression. The question of accountability and the fight against impunity remain a challenge. In this context, the CPT continuously advocates for a means of visible identification of officers and the establishment of robust complaint mechanisms. The use of CCTV and the appropriate implementation of a strategy for body-worn cameras in places of deprivation of liberty can also serve as useful preventive tools, as it can reduce tension and encourage appropriate behaviour on both sides.

Most member states engage in a constructive dialogue with the Committee in their responses to visit reports, attempting to address the very real and complex challenges with which they are faced. This forms the basis for ongoing dialogue. It is, however, noticeable that a number of member states are particularly defensive when confronted by the Committee's findings of ill-treatment by law enforcement officials. They often respond by repeating the legal norms currently in place, of which the CPT is fully aware, as a justification for why a particular abuse or deficiency cannot technically occur. Such a reaction does not contribute to constructive dialogue when the primary findings of the Committee highlight a problem which needs to be addressed.

The inclusion of essential safeguards against ill-treatment in national legislation is also a positive development. Although some gaps do remain, most European countries now have legislation providing for rapid access to a lawyer upon apprehension, information

on rights and, in most cases, the possibility to notify detention to a third party, such as a friend or family member. Access to a doctor, however, remains more problematic in several jurisdictions. Further, implementation of these three fundamental safeguards in practice continues to be challenging, as they are often applied unevenly, both between countries and frequently within the same country, with additional difficulties in more remote areas.

Prisons

The number of people in prison in Europe has continued to rise steadily since the Covid-19 pandemic, with the result being that many prison systems are now burdened by overcrowding. In particular, the number of persons in remand detention has increased significantly, reaching as much as 80% of the prison population in certain jurisdictions. The problem of overcrowding is most acutely felt in large urban prisons.

The impact of overcrowding extends far beyond living space in the cells concerned. Prison overcrowding completely undermines the functioning of prisons and potentially exposes individuals to inhuman and degrading treatment. When establishments operate above their design capacity, the entire functioning of the institution is disrupted. Prisons are equipped, resourced and staffed based on their official capacity; every additional prisoner reduces access to purposeful activities, overstretches the capacity of custodial and healthcare staff, and limits the availability of space for family visits or meetings with lawyers. The CPT has observed time and again how overcrowding corrodes staff-prisoner relations and increases the risk of violence, tension, and deterioration in mental health for both prisoners and staff alike. It also provides less opportunity for prisoners to prepare for their return to the community. Time spent in prison is too often wasted, and many prisoners also leave in circumstances that are likely to increase their risk of reoffending.

Moreover, overcrowding in prisons undermines the authorities' ability to maintain control over an establishment, leading to a breakdown of order and allowing criminal activities to persist both within and outside the institution.

The consequences of overcrowding are also financial. Budgets become constrained, leading to reductions in food provision, or an inability to supply such basic hygiene items as bed linen, soap, or even toilet paper. Overcrowding therefore not only undermines dignity and safety but also jeopardises the basic functioning and sustainability of detention systems.

Regrettably, the CPT has observed that overcrowded prisons risk becoming the norm in a number of prison systems across Europe, forcing staff and management to adapt, and transforming emergency measures into daily routine. It is not acceptable that the only limit to the number of persons a prison can accommodate is determined by how many mattresses can be placed on the floor of a cell. Among the 74 prison establishments visited in 2025, it was not uncommon to come across cells and dormitories which offered less than 2 m² of living space per person. For example, in one prison, cells of 6 m² were equipped with a bunk bed and two mattresses on the floor, half tucked under the bed, with the four occupants confined to their cells for most of the day. The minimum standard advocated by the CPT is 4 m² of living space per person in multiple-occupancy cells, excluding the sanitary annexe, along with a regime which aims at eight hours of out-of-cell time.

The impact of overcrowding is felt not only by detained persons but also by staff. Recruiting, training, and retaining motivated and competent personnel in a system under constant

strain becomes extremely difficult. Under such conditions, the proper implementation of national regulations, the development of individualised reintegration plans, and the respect of basic human rights standards are severely hindered.

Responsible authorities should demonstrate political will to solve prison overcrowding through multifaceted approaches, which include reviewing sentencing policies and promoting alternatives to detention. Managing persons in a community setting is both cheaper and more effective than incarcerating people who could otherwise be safely and appropriately managed within the wider community. Prisons which offer decent living conditions combined with a range of activities to support prisoners' reintegration into the community, overseen by a well-trained and adequately resourced staffing complement, will lead to reduced reoffending rates. This in turn lowers the cost of crime to society.

Overcrowding represents an existential threat to prisons. As the CPT has regularly emphasised, solutions do exist. Several European countries have introduced a *numerus clausus* for their prisons, establishing clear limits on the number of persons who may be held in each establishment. Others have strengthened the possibilities for transfers between institutions or have invested in reliable alternatives to detention, particularly at the pre-trial and sentencing stages. Some countries have also reviewed their criminal legislation.

Addressing the structural causes of overcrowding requires a broader effort to rethink penal policy and the purpose of incarceration. The Committee recommends that such an approach should involve all relevant stakeholders including lawyers, judges, prosecutors, psychosocial and probation services, as well as social-support networks and politicians. A broad reform process would not only address prison overcrowding and its consequences, but would also contribute to restoring meaning and coherence to the work carried out by prison staff and all those involved in the wider criminal justice system.

Beyond overcrowding, prisons across Europe are faced with several other challenges, such as attending to the needs of prisoners with substance-use or mental health issues, or providing appropriate conditions for an aging prison population.

A further source of concern is the pre-trial detention regime. In several countries visited in 2025, access to basic rights, such as maintaining contact with the outside world or participating in activities and work, remains subject to the control and prior authorisation of the judicial authorities. In certain establishments, remand prisoners require explicit approval merely to send a letter or make a telephone call to a family member or friend. Further, in many countries, remand prisoners are often confined to their cells for more than 22 hours a day. Such extremely restrictive regime can last for months, and in some cases even years. The CPT considers this approach towards pre-trial detention to be both anachronistic and harmful, and intends to intensify its efforts with the national authorities concerned to reform such systems of remand detention.

The CPT has consistently examined the way in which persons deemed to be a high security risk are managed in prison. In some countries, such persons may be held in specific units within mainstream prisons, while in others specific prisons are designated as high security. A number of European countries are now being confronted with the emergence of organised crime groups, which pose a real threat both to the operation of a prison and to the wider community outside. Consequently, several European countries are introducing additional measures to create or reinforce regimes applicable to specific categories of detained persons involved in organised crime, based on the nature of their offences and/or suspected criminal



Overcrowding completely undermines the functioning of prisons and potentially exposes individuals to inhuman and degrading treatment

activities within detention. In addition to the physical environment, persons placed in these units are subject to a special regime with additional security measures (such as searches and cell changes) and a more restrictive regime, which may include limiting the number of persons who can associate and placing restrictions on contact with the outside world. Prison establishments are being adapted or built to provide better security by preventing the intrusion of drones, reducing escape risks, and limiting opportunities for unauthorised communication with the outside world.

The CPT recognises the challenges posed by organised crime groups to the proper functioning of prisons. At the same time, it is cognisant of the need to ensure that appropriate safeguards and oversight are in place to ensure that new high-security prisons and regimes do not result in *de facto* solitary confinement and excessive restrictions.

Externalisation of prisons

In the recent years, there has been a renewed willingness to explore the possibility to externalise prisons, whereby persons sentenced to a term of imprisonment in one country serve their sentence in a prison located in another country. The prisons are either rented or purpose-built. The main driver for such policy is the ever-increasing numbers of prisoners. These arrangements are not entirely new, with most notably Belgium and Norway having agreements to rent prisons in the Netherlands between 2010 and 2018.



It is crucial that immigration detention centres provide decent material conditions, meaningful activities, appropriate healthcare, and real opportunities for contact with the outside world

A range of structural and human rights challenges emerge from these arrangements. Communication barriers between staff and persons deprived of their liberty, increased risks to healthcare provision, difficulties in providing an appropriate regime of activities, and reduced contact with the outside world can all be exacerbated when prisoners are held abroad. Another key concern relates to the effectiveness of oversight mechanisms such as National Preventive Mechanisms, as well as access by lawyers and supervisory judges. The CPT is not convinced that the new projects as presented have sufficiently addressed these concerns, and intends to examine the treatment of persons held in these externalised establishments once they are up and running.

Immigration detention facilities

In 2025, the CPT visited 11 establishments where asylum seekers and migrants were deprived of their liberty under immigration legislation. In 2024, 14 such establishments were visited. While some positive practices were observed, serious challenges persist. The CPT's monitoring continues to find that foreign nationals, including asylum seekers and children, are frequently detained without adequate access to fundamental safeguards against ill-treatment. Such situations were encountered across a variety of settings, including in airport holding facilities, police stations, reception centres and pre-removal detention centres.

It is crucial that immigration detention centres provide decent material conditions, meaningful activities, appropriate healthcare, and real opportunities for contact with the outside world. The CPT recalls that the longer detention lasts, the more varied and structured the programme of activities offered to detained persons should be. In several of the establishments visited in 2024 and 2025, the CPT once again found foreign nationals held for extended periods under restrictive regimes, without access to meaningful and structured activities. These shortcomings were often compounded by overcrowding, unsuitable premises and poor material conditions. In some cases, the cumulative effect of these deficiencies prompted the CPT to flag that they may amount to inhuman and degrading treatment.

The CPT has repeatedly emphasised that special attention should be given to persons in vulnerable situations. For example, children should not be detained, nor should mothers with infants. Yet, the CPT continues to encounter vulnerable persons, including unaccompanied and separated children, or victims of sexual violence and human trafficking, who are detained in sub-standard conditions and without access to specialised support. This is a matter of serious concern not only for the protection and well-being of the persons concerned, but also for detention facility staff, who are frequently required to assume responsibilities for the care of vulnerable individuals without adequate training, support or specialised expertise.

The CPT also remains concerned about the credible, detailed and consistent allegations of so-called “pushbacks”, whereby persons apprehended by security forces are summarily and forcibly returned across land or sea borders, outside the realms of any legal framework. Such operations often involve severe physical violence, including the use of unmuzzled service dogs. The CPT has made a series of recommendations aimed at putting an end to such practices and preventing further ill-treatment. Addressing these concerns requires ensuring that police and border guard personnel are properly trained, equipped and managed, and that there are effective monitoring and oversight mechanisms, including the investigation and prosecution of cases of ill-treatment.

Psychiatric establishments

Forensic and civil psychiatric establishments were visited during seven country visits held over 2024 and in 2025. While the CPT observed many good practices, significant challenges remain. Issues around consent to treatment and the use of restrictive practices such as seclusion, and mechanical or chemical restraint still require much more rigorous oversight and accountability.

The lack of appropriate safeguards often leaves vulnerable individuals at risk of harm. The CPT continues to document cases where patients are fixated to their beds for periods lasting up to a month or longer, frequently without the provision of necessary care or therapeutic intervention. This prolonged use of restraint severely undermines a person's dignity. Such measures can be deeply traumatising, worsening existing mental health conditions, and causing feelings of hopelessness and dehumanisation. The absence of proper supervision and consent mechanisms increase the risk of harm and abuse for those already vulnerable, highlighting the need for reform and stronger protection of basic human rights.

In many countries, the CPT also finds an over-reliance on pharmacotherapy with too little investment in the psycho-social therapies needed for effective, modern mental healthcare. These therapies are crucial not only for the treatment of patients in a hospital, but also for their return to the community.



Issues around the use of restrictive practices such as seclusion, and mechanical or chemical restraint still require much more rigorous oversight and accountability

These deficiencies are often linked to a shortage of healthcare staff, which significantly affects the quality of care provided. The CPT observed situations where psychiatric facilities operated with psychiatrists only available on an on-call basis for most of the day, rather than being present on site. As a result, nurses and other healthcare staff were frequently left to manage patients on their own, relying on *pro re nata* (“as needed”) prescriptions of medication, without proper medical oversight. This places undue responsibility and pressure on nursing staff and increases the risk of inadequate patient care and supervision. Such staffing shortages not only compromise the safety and well-being of patients, but also undermine efforts to maintain a consistent and high standard of care in these settings.

However, the picture is not all bleak. Positive developments were noted in the regulation and implementation of restrictive measures, such as seclusion and fixation, in several countries visited. The introduction of dedicated procedures for such measures has improved traceability and reduced the potential for misuse. These procedures also reinforce important safeguards, including the requirement for medical authorisation and supervision, periodic review of the measure, and continuous supervision by staff of the patient concerned. The goal is to ensure that restrictive measures are applied, in a proportionate manner, and for the shortest time possible, in all mental health facilities visited by the Committee.

Looking forward

Taken together, these observations illustrate both the range and the persistence of the challenges faced in places of deprivation of liberty across Europe. While progress and good practices continue to be identified, structural shortcomings, policy choices and resource constraints too often undermine the protection of fundamental rights and dignity. The CPT will continue to engage in a sustained dialogue with national authorities and other relevant stakeholders, drawing on its accumulated experience and standards, with a view to promoting concrete and lasting improvements. The prohibition of torture and inhuman or degrading treatment or punishment must not remain a mere aspiration but an effective and practical living reality throughout Europe.

PERIODIC VISITS

GREECE

20 - 31 January
Prison and police

LIECHTENSTEIN

7 - 11 April
Prison, police and psychiatric establishments

ROMANIA

28 April - 9 May
Prison and police

SPAIN

28 April - 9 May
Prison and police

BELGIUM

15 - 26 May
Prison, forensic psychiatric establishments,
and court facilities

AZERBAIJAN

22 September - 3 October
Police, prison, and psychiatric establishments

GERMANY

18 November - 1 December
Police and prison

MONTENEGRO

19 - 27 November
Prison, police, psychiatric establishments,
and social care homes

AD HOC VISITS

DENMARK (Greenland)

14 - 16 January
Prison

GEORGIA

21 - 22 January
Prison

TÜRKİYE

18 - 28 March
Psychiatric establishments

AUSTRIA

18 - 28 March
Social care homes

HUNGARY

25 March - 1 April
Prison

CYPRUS

1 - 4 April
Police, prison, and immigration

TÜRKİYE

7 - 11 April
Police and prison

UKRAINE

26 May - 6 June
Psychiatric establishments and social care homes

MOLDOVA

3 - 12 June
Prison

UNITED KINGDOM (Scotland)

4 - 13 June
Prison, police, and psychiatric establishments

ITALY

1 - 12 September
Prison

THE NETHERLANDS

6 - 17 October
Prison and immigration

FRANCE

13 - 24 October
Immigration

UNITED KINGDOM

1 - 8 December
Prison

Activities in 2025

Visits

In the course of 2025, the CPT carried out 22 visits in 20 countries (totalling 208 days), including eight periodic visits and 14 ad hoc visits. Details regarding the dates and establishments visited during these visits are set out in Appendix 6.

Visits carried out with “Covid-19 exceptional funds” – 2022-2025

Between 2022 and 2025, CPT carried out eight ad hoc visits, supported by the Exceptional measures for monitoring mechanisms with on-site visits allocated by the Committee of Ministers in 2020. These visits took place in Belgium (2022), Bulgaria (2024), Cyprus (2022), France (2023), Greece (2023), Italy (2025), Romania (2022), and Spain (2024), amounting to a total of 78 days of visits.

Over the four-year period, the CPT carried out visits in:

- 37 law enforcement establishments;
- 19 immigration-related facilities, such as detention and pre-removal centres, special homes for foreigners, and closed immigration premises;
- 15 prisons, including a prison hospital and an educational centre for children;
- eight psychiatric institutions;
- four social care homes; and
- six other health establishments, including emergency services and secure units.

In Belgium, Bulgaria, Cyprus, France, and Greece, the Committee focused on the treatment, conditions and safeguards of foreign nationals deprived of their liberty under immigration legislation. Within this framework, the CPT notably monitored the preparation and conduct of a joint Frontex-supported return operation by air, from Belgium and Cyprus to the Democratic Republic of Congo.

Visits to Italy, Romania, and Spain concentrated on the treatment and living conditions of persons held in law enforcement and prison establishments, psychiatric institutions, and residential care homes.

These visits also served to assess progress made in implementing long-standing CPT recommendations.

Alongside the on-site visits, the CPT also engaged with a wide range of stakeholders. It held meetings with 70 national authorities, 46 regional and territorial authorities, eight national preventive mechanisms and/or ombudspersons, as well as representatives of civil society, and international organisations such as the United Nations High Commissioner for Refugees (UNHCR) and the International Organisation for Migration (IOM).

These consultations ensured that the CPT’s findings reflect diverse perspectives and a comprehensive understanding of the situation in each country. They also allowed the CPT to engage in constructive dialogue with competent authorities at national and local levels.

All reports on the visits have now been published, with the exception of the report on the September 2025 visit to Italy.



High-level talks with national authorities

The CPT is committed to fostering constructive dialogue with member states to support reforms, and to improve the treatment of persons deprived of their liberty across Europe. The CPT continued its established practice of holding talks between visiting delegations and national authorities at the beginning and end of each visit. The end-of-visit talks, which are traditionally hosted by Ministers, serve as an opportunity to share the CPT's preliminary observations from the visit. During these meetings, the CPT delegations present their initial findings and indicate any immediate measures to be taken in order to remedy specific and urgent issues. The CPT also engaged with relevant stakeholders, including members of Parliament, National Preventive Mechanisms, diplomatic missions, prison administrations, senior officials from relevant Ministries, and representatives of civil society.

In 2025, the CPT has intensified this ongoing dialogue and further strengthened its engagement with several states by conducting high-level talks outside the usual framework of visits, as outlined below.

Denmark

13 January 2025

Alan Mitchell, President of the CPT, led a delegation to Denmark for high-level talks with Minister of Justice Peter Hummelgaard and senior officials from the Ministries of Justice, the Interior, and Health. Several ongoing challenges relating to prisons were addressed, including overcrowding, material conditions, regimes for remand and high security prisoners, staffing levels, and staff training. Further issues discussed included healthcare, the use of observation and security cells, and fixation practices. Discussions also covered the plans



to use a prison in Gjilan, Kosovo* to hold foreign national prisoners sentenced by Danish courts to deportation in addition to a term of imprisonment. Regarding psychiatry, matters such as restraint and the treatment of involuntary patients were examined. The authorities informed the CPT of their efforts to address various issues raised by the Committee including the development of alternatives to imprisonment, improvements to healthcare services and attempts to reduce recourse to means of restraint in psychiatric establishments.

Latvia

3 March 2025

High-level talks were held in Latvia between the CPT, led by Alan Mitchell, and the Minister of Justice, Inese Libiņa-Egnere, and her team. The discussions focused on the long-standing CPT recommendations concerning inter-prisoner violence and the influence of the informal prisoner hierarchy. The Minister and her team presented the measures taken and envisaged to implement the recommendations made by the Committee. These include an Action Plan for Reducing the Informal Prisoner Hierarchy, the reinforcement of prison infrastructure (notably, the opening of a new 1 200-bed Liepāja prison by mid-2026), the abolition of large-capacity dormitory accommodation in all prisons, the development of a dynamic security approach (primarily through the introduction of a system of 'persons of trust'), strengthening of the social reintegration system, and significantly increasing the number and capacities of custodial staff. The talks took place in an open and constructive atmosphere, in the spirit of the principle of cooperation.

* All references to Kosovo, whether to the territory, institutions or population, in this text shall be understood in full compliance with United Nations Security Council Resolution 1244 and without prejudice to the status of Kosovo.



Bulgaria

15 March 2025

High-level talks held with Daniel Mitov, Minister of the Interior, and Filip Popov, Deputy Minister of the Interior, focused on the treatment of foreign nationals deprived of their liberty pursuant to immigration legislation. The CPT delegation, led by Alan Mitchell, presented those recommendations contained in the report on the September 2024 visit to Bulgaria which were likely to require major legislative, policy and financial measures. The aim was to facilitate the authorities' preparations of their response to the CPT report and, more generally, to improve the quality of the ongoing dialogue with the Bulgarian authorities. The report and response were subsequently published on 6 August 2025.

Cyprus

17 June 2025

High-level talks were held between the CPT delegation, led by Alan Mitchell, and Marios Hartsiotis, Minister of Justice and Public Order, and representatives of the Cyprus Police and Cyprus Prison Department. The discussions focused on long-standing challenges regarding the Nicosia Central Prisons, including overcrowding, inter-prisoner violence, healthcare deficiencies, and other concerns. As for issues relating to the police, topics included prolonged periods of detention, the treatment of persons in police custody, and poor material conditions in detention facilities.

Greece

19 June 2025

Alan Mitchell led a delegation to Greece for high-level talks with Akis Skertsos, Minister of State at the Office of the Prime Minister, responsible for coordinating government policies, Michalis Chrysochoidis, Minister of Citizen Protection, and Deputy Minister Giannis

Lampropoulos, as well as Irini Agapidaki, Alternate Minister of Health, together with Dimitris Vartzopoulos, Deputy Minister of Health. They were accompanied by the Secretary General for Anti-Crime Policy, Aristos Perris, and the Secretary General of the Prime Minister's Office, Stelios Koutnatzis.

The discussions followed up on the findings of the Committee's visits in [2021](#) and [January 2025](#) and the previous high-level meetings on prison reform in [2022](#) and [2023](#). In this context, the delegation was keen to learn about the measures being taken by the Government to tackle the systemic problems of overcrowding and understaffing in prisons, and to implement the CPT's recommendations.

The talks, carried out in a spirit of openness, were constructive and all parties expressed a clear commitment to improving the dire situation of persons deprived of their liberty in Greece's prisons. In acknowledging the long-standing structural problems identified by the CPT and the Committee's key role in the reform process, the Greek authorities set out their ambition to develop a modern prison system. In particular, they presented a fully costed five-year multi-sector reform programme for the recovery of the prison system under the coordination and oversight of the Office of the Prime Minister.

Ireland

10 November 2025

Talks were held in Dublin between the CPT delegation, led by Alan Mitchell, and Jim O'Callaghan, Minister of Justice, Home Affairs and Migration and Jennifer Carroll MacNeill, Minister for Health, as well as other senior officials from both Ministries and the Irish Prison Service.

The discussions focused on the current situation in Irish prisons and the action being taken by the Irish authorities to implement the recommendations from the CPT's most recent visit in May 2024, many of which dated back many years. The CPT wished to seek reassurance from the Ministers that concrete steps were being taken to address the concerns raised by the Committee. In particular, given the negative impact that overcrowding has on all aspects of prison life, particular emphasis was placed on the importance of taking urgent measures to end the practice of many prisoners having to sleep on mattresses on the floor. Other topics discussed included deaths in custody, the reduction of violent incidents in prison, and the treatment of prisoners in segregation and on restricted regimes, as well as women prisoners. Particular attention was also paid to the challenge of providing appropriate care to persons in prison with a serious mental disorder, and the pathways of care into and out of the Central Mental Hospital in Portlaoine.

The delegation was particularly keen to learn about the various steps being taken by the Irish authorities to implement the CPT's recommendations.



During its three Plenary meetings in 2025, the CPT adopted 25 visit reports and an updated standard on healthcare in prison

Plenary meetings and activities of subgroups

The CPT held three plenary meetings in 2025 (in March, June-July, and November), during which **25 visit reports** were adopted and 20 responses to visit reports were considered.

During these plenary meetings, the Committee also continued to develop its collaboration with other Council of Europe bodies. In July, the Committee held an exchange on racism and intolerance with Bertil Cottier, Chair the European Commission against Racism and Intolerance (ECRI), Tena Šimonović Einwalter, first Vice-Chair of ECRI, and Domenica Ghidei Biidu, member of ECRI in respect of the Netherlands. The complementarity between the two institutions was emphasised. Discussions focused on institutional racism, data collection, migration, the use of technology, and issues concerning transgender persons. It was agreed that there is a clear intersection between the work of ECRI and CPT, and that the institutions should continue to identify ways to be mutually supportive.

The CPT also held training sessions for its members and Secretariat on CPT key concepts, working on psychiatry in prisons during the July plenary meeting, and environment and prisons during the November plenary. It continued to discuss and develop its internal working methods.

The Committee welcomed four new members in 2025, Valerie Bernard (in respect of Monaco), Christopher Cremona (in respect of Malta) and Ewa Dawidziuk (in respect of Poland) during its March plenary and Domagoj Hajduković (in respect of Croatia) during its July plenary.

In March, the Committee held elections for its Bureau, resulting in the re-election of Alan Mitchell as President, and the election of Marie Kmecová as 1st Vice-President and Gunda Wössner as 2nd Vice-President. Bureau members are elected for a two-year term of office.

In 2025, the CPT undertook to review, update and consolidate its standards on *healthcare in prisons* into a single document, which was published in December 2025. Further details are available on this publication below. It also worked extensively on the revision of a comprehensive CPT standard on *immigration detention* and the development of a standard on *women in prison*, both of which should be adopted and published in the course of 2026. In addition, a new standard on *social care homes* was drafted, a summary of which is set out below.

The CPT's three standing Working Groups on Health, Impact and Jurisprudence, met either prior to or during the plenary meeting weeks. The Working Group on Health examines substantive issues of a medical nature related to the CPT's mandate and organises exchanges of information on the specific tasks that medical members of visiting delegations are required to perform. It also discussed, drafted and adopted the revised standard on healthcare in prisons, which was adopted by the Committee at its November plenary. The Working Group on Impact discussed and proposed ways to enhance the Committee's functioning and impact. Notably, it drafted a photo protocol and considered strategies to increase the visibility of the CPT. The task of the Working Group on the CPT's Jurisprudence is to advise the CPT on developments in the Committee's standards as reflected in visit reports and to identify areas for development of those standards. It identified evolving trends and ensured the coherence of the CPT standards.

The Rapporteurs on Gender Equality and Environment continued to monitor the activities of the Committee and to propose improvements in their respective portfolios. Consequently, the gender perspective was increasingly considered during visits and in reports. Issues related to environmental challenges in detention were also included in the CPT's assessments, and further discussion took place during the November plenary following the training session on the environmental aspects of the CPT's work.

Contact with other bodies

In 2025, the CPT continued to maintain and further strengthen its interactions with a wide range of international, European and national bodies, mechanisms and stakeholders. These exchanges aim at presenting and explaining the Committee's mandate and functioning, promoting its standards, reports and recommendations, as well as enhancing the visibility and impact of its work. The CPT is convinced that the effective prevention of torture and the protection of human dignity require collective engagement, cooperation and sustained dialogue between all relevant actors.

In line with the Reykjavík declaration, the CPT strengthened cooperation and coordination with Council of Europe bodies, as well as with non-Council of Europe interlocutors throughout 2025.

Dialogue with Council of Europe bodies

On 12 March, Alan Mitchell, CPT President, was heard by the Committee of Ministers during an exchange of views on the situation in Georgia. On 23 April, he presented the 34th General



The CPT is convinced that the effective prevention of torture and the protection of human dignity require collective engagement, cooperation and sustained dialogue between all relevant actors

Report at the 1526th meeting of the Ministers' Deputies, alongside the CPT's Prison Standard on "Informal prisoner hierarchy".

On 1 December, the President was invited to hold an exchange of views with the Committee on Legal Affairs and Human Rights of the Parliamentary Assembly of the Council of Europe on the protection of detainees' rights and the election procedures for CPT members.

The Committee held an exchange of views with the Chair and members of ECRI during its July plenary meeting. On 14 October, Karin Rowhani-Wimmer, member of CPT in respect of Austria, and Hugh Chetwynd, Executive Secretary of the CPT, presented the activities of the CPT at the plenary meeting of the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO). Discussions covered issues of violence and reintegration, gender-based violence in prison, and broader topics related to women and girls. Disability and immigration were also discussed, as was training as a preventive measure, the availability of psychological and legal support for women, gender stereotypes for women, and access to families.

On 20 November, the CPT and the European Court of Human Rights (the Court) organised jointly a seminar entitled "Protect dignity in detention – a shared responsibility". Led by the Presidents of both institutions, the meeting focused on prisoners' rights and the situation of prisons across Europe and allowed for frank exchanges, under Chatham House Rules, on shared standards and current challenges. Issues relating to life in prison, somatic and mental care as well as solitary confinement, were notably discussed. The seminar was attended by 90 participants from both bodies, including 20 Court judges and eight CPT members.



The CPT maintained a close dialogue with European Union and United Nations structures

Further, the Secretariat intensified its exchanges with several Departments and bodies of the Council of Europe. As an illustration, the CPT Secretariat actively participated in the inter-secretariat Coordination Group on Migration. Meetings with the GREVIO Secretariat and the Department for the Execution of Judgments of the European Court of Human Rights were organised to reinforce cooperation on issues of common interest.

The establishment of the “Deprivation of Liberty” Department within the Council of Europe Secretariat, grouping together the CPT Secretariat, the Division for Cooperation in Police and Deprivation of Liberty (CPDL), and the Secretariat of the Council of Penological Cooperation (PC-CP) has also increased transversal cooperation.

Cooperation with the European Union and United Nations structures

As regards the dialogue with European Union (EU) institutions, the CPT held an exchange of views with the Working Party on Fundamental Rights, Citizens Rights and Free Movement of Persons (FREMP) on 22 September 2025, highlighting the CPT’s role and functioning, as well as the current challenges in Europe regarding persons deprived of their liberty and the prevention of torture. The CPT held regular exchanges with European Commission Delegations in candidate countries and DG ENEST in the context of its visits to European Union accession candidate countries. Furthermore, the CPT raised awareness among EU counterparts about emerging trends and anticipated challenges related to the forthcoming implementation of the EU Pact on Migration and Asylum.

The CPT also regularly exchanged with the EU Fundamental Rights Agency on the situation of persons deprived of their liberty in prison, police and immigration settings, as well as with the Fundamental Rights Office of Frontex in the context of migration. The President



National Preventive Mechanisms are an integral part of the tapestry to safeguard human dignity and prevent the ill-treatment of people deprived of their liberty

of the CPT and its Executive Secretary met with the Frontex Executive Director and senior management on 26 September 2025 in Warsaw, for an exchange on common challenges and ways to improve cooperation.

The Committee maintained a close dialogue with several United Nations (UN) organs. The CPT members and Secretariat held meetings with counterparts from the UN Subcommittee on Prevention of Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (SPT) as well as with Alice Jill Edwards, UN Special Rapporteur on Torture and her team.

In the field of migration, the CPT continued its confidential dialogue with the UN High Commissioner for Refugees both in the context of country monitoring and long-standing and emerging issues. Further, in 2025, the CPT joined the Platform of Independent Experts on Refugee Rights (PIERR), composed of Special Rapporteurs, Working Groups and treaty bodies of the United Nations, to better coordinate joint initiatives that will enhance the protection and promotion of human rights of refugees and asylum-seekers. PIERR meets under the aegis of the UNCHR and Office of the High Commissioner of Human Rights.

The CPT also held informal exchanges with the International Committee of the Red Cross (ICRC) on topics of common interest.

National Preventive Mechanisms and National Human Rights Institutions

The CPT Secretariat actively contributed to the European National Preventive Mechanism Forum activities organised by the Council of Europe Department for the Implementation of Human Rights, Justice and Legal Co-operation Standards. It participated in its annual

conference in June and in the workshops on tackling overcrowding (February), migration (April), and support to prison monitoring bodies (November).

At national level, the CPT visiting delegations systematically met with NPM representatives when carrying out country visits. Further, the Committee engaged in a round table on the CPT's 2024 visit report to Ireland, organised jointly with the Office of the Inspector of Prisons of Ireland in November. A CPT member participated in the 10th international conference organised by the Tunisian NPM (INPT). Presentations of the CPT activities were also made to Ombudspersons and their representatives, notably from Austria, Moldova and Sweden.

Prison, probation, and police detention

The CPT participated in the 30th Council of Europe Conference on Directors of Prison and Probation Services, as well as in the 38th PC-CP Working Group meeting, which focuses on good practices in both prison and probation systems. The Committee was also represented at several international events relating to prison including the CILD European Conference on Monitoring Administrative Detention Centres (May), the Concertina Summer meeting on detention (June), the Council of Europe Roundtable on Prison Overcrowding in Greece (September), the OSCE/ODIHR Human Dimension Conference (October), the International Corrections and Prisons Association (ICPA) Conference (October), the EuroPris Conference on organised crime in prisons (November), and the Global Conference on Solitary Confinement organised by Antigone (December). The CPT also contributed to the meeting on the EU Recommendation 2023/681 organised under the auspices of the European Commission, aiming at improving pre-trial safeguards and detention conditions across EU member states.

The CPT participated in a workshop on expanding global understanding of the environmental conditions of detention, organised in collaboration with the UK NPM and the Law School of Edinburgh University, and in the third Summer School on the Law of the Council of Europe at the University of Liverpool.

Police detention issues were notably addressed by the CPT at the Police Regional Conference organised by the CPDL, focusing on regional cooperation and standards in November.

Gender, diversity and vulnerable groups

In addition to the dialogue initiated with GREVIO, the CPT contributed to several events relating to advancing gender-sensitive prison policies: the ICPA women in corrections conference in Bangkok (February) and the CDPL conference on women in prisons in Strasbourg (November).

The Committee also contributed to conferences and events relating to transgender prisoners' rights (January), people with disabilities in prisons (January), LBTQI+ prisoners (March) and mental health in places of deprivation of liberty (June). Furthermore, the CPT participated in two events relating to children and their access to justice.

Dialogue with judicial authorities

The CPT contributed to a High-level Roundtable on judicial dialogue (May), examining the case law of the Court of Justice of the European Union (CJEU), the Court, and national courts on international protection. Complementing this, a CPT member also participated

in the High-Level Forum on Democracy and Judicial Independence (June) organised by the European Law Institute.

35th anniversary of the CPT

To mark its 35th anniversary, the CPT held a photo exhibition entitled *“Behind the walls: the CPT in action”* at the Council of Europe premises in April 2025. The exhibition showcased the Committee’s work in places of deprivation of liberty throughout Europe, reflecting 35 years of preventive visits aimed at combating torture and ill-treatment and promoting respect for the human rights and dignity of persons deprived of their liberty.

Through photographs taken by Sandro Weltin and other CPT collaborators, the exhibition offered an insight into the Committee’s activities and the often-overlooked reality of detention settings in Europe. It underscored the CPT’s core mission: visiting places of detention; gathering information; and engaging in constructive dialogue with national authorities. It also highlighted the Committee’s findings regarding living conditions and the treatment of detained persons. The exhibition was opened on 7 April by Alain Berset, Secretary General of the Council of Europe, and Theodoros Rousopoulos, President of the Parliamentary Assembly of the Council of Europe.

The exhibition is expected to be presented in additional venues and made available online in 2026.



Country reports published in 2025

In 2025, the CPT published 19 visit reports which were carried out in 2023, 2024 and 2025. A state-by-state table showing the situation as regards publication of CPT visit reports is set out in Appendix 5.

This section takes a closer look at the visit reports published in 2025.

AUSTRIA

Ad hoc visit / 18 - 28 March 2025

Published on 6 November 2025

SOCIAL CARE

The report assesses the treatment of residents in four privately-run Austrian care homes situated in Burgenland and Lower Austria: Beer Home, SeneCura Home, Sanlas Holding Margarethenhof, and Althea Koralmblick-Frauental. No allegations of ill-treatment were received during the visit, and many residents spoke positively about the care staff. The overall atmosphere in the homes was described as relaxed and welcoming, with good living conditions. The Committee noted the individualised care approach, which included tailored therapeutic, occupational, and recreational activities for residents.

Although the report commends the reporting system through which restrictions on residents' freedom are reviewed and, when necessary, challenged in court, it notes that some cases of pharmacological restriction were not properly recorded or reported. The CPT also expressed concern about staffing shortages and urged the Austrian authorities to ensure adequate numbers of trained care staff.



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Sanlas Holding Margarethenhof Home in Voitsberg

THE CPT AND AUSTRIA

Austria ratified the ECPT in 1989, and the Committee's first visit took place in 1990.

Since ratification, the CPT has carried out 8 country visits to Austria – 7 periodic and 1 ad hoc – including 67 visits to police establishments, 25 to prisons, 6 to psychiatric institutions, 2 social welfare and educational-correctional establishments and 3 to border and immigration detention facilities.

All the visit reports have been published. Austria has accepted the automatic publication of the visit reports since October 2016.

Ad hoc visit / 16 - 23 September 2024**Published on 6 August 2025** **IMMIGRATION**

The report analyses the conditions and treatment of foreign nationals detained pursuant to immigration legislation in two Border Police detention facilities, two Special Homes for Temporary Accommodation of Foreigners (SHTAF), and Closed-Type Premises run by the State Agency for Refugees (SAR). The CPT found that, while no recent allegations of ill-treatment were heard at the SHTAF in Lyubimets, a few detainees at the SHTAF in Busmantsi alleged physical ill-treatment and verbal abuse by custodial officers. Both SHTAFs visited were overcrowded, dilapidated, and particularly poorly suited for women, children, and families. Additionally, foreign nationals had limited access to outdoor exercise, and healthcare services were inadequate, despite improvements in staffing.

The report also refers to consistent allegations of informal forced removals (“pushbacks”) of foreign nationals by members of Bulgarian law enforcement agencies patrolling the border area with Türkiye, often involving the use of physical violence and unmuzzled service dogs. The CPT calls for an immediate end to these practices and urges the Bulgarian authorities to implement legal safeguards and improve the detention conditions.

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Special Home for the Accommodation of Foreigners (SHTAF), Busmantsi

THE CPT AND BULGARIA

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

Since ratification, the CPT has carried out 16 country visits to Bulgaria – 8 periodic and 8 ad hoc – including 93 visits to police establishments, 31 to prisons, 22 to psychiatric institutions, 21 social welfare and educational-correctional establishments, 3 to military detention facilities, and 20 to border and immigration detention facilities.

All the visit reports have been published. Bulgaria has accepted the automatic publication of the visit reports since December 2015.

Periodic visit / 16 - 26 April 2024***Published on 21 March 2025*** POLICE  PRISON  CHILDREN

The report focuses on police custody, prisons, the measure of security detention, and the detention of children. While the majority of persons interviewed made no allegations of ill-treatment by the police, the CPT received a few allegations of excessively tight handcuffing and information indicating that ill-treatment and possibly disproportionate (and sometimes lethal) use of force by the police has not yet been fully eradicated. The Committee therefore calls on the Czech authorities to remain vigilant to any signs of ill-treatment and disproportionate use of force by police officers.

Concerning the detention of children, generally positive conditions were found at the Olešnice Educational Institution, though isolated incidents of physical abuse by staff were reported. Material conditions were commendable, reinforcing the facility's educational mission.

The CPT gained an overall a positive impression of the treatment and activities provided in security detention facilities. However, concerns remained, including the particularly austere and impersonal material conditions at Prague-Pankrác and Opava as well as issues regarding medical confidentiality and consent to treatment.

Inter-prisoner violence and ill-treatment by staff in prisons remained a challenge. The authorities' commitment to investigating alleged unlawful conduct by prison officers, and the efforts to tackle inter-prisoner violence are acknowledged. Vocational training and rehabilitation efforts are also welcomed; however, the report underlines the difficulties resulting from staff shortages and funding cuts. The CPT is critical of the practice of fixating violent and/or recalcitrant prisoners to fixed objects and calls for an end to disciplinary measures following instances of self-harm.

The Committee also urges the Czech authorities to put a definitive end to surgical castration as a means of treatment of sex offenders.

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Pankrác Remand Prison and Security Detention Facility, Prague

THE CPT AND CZECHIA

Czechia ratified the ECPT in 1995, and the Committee's first visit took place in 1997.

Since ratification, the CPT has carried out 9 country visits to Czechia – 7 periodic and 2 ad hoc – including 57 visits to police establishments, 36 to prisons, 9 to psychiatric institutions, 8 social welfare and educational-correctional establishments and 8 to border and immigration detention facilities.

All the visit reports have been published. Czechia has accepted the automatic publication of the visit reports since November 2019.

Ad hoc visit / 1 - 4 April 2025

Published on 10 December 2025

■ POLICE ■ PRISON ■ IMMIGRATION

The report examines the treatment and conditions of persons deprived of their liberty in Nicosia Central Prisons, several police establishments, the First Reception Centre of Pournara and the airport holding facility at Larnaca. While positive steps had been taken since earlier visits, such as a reduction in allegations of physical ill-treatment by prison staff and improved hygiene at Pournara, many longstanding deficiencies persisted.

At Nicosia Central Prisons, the CPT expressed grave concern about chronic overcrowding, severe inter-prisoner violence and the inability of prison staff to ensure the safety of all prisoners. Cells of less than 6 m² were found to be shared by up to four individuals, with inadequate access to sanitary facilities; in some cases, a lack of staff to unlock toilets at night forced prisoners to urinate in bottles or defecate in bags, a practice the Committee deemed degrading. The CPT also highlights the continued detention of children and young adults in unsuitable and unhygienic conditions without access to education or meaningful activity, calling urgently for their transfer to appropriate facilities, as well as a gender-specific approach for the management of women prisoners.

The report also raises concerns about prolonged police detention in facilities designed only for short stays, with some allegations of physical and verbal abuse, and persistent issues at the Pournara reception centre, including extended stays for asylum seekers awaiting procedures, particularly unaccompanied minors. The Committee reiterates the principle that detention should be a measure of last resort, urges improved access to mental healthcare and structured activities, and calls for individualised detention orders outlining legal safeguards and appeal mechanisms.



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Nicosia Central Prisons

THE CPT AND CYPRUS

Cyprus ratified the ECPT in 1989, and the Committee's first visit took place in 1992.

Since ratification, the CPT has carried out 10 country visits to Cyprus – 8 periodic and 2 ad hoc – including 103 visits to police establishments, 9 to prisons, 12 to psychiatric institutions, 11 social welfare and educational-correctional establishments, 2 to military detention facilities, and 16 to border and immigration detention facilities.

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

DENMARK (GREENLAND)

Ad hoc visit / 14 - 16 January 2025

Published on 14 May 2025

PRISON

The report examines the conditions of detention, regime and treatment of persons accommodated in the closed unit (Unit A) of the new prison in Nuuk.

While no allegations of ill-treatment were made against prison staff, several concerns about overcrowding and staffing shortages were raised. The report highlights three key issues: overcrowding in the prison, which led to reduced living space and mixed accommodations for remand and sentenced prisoners; limited activities for remand prisoners, who were mostly engaged in menial tasks; and significant healthcare deficiencies, including inadequate psychiatric care and lack of systematic medical screening. The Committee therefore urges the Danish authorities to expand alternative measures in order to reduce overcrowding and improve the conditions for remand prisoners and healthcare in detention.



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New prison in Nuuk

THE CPT AND DENMARK

Denmark ratified the ECPT in 1989, and the Committee's first visit took place in 1990.

Since ratification, the CPT has carried out 9 country visits to Denmark – 7 periodic and 2 ad hoc – including 36 visits to police establishments, 40 to prisons, 13 to psychiatric institutions and 5 social welfare establishments.

All the visit reports have been published. Denmark has accepted the automatic publication of the visit reports since May 2018.

FRANCE (GUADELOUPE AND FRENCH GUIANA)

Ad hoc visit / 28 November - 14 December 2023

Published on 12 March 2025

 POLICE  PRISON  PSYCHIATRY  IMMIGRATION

The CPT report focuses on the conditions of detention and treatment of persons apprehended by law enforcement officials, and held in prisons and psychiatric hospitals in Guadeloupe and French Guiana. Most of the persons interviewed did not report ill-treatment by law enforcement officials, but the CPT urges the authorities to strictly limit the use of force, improve training, and bring an end to the practice of attaching detainees to fixed objects. Material conditions in detention facilities managed by the police and *gendarmerie* remain problematic, with unhygienic cells, overcrowding forcing people to sleep on the floor, and unsupervised overnight detention in *gendarmerie* premises. The arrangements for “body-packers” (persons transporting substances *in corpore*) were often inadequate and could amount to inhuman and degrading treatment.

Prison overcrowding was severe in the three prisons visited, with some units exceeding 225 % occupancy and many persons forced to sleep on mattresses on the floor, in cramped and dilapidated conditions. Physical separation between children and adults was not always ensured, and the regime of activities offered to prisoners, especially for detained children, was largely insufficient. While prisoners did not, on the whole, report physical ill-treatment by staff, verbal abuse by prison staff and significant levels of inter-prisoner violence persisted. In addition, the lack of appropriate facilities and resources left many persons with severe mental health conditions without proper care. The CPT calls on the French authorities to urgently address overcrowding, safeguard the health and safety of prisoners, and ensure all prisoners are held in adequate material conditions.

While no allegations of patient mistreatment by staff were received in the mental health facilities visited, episodes of patient-on-patient violence did occur, though staff responded effectively. Living conditions were generally good, however staff shortages limited the provision of tailored therapeutic care. The CPT expresses serious concerns over the use of general hospital emergency departments for persons with acute psychiatric needs, where patients could be restrained or isolated for prolonged periods.

No allegations of staff ill-treatment were received in the immigration detention centres, but the CPT considers that living conditions in the two centres visited were unsuitable for stays beyond 48 hours.



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Rémire-Montjoly Prison, French Guiana

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 141 visits to police and gendarmerie establishments, 50 to prisons, 22 to healthcare institutions, 2 social welfare and educational-correctional establishments and 39 to border and immigration detention facilities.

France did not accept the automatic publication of the visit reports.

Ad hoc visit / 25 March - 1 April 2025*Published on 16 December 2025* **PRISON**

The report focuses on the conditions and treatment of persons held at Tiszalök and Szombathely National Prisons. During the 2025 visit, several prisoners reported that physical ill-treatment at Tiszalök prison had continued despite the CPT's 2023 visit findings. However, the CPT noted that the situation had substantially improved after a change of management at the end of 2024. At Szombathely prison, the majority of prisoners did not raise concerns about staff conduct, but some allegations of physical ill-treatment, disrespectful behaviour and verbal abuse, including racist and homophobic remarks, were received.

The CPT expressed serious concerns regarding the handling of ill-treatment allegations and related investigations. Criminal investigations into alleged staff misconduct, some dating back to 2020–2021, were still pending at the pre-trial stage, raising questions about the effectiveness and promptness of these procedures. Investigations should be thorough, comprehensive and expeditious.

As regards the use of padded cells with persons restrained in both hand- and ankle-cuffs, the report considers this totally unacceptable and calls for strict limitations and regular human contact for those confined.

Material conditions of detention were generally satisfactory, and facilities seen were in a good state of repair. Nonetheless, activity opportunities were limited, particularly at Tiszalök prison, with insufficient work, education or reintegration programmes available.

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Szombathely Prison

THE CPT AND HUNGARY

Hungary ratified the ECPT in 1993, and the Committee's first visit took place in 1994.

Since ratification, the CPT has carried out 12 country visits to Hungary – 7 periodic and 5 ad hoc – including 51 visits to police establishments, 29 to prisons, 10 to psychiatric institutions, 1 social welfare establishment and 12 to border and immigration detention facilities.

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

Periodic visit / 21 - 31 May 2024*Published on 24 July 2025* PRISON  PSYCHIATRY  CHILDREN

The report highlights persistent and serious concerns within the country's detention system. While acknowledging some positive changes since its previous visit, such as improvements in infrastructure and a reduction in the use of segregation, the CPT found ongoing systemic issues which demand urgent attention.

The report details worsening conditions in male prisons, where overcrowding, violence, and allegations of staff abuse have escalated. In particular, the CPT raises concerns about the frequent use of force during prisoner relocations, and incidents of excessive restraint, some of which resulted in physical injury. Inter-prisoner violence, exacerbated by the presence of drugs and contraband, also remains a significant challenge.

The report analyses the situation of prisoners in protection regimes and those placed in segregation, who spend up to 23 hours of solitary confinement in inadequate conditions, raising concerns that this may constitute inhuman treatment. Mental healthcare within prisons continued to be alarmingly deficient, with prisoners suffering from severe mental conditions being held in environments which are not conducive to their treatment. The CPT reiterates its stance that prisons are unsuitable for individuals with significant mental health needs and recommends the expansion of alternatives, such as dedicated psychiatric facilities.

In terms of detention of children and young adults, the visit to the Oberstown Children Detention Campus and Ballydowd Special Care Unit revealed both positive developments and major gaps. While staff were praised for their child-focused approach, the facilities continued to suffer from insufficient capacity and the absence of structured reintegration pathways. The report urges the Irish authorities to invest more in programmes which facilitate the reintegration back into society of young detained persons.

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Limerick prison

THE CPT AND IRELAND

Ireland ratified the ECPT in 1988, and the Committee's first visit took place in 1993.

Since ratification, the CPT has carried out 8 country visits to Ireland – 8 periodic visits– including 17 visits to police establishments, 62 to prisons, 14 to psychiatric institutions, social welfare and educational-correctional establishments and 29 to detention facilities.

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

Ad hoc visit / 22 - 31 May 2024*Published on 26 February 2025* **PRISON**

The report focuses on prison conditions and measures to address the long-standing issues highlighted following the 2022 visit. The report reveals that significant challenges remain, particularly regarding inter-prisoner violence, the persistence of a harmful informal prisoner hierarchy, and inadequate healthcare provisions.

Despite some progress, including plans for new prison infrastructure, the CPT found limited advancement in converting dormitory-style accommodation to individual cells and eliminating the coercive influence of the informal prisoner caste system, which in some cases amounts to forced labour. For the Committee, these conditions could constitute a violation of human rights, as they expose vulnerable individuals to inhumane treatment.

The CPT also calls for increased staff numbers and improved reintegration programmes for prisoners, particularly those with substance-related issues. The Latvian authorities have outlined plans to address these concerns, including through the construction of a new 1 200-bed prison and reforms to the prison staff and rehabilitation systems, though the CPT requests greater urgency in implementing these changes to ensure that the rights and dignity of all prisoners are upheld.

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Daugavgrīva Prison

THE CPT AND LATVIA

Latvia ratified the ECPT in 1998, and the Committee's first visit took place in 1999.

Since ratification, the CPT has carried out 10 country visits to Latvia – 6 periodic and 4 ad hoc – including 57 visits to police establishments, 40 to prisons, 5 to psychiatric institutions, 6 social welfare and educational-correctional establishments and 5 to border and immigration detention facilities.

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

Periodic visit / 26 September - 5 October 2023

Published on 10 July 2025

■ POLICE ■ PRISON ■ IMMIGRATION

The report highlights several positive developments, particularly in the prison system, where psychological support and reintegration planning have been strengthened. However, significant concerns remained, especially regarding overcrowding, dilapidated infrastructure, and the lack of meaningful activities for prisoners. The CPT was particularly concerned over the conditions in Division 6, a disciplinary and intake unit at Corradino Correctional Facility, where long stays in poor conditions combined with a restrictive regime may amount to inhuman or degrading treatment. The frequent use of solitary confinement and delayed disciplinary sanctions were also noted as serious issues, with the Committee recommending a comprehensive overhaul of the prison's disciplinary system.

Although conditions in the children's unit were deemed acceptable, the CPT found a lack of structured daily routine and tailored support for minors. Healthcare services at Corradino have improved with better facilities and staffing, but concerns persisted about medical confidentiality and timely access to care.

Regarding police custody, the CPT found that core legal safeguards were generally respected, but gaps in custody record-keeping and unmonitored movements between stations posed risks to detainee rights.

Regarding immigration detention, despite some infrastructural improvements, overall conditions at the immigration detention facilities at Safi and Hal Far remain poor, with overcrowding, outdated infrastructure, and a deeply punitive regime which fails to provide meaningful activities for detainees. Allegations of staff abuse were also made, particularly following an attempted escape in 2023. The CPT emphasises that the detention of minors, particularly those awaiting age assessment, is particularly inappropriate and calls for urgent reforms to ensure humane treatment and adequate living conditions in both the prison and immigration detention settings.



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Hal Far Reception Centre

THE CPT AND MALTA

Malta ratified the ECPT in 1988, and the Committee's first visit took place in 1990.

Since ratification, the CPT has carried out 10 country visits to Malta – 6 periodic and 4 ad hoc – including 42 visits to police establishments, 13 to prisons, 11 to psychiatric institutions, 3 social welfare establishments, 5 to military detention facilities, and 17 to border and immigration detention facilities.

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

Ad hoc visit / 3 - 12 June 2025***Published on 4 December 2025*** **PRISON**

The report focuses on the treatment and conditions of persons detained in Moldovan Penitentiaries Nos. 2 in Lipcani, 6 in Soroca, and 15 in Cricova. It notes positive developments, including improved food quality following a new norm, enhanced recording and reporting of injuries, and no allegations of physical ill-treatment by staff in the establishments visited. Progress was also seen in the agreement concluded with the United Nations and the funding secured, including through the Council of Europe Development Bank, for the construction of a new prison in Chişinău.

Despite these improvements, persistent and serious shortcomings were identified which undermine prisoners' safety and dignity. Long-standing recommendations on addressing the informal prisoner hierarchy were largely unimplemented, with many detained persons reporting an atmosphere of intimidation, verbal abuse and threats of physical violence by dominant prisoner groups. The situation of those considered "humiliated" or "untouchable", at the lowest level of this informal hierarchy, remained of particular concern, and the Committee regards this as a possible continuing violation of Article 3 of the European Convention on Human Rights.

The report identifies key systemic factors contributing to these problems, including chronic staff shortages, a *de facto* loss of control by the authorities over prison populations, and structural issues such as large dormitories and accessible unlocked rooms. The CPT urges the Moldovan authorities to take decisive action to dismantle the informal prisoner hierarchy, prevent inter-prisoner violence, ensure equitable material conditions for all detainees and implement a proper prison classification and risk assessment system. The Committee also calls for a concrete implementation of the SAFE Roadmap to Europeanisation of Moldovan Prisons.

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Prison no. 6 in Soroca

THE CPT AND MOLDOVA

The Republic of Moldova ratified the ECPT in 1997, and the Committee's first visit took place in 1998. Since ratification, the CPT has carried out 18 country visits to the Republic of Moldova – 7 periodic and 11 ad hoc – including 59 visits to police establishments, 57 to prisons, 8 to psychiatric institutions, 5 social welfare establishments, 1 to military detention facility, and 1 to border and immigration detention facility.

Moldova accepted the automatic publication process of the visit reports since April 2011.

 CHILDREN

The report focuses on the treatment of children in *JeugdzorgPlus* institutions. The visit, which aimed to assess measures to counter violence in these facilities, focused on three establishments: IHub in Harreveld, Schakenbosch in Leidschendam, and ViaJeugd in Cadier en Keer.

While the CPT received no reports of deliberate ill-treatment by staff, some children raised concerns about excessive use of force, particularly during manual restraint, which led to pain and bruising. Despite being prohibited, techniques causing pain were still in use, leading the CPT to warn that this could amount to ill-treatment. The Committee also recommends that medical examinations be conducted after every restraint incident to ensure that adequate safeguards against ill-treatment are in place.

The report highlights that new legislation intended to regulate restraint and other restrictive measures had been introduced in January 2024 but had not yet been fully implemented. Staff members expressed confusion about which techniques were permissible, and concerns over safety were often used to justify non-compliance with certain provisions. The CPT urges the Dutch authorities to establish clear, child-appropriate standards, improve inspections, and strengthen the complaints mechanism in order to better protect children in care.

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Via Jeugd in Cadier en Keer

THE CPT AND THE NETHERLANDS

The Netherlands ratified the ECPT in 1988, and the Committee's first visit took place in 1992.

Since ratification, the CPT has carried out 14 country visits to the Netherlands – 7 periodic and 7 ad hoc – including 62 visits to police establishments, 42 to prisons, 8 to psychiatric institutions, 7 social welfare and educational-correctional establishments and 21 to border and immigration detention facilities.

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

NORWAY

Periodic visit / 21 - 31 May 2024

Published on 21 January 2025

 PRISON  PSYCHIATRY  IMMIGRATION

The report praises the Norwegian prison system for its well-trained staff and good living conditions, though it highlights significant challenges such as staff shortages, budget cuts, and irregular work schedules, which disrupted rehabilitation programs. The CPT expresses concern over prisoners in solitary confinement, who often spend up to 22 hours a day in their cells, and the high rates of self-harm linked to inadequate mental healthcare.

In psychiatric hospitals, conditions were largely positive, though staff retention remained problematic. The CPT recommends dedicated areas for female patients to prevent unwanted sexual contact in mixed-gender wards, and expresses concerns over the increasing use of physical restraint, including prolonged periods of mechanical fixation, which it deemed potentially inhumane.

The report also examines the conditions and treatment at the Trandum Immigration Detention Centre, finding conditions generally acceptable but urging a shift away from a security-driven approach for persons at risk of self-harm. The CPT recommends implementing a more therapeutic approach, including regular healthcare visits and psychological support. While no allegations of ill-treatment by the police were reported, systemic gaps in documenting injuries and ensuring timely access to legal counsel were recommended.



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Skien Unit of Telemark Prison

THE CPT AND NORWAY

Norway ratified the ECPT in 1989, and the Committee's first visit took place in 1993.

Since ratification, the CPT has carried out 7 country visits to Norway – 6 periodic and 1 ad hoc – including 28 visits to police establishments, 27 to prisons, 9 to psychiatric institutions, 4 social welfare establishments and 5 to border and immigration detention facilities.

All the visit reports have been published. Norway has accepted the automatic publication of the visit reports since November 2018.

Ad hoc visit / 20 - 27 November 2024*Published on 21 October 2025* **POLICE**

The report focuses on the treatment of individuals deprived of liberty by the Public Security Police (PSP), National Republican Guard (GNR), and Judicial Police (JP) and examines the effectiveness of disciplinary and criminal investigations into alleged ill-treatment by law enforcement officials.

While the prevalence of ill-treatment allegations has decreased compared with previous visits, the CPT still received reports of physical ill-treatment, including excessive force during arrests, consisting for example of slaps, punches, kicks, and, occasionally, the use of batons. A few detained persons also reported verbal abuse, threats and humiliating acts. The Committee emphasises the need for continued vigilance and a “zero tolerance” policy toward violence, advocating for improved reporting systems, the use of body-worn cameras, and the installation of CCTV in police stations.

The report also highlights persistent problematic practices in relation to handcuffing of persons apprehended by police, including tight handcuffing and to fixed objects in police stations, which must all be ended.

A 2023 interagency protocol that improved detection of cases of possible ill-treatment upon the detained persons’ admission to prisons and the reporting of such cases to the relevant disciplinary bodies had a positive impact, although further improvements in injury documenting and the effectiveness of disciplinary investigations carried out into such reports were still needed.

Regarding criminal investigations, the CPT identifies again flaws in the handling of allegations or reports of ill-treatment by the Public Prosecutor’s Office. Delays in addressing cases and insufficient communication between disciplinary and criminal investigative bodies were of concern.

The Committee also examined safeguards against ill-treatment, finding that while the rights to notify custody and access to a doctor were generally effective, challenges remained. In particular, access to legal counsel was not always guaranteed from the initial moment of detention, and medical reports were sometimes shared with police without detainee consent.

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Final talks with the authorities

THE CPT AND PORTUGAL

Portugal ratified the ECPT in 1990, and the Committee's first visit took place in 1992.

Since ratification, the CPT has carried out 13 country visits to Portugal – 8 periodic and 5 ad hoc – including 107 visits to police establishments, 77 to prisons and 7 to psychiatric institutions.

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

ROMANIA

Ad hoc visit / 30 September - 11 October 2024

Published on 15 October 2025

PSYCHIATRY

The report focuses on the treatment and living conditions of patients in the country's four forensic psychiatric hospitals.

The visit followed up on recommendations made after a 2022 visit, revealing that a number of serious systemic issues remained unaddressed. In the CPT's opinion, the treatment of some patients in forensic psychiatric hospitals is neglectful and, in certain cases, could amount to inhuman and degrading treatment and an ongoing violation of Article 3 of the European Convention on Human Rights.

The CPT received numerous credible allegations of physical ill-treatment by auxiliary staff, including slapping, punching and, in some cases, even the use of an electrical discharge weapon. The neglect of patients' basic needs was evident, with several deaths attributed to choking on food, highlighting a failure to properly assess and manage patients at risk.

Material conditions in the hospitals were stark, with overcrowded and poorly designed wards which often resembled prison environments. Inadequate staffing levels exacerbated the situation, leaving patients vulnerable to neglect and abusive practices.



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Pădureni-Grajdui Psychiatric and Safety Measures Hospital

THE CPT AND ROMANIA

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

Since ratification, the CPT has carried out 15 country visits to Romania – 7 periodic and 8 ad hoc – including 73 visits to police establishments, 35 to prisons, 18 to psychiatric institutions, 13 social welfare and educational-correctional establishments and 2 to immigration detention facilities.

Romania did not accept the automatic publication of the visit reports.

Periodic visit / 28 November - 8 December 2023*Published on 10 April 2025***■ POLICE ■ PRISONS ■ IMMIGRATION ■ PSYCHIATRY**

The report examines the treatment and conditions relating to police custody, prisons, immigration detention, and psychiatric care. While most persons reported being treated properly by police, a few allegations of excessive force during apprehension and transfers were noted.

Despite a slight decrease in the prison population, cramped conditions were observed in some cells. Allegations of physical ill-treatment by staff were received at several prisons, including Žilina, Hrnčiarovce nad Parnou, and Ružomberok, and authorities should enforce a zero-tolerance policy on such abuse. The CPT also called for increased out-of-cell time for remand prisoners, many of whom are still confined for up to 23 hours a day.

At the Medvedov Immigration Detention Facility, the CPT reported some allegations of physical ill-treatment of foreign nationals, and criticised the facility's poor material conditions and lack of activities.

In psychiatric hospitals and the Hronovce Detention Institute, patients did not report ill-treatment, but the CPT raises concerns about the lack of therapeutic environment and excessive security measures, including pervasive CCTV surveillance in patients' rooms. Although patients in the psychiatric hospitals were offered proper treatment, their treatment plans lacked individualisation. The Committee also called for greater oversight of electro-convulsive therapy practices, citing frequent use of the procedure at Rožňava Hospital without full adherence to national guidelines.

**Read more about**

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Hronovce Detention Institute

THE CPT AND SLOVAKIA

The Slovak Republic ratified the ECPT in 1994, and the Committee's first visit took place in 1995. Since ratification, the CPT has carried out 7 country visits to the Slovak Republic – 7 periodic visits – including 72 visits to police establishments, 27 to prisons, 7 to psychiatric institutions, 6 social welfare establishments and 5 to immigration detention facilities.

All the visit reports have been published. The Slovak Republic did not accept the automatic publication of the visit reports.

The report examines the treatment of persons deprived of their liberty in two prisons and the Lukavci Special Social Welfare Establishment. The report underscores the challenges of overcrowding, staff shortages, and tensions among prisoners, all of which continue to impact Slovenia's prison system.

The capacity of Koper and Ljubljana Prisons was significantly exceeded, with many cells housing more prisoners than they were designed for. Koper Prison, though well-maintained, was accommodating three persons in cells intended for two, with some prisoners forced to sleep on mattresses on the floor. Ljubljana Prison fared worse, with cells providing as little as 2.7 m² per person, far below the CPT's minimum standard of 4 m². Despite these challenges, the CPT notes that no credible allegations of ill-treatment were received, though there were some reports of verbal abuse at Koper.

The report highlights a rise in inter-prisoner violence, linked to overcrowding and the mixing of prisoners from different backgrounds. While staff generally responded well to violence, the CPT called for greater efforts to provide additional out-of-cell time and activities, especially for remand prisoners, some of whom were locked up for 22 hours per day.

At the Lukavci Special Social Welfare Establishment, the situation was largely positive, with no allegations of ill-treatment and good material conditions for residents. However, the CPT raises concerns about the use of chemical restraint in the absence of a legal framework, as well as the risks associated with PRN (*pro re nata*) injections administered by nurses. The report also warns that staffing shortages at the facility were undermining the care provided to residents. The Slovenian authorities are urged to address the overcrowding issue, attract more prison staff, and improve legal safeguards regarding the use of chemical restraints in social welfare institutions.

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Lukavci Special Social Welfare Establishment

THE CPT AND SLOVENIA

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

Since ratification, the CPT has carried out 6 country visits to Slovenia – 6 periodic – including 43 visits to police establishments, 17 to prisons, 4 to psychiatric institutions, 3 social welfare establishments and 6 to immigration detention facilities.

All the visit reports have been published. Slovenia has accepted the automatic publication of the visit reports since July 2023.

SPAIN (CATALONIA)

Ad hoc visit / 25 November - 5 December 2024

Published on 31 July 2025

■ POLICE ■ PRISON ■ CHILDREN

The report examines the treatment of individuals in police stations, prisons, and detention facilities for children and young adults. While some progress has been noted, significant concerns persisted, particularly regarding the ill-treatment of detainees and the resort to the measure of mechanical fixation of prisoners to a fixed bed with cloth straps for security purposes.

The CPT received allegations of physical ill-treatment by police officers, including slapping, punching, and blows with truncheons, often at the time of arrest or during transport. Further efforts should be made to send a clear message of zero tolerance of such practices, and establish medical examination protocols ensuring the respect of medical confidentiality. Conditions in police detention cells should also be improved as they remained inadequate in terms of lack of access to natural light, poor ventilation, and inadequate maintenance.

In prisons, particularly within the DERT (closed regime) modules, the CPT notes improvements in the duration of placement and the care provided by treatment staff, but remained critical of poor material conditions and inadequate psychiatric care for prisoners with mental health conditions. The continued resort to the measure of mechanical fixation also raised concerns, especially when it was applied to prisoners with mental health conditions, with the CPT reiterating its recommendation that such measures be abolished.

The visit also included the Els Tillers Juvenile Educational Centre, where the CPT commends the varied nature of activities offered to minors but criticised the use of excessive force by private security personnel vis-à-vis children and young adults. It also disapproves of the practice of fixating minors to a fixed bed with cloth-straps, urging the Spanish authorities to find alternative methods to manage agitated or violent young detainees. Furthermore, the report recommends ending the isolation of minors under 18 as a form of punishment and discontinuing the practice of handcuffing minors during transport or medical exams.



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Joves Prison

THE CPT AND SPAIN

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

Since ratification, the CPT has carried out 20 country visits to Spain – 9 periodic and 11 ad hoc – including 158 visits to police establishments, 97 to prisons, 3 to psychiatric institutions, 3 to military detention facilities, 21 to border and immigration detention facilities, and one return flight.

Spain did not accept the automatic publication of the visit reports.

SWITZERLAND

Ad hoc visit / 19 - 28 March 2024

Published on 14 January 2025

 POLICE  PRISON

The report focuses on the treatment of individuals in police stations and conditions of detention of persons in remand in four French-speaking cantons (Fribourg, Geneva, Valais and Vaud). The CPT reports several allegations of physical ill-treatment and excessive use of force by the police, particularly during apprehensions in Geneva, Valais, and Vaud, including biting by police dogs. This suggests that police violence is a persistent practice, particularly in Geneva. The Swiss authorities should take resolute measures to prevent and combat this phenomenon, implement long-standing CPT recommendations to strengthen safeguards against ill-treatment, and end the use of carceral zones in police establishments beyond 48 hours to detain remand prisoners.

The report also addresses severe overcrowding observed in prisons in two cantons, notably Bois-Mermet (Vaud) and Champ-Dollon (Geneva) Prisons, where conditions of detention were poor and detrimental both to detained persons and staff alike. The CPT calls upon the Swiss authorities to implement a strategy aimed at reducing the prison population in these two cantons, increasing prisoners' opportunities for out-of-cell activities, and reviewing the rules governing restrictions on contact with the outside world as well as the use of disciplinary solitary confinement. Furthermore, the CPT received several allegations of physical ill-treatment or excessive use of force by prison officers at Bois-Mermet, Sion, and particularly Champ-Dollon Prisons, requiring action by the authorities to end such ill-treatment.



Read more about

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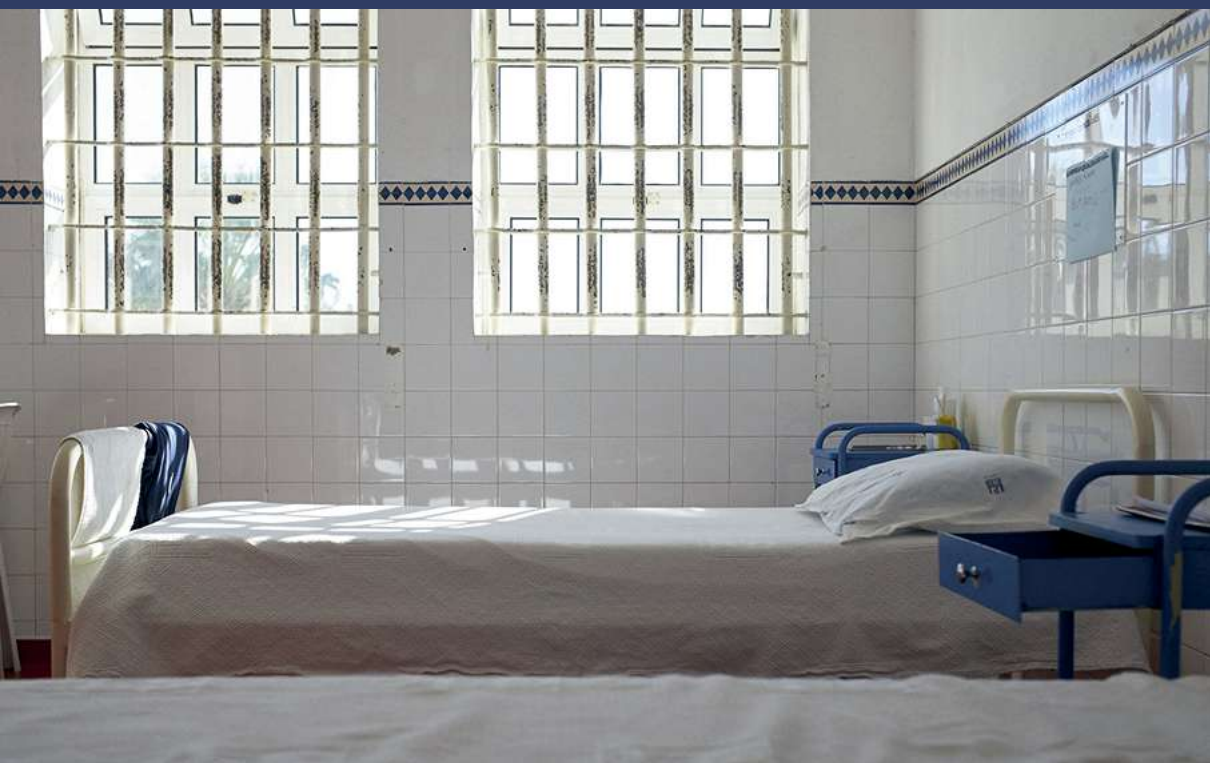
Central Prison, Fribourg

THE CPT AND SWITZERLAND

Switzerland ratified the ECPT in 1988, and the Committee's first visit took place in 1991.

Since ratification, the CPT has carried out 9 country visits to Switzerland – 7 periodic and 2 ad hoc – including 73 visits to police establishments, 56 to prisons and 7 to psychiatric institutions, 6 social welfare establishments and 9 to immigration detention facilities.

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



Prison healthcare services play a unique role in the prevention of ill-treatment



Read more about



New standard on healthcare in prison

In November 2025, the CPT adopted an updated standard on [Healthcare in Prison](#) (CPT/Inf (2025) 37), consolidating its long-standing recommendations into a coherent framework structured around 10 core principles. These principles reflect the Committee's experience of prisons and the specific roles of dedicated healthcare professionals. The standard reaffirms that the provision of healthcare to persons deprived of their liberty is a fundamental state responsibility and an essential safeguard against ill-treatment.

At the heart of the standard is the principle of equivalence of care, according to which persons in detention must have access to healthcare of a quality and scope at least equal to that available in the community, provided free of charge and without discrimination. Closely linked to this is the principle of professional independence, which requires that healthcare staff be able to exercise their clinical judgment autonomously, free from undue influence by prison authorities, and in full compliance with ethical standards governing the healthcare professions.

Prison healthcare services play a unique role in the prevention of ill-treatment through the recording and reporting of injuries. The standard underlines the preventive value of effective medical documentation in identifying and addressing allegations of ill-treatment. It requires the keeping of detailed medical records, including the documentation of any signs of injury, during health screening upon admission and following any violent incident. Where there is a suspicion of ill-treatment, procedures should be in place to ensure that such records are brought immediately and systematically to the attention of the relevant independent investigative authorities.

The standard further sets out principles relating to access to care, and continuity of treatment, including prompt health screening upon admission, timely access to primary and specialist care, and uninterrupted treatment both during detention and following transfer or release. Medical confidentiality and informed consent are reaffirmed as essential components of trust between patients and healthcare professionals in custodial settings. Particular attention should be paid to the identification and management of vulnerability. The standard emphasises the obligation to provide appropriate healthcare responses to mental health needs, substance use, and chronic and communicable diseases, and to ensure that the specific health needs of women, older persons, persons with disabilities and children are adequately addressed. It also highlights the importance of health promotion and disease prevention within prison settings, including through cooperation with public health authorities.

The final principles concern the organisational and structural foundations of effective prison healthcare. These include adequate staffing levels with appropriate training, clear clinical leadership, robust systems of governance and quality assurance, and effective coordination with external healthcare services. The standard reiterates that serious deficiencies in prison healthcare may contribute to conditions amounting to inhuman or degrading treatment, in breach of Article 3 of the European Convention on Human Rights. Together, the 10 principles provide a practical and authoritative guide for states to ensure that incarceration does not undermine the obligation to protect the health of detained persons..

Preview of the standard on social care homes

The profile of social care homes visited by the CPT varies considerably across Europe. Such facilities range from large, hospital-like institutions hidden away in the countryside, to small apartments in urban communities. They may be operated by national or local authorities or, alternatively, by religious communities, charitable organisations or (non-profit) private entities. They accommodate a diverse population, including persons with long-term physical, mental, intellectual or sensory disabilities and/or chronic mental health conditions, as well as children, young people and older persons, including those living with dementia.

Residents of social care homes are often among the most vulnerable persons deprived of their liberty, owing both to their physical or mental condition, and to the frequent lack of adequate legal safeguards and oversight to protect them against potential abuse.

In addition, social care facilities often receive less attention from oversight mechanisms and society at large than other places of deprivation of liberty. Further, monitoring these establishments is particularly challenging, due to the high vulnerability and diversity of residents and the often covert nature of any ill-treatment. These factors, together with the complexity of their legal status and the diversity of structures complicate fact-finding missions.

In mid-2026, the Committee will publish its new standard on social care homes. It will highlight the need for residents in such homes to receive adequate support and protection, while improving, wherever necessary, the overall quality of care and treatment within social institutions.

The standard will notably address the prevention of ill-treatment, which may take many forms in social care settings, ranging from deliberate use of force by staff to control and punish residents, to improper manual containment and the prolonged application of means of restraint, such as fixating residents to a bed. Lack of staff can lead to inter-resident violence, including of a sexual nature, or to staff using residents to assist them in their daily tasks. The standard will address the minimum requirements for adequate living conditions, including the need for accessible premises, unrestricted access to outdoor area(s), daily routine, and normality, while respecting personal privacy. Treatment and care of residents should provide a pathway towards autonomy and independent living, as well as respect for personal integrity. The standard will also address the need for effective safeguards against ill-treatment, for ensuring that the procedures for placement and appeal against such placement are robust, and for effective complaints mechanisms. The question of de-institutionalisation will also be examined.

The standard could also play an important role in addressing disparities and promoting a more equitable and equivalent system of care across Europe. In this context, the CPT invites all relevant stakeholders to reflect on these issues and to contribute to the further development of measures aimed at ensuring the dignity and rights of persons living in care settings.



Residents of social care homes are often among the most vulnerable persons deprived of their liberty



Members of the CPT's Bureau

Organisational matters

CPT membership

On 31 December 2025, the CPT comprised 42 members (24 women and 18 men). The seats in respect of Bosnia and Herzegovina, Bulgaria, Georgia, Hungary and the Russian Federation were vacant.

Following the biennial renewal of the CPT's membership, the terms of office of 21 members of the Committee expired on 19 December 2025. As a consequence, 18 members were elected or reelected for a mandate of four years: Mari Amos (in respect of Estonia), Muhammed Emin Boylu (in respect of Türkiye), Anna Jonsson Cornell (in respect of Sweden), Juan Carlos Da Silva Ochoa (in respect of Spain), Marrit De Vries (in respect of Netherlands), Ronald Gramigna (in respect of Switzerland), Klavs Duus Kinnerup Hede (in respect of Denmark), Brigitte Konz (in respect of Luxembourg), Helen Konzett (in respect of Liechtenstein), Nikola Kovačević (in respect of Serbia), Alan Mitchell (in respect of the United Kingdom), Slava Novak (in respect of Slovenia), Asbjørn Rachlew (in respect of Norway), Karin Rowhani-Wimmer (in respect of Austria), Gaëlle Taillé (in respect of France), Gunda Wössner (in respect of Germany), Dmytro Yagunov (in respect of Ukraine), and Victor Zaharia (in respect of the Republic of Moldova).

The list of CPT members as at 31 December 2025 can be found in Appendix 3.

Bureau of the CPT

The Committee's Bureau was renewed in 2025 with members elected for a two-year term. Alan Mitchell (in respect of United Kingdom) was re-elected as President, Marie Kmecová (in respect of Czechia) and Gunda Wössner (in respect of Germany) were elected respectively as 1st Vice-President and 2nd Vice-President.

Secretariat of the CPT

Several changes occurred within the Secretariat of CPT in 2025. The Committee welcomes the recruitment of new staff members, namely: Mahir Mushteidzada (Advisor) and Laura Montes Alonso (Communication and Information management Assistant). In addition, Marija Vujisic (Division Assistant), Ella Dodd (Senior Project Officer), Frédéric Goepfert (Senior Information Technology Assistant), and Idil Igdir (Project Assistant) were also recruited on a temporary basis.

In the course of the year, Elvin Aliyev, Monica Martinez and Leila Zhdanova (Advisors) left the Secretariat for other positions within the Organisation. Emmanuel Marchal and Emma Tamarelle also left the Secretariat following the termination of their temporary contracts. The Committee would like to express its sincere gratitude for their contribution to the CPT's work, with particular appreciation to Elvin Aliyev for his many years of dedication, expertise and excellent service within the Secretariat.

The list of Secretariat members as at 31 December 2025 is set out in Appendix 4.



1. The CPT's mandate and modus operandi

The CPT was set up as an independent monitoring body under the 1987 Council of Europe Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (ECPT). According to Article 1 of the Convention, “[t]he Committee shall, by means of visits, examine the treatment of persons deprived of their liberty with a view to strengthening, if necessary, the protection of such persons from torture and from inhuman or degrading treatment or punishment”.

The work of the CPT is designed to be an integrated part of the Council of Europe system for the protection of human rights, placing a proactive non-judicial mechanism alongside the existing reactive judicial mechanism of the European Court of Human Rights.

The CPT implements its essentially preventive function through two kinds of visit – periodic and ad hoc. Periodic visits are carried out to all States Parties to the Convention on a regular basis. Ad hoc visits are organised when they appear to the Committee “to be required in the circumstances”.

When carrying out a visit, the CPT enjoys extensive powers under the Convention: access to the territory of the state concerned and the right to travel without restriction; unlimited access to any place where persons are deprived of their liberty, including the right to move inside such places without restriction and access to full information on places where persons deprived of their liberty are being held, as well as to other information available to the state which is necessary for the Committee to carry out its task.

The Committee is also entitled to interview, in private, persons deprived of their liberty and to communicate freely with anyone whom it believes can supply relevant information. Each State Party to the Convention must permit visits to any place within its jurisdiction “where persons are deprived of their liberty by a public authority”. The CPT’s mandate thus extends beyond prisons and police establishments to encompass, for example, psychiatric hospitals, social welfare institutions, military detention facilities, immigration detention centres, and establishments in which children may be deprived of their liberty by judicial or administrative order.

Two fundamental principles govern relations between the CPT and States Parties to the Convention – cooperation and confidentiality. In this respect, it should be emphasised that the role of the Committee is not to condemn states, but rather to assist them in preventing the ill-treatment of persons deprived of their liberty.

After each visit, the CPT draws up a report which sets out its findings and includes, if necessary, recommendations and other advice, on the basis of which a dialogue is developed with the national authorities. The Committee’s visit report is, in principle, confidential; however, most of the reports are eventually published at the request of the Government concerned. Several countries further agreed on an automatic publication procedure, making a general request to publish all future visit reports concerning that state.

2. The CPT's field of operations

All of the Council of Europe member states are States Parties to the Convention establishing the Committee.

The Convention was originally opened for signature on 26 November 1987, and the earliest accessions took place the same year. A large group of states – Austria, Belgium, Cyprus, Denmark, France, Germany, Greece, Iceland, Italy, Liechtenstein, Luxembourg, Malta, the Netherlands, Norway, Spain, Sweden, Switzerland, and the United Kingdom – signed the Convention in November 1987 and had ratified it by 1991.

Throughout the 1990s, new Council of Europe member states gradually joined the Convention. To date, all the member states of the Council of Europe have brought into force the Convention establishing the CPT. The last member state to join through signature and ratification was Monaco, where the Convention entered into force in March 2006.

Since 1 March 2002, the Committee of Ministers of the Council of Europe may invite any non-member state of the Council of Europe to accede to the Convention. To date, no such invitation has been made.

On 16 March 2022, the Committee of Ministers decided, in the context of the procedure launched under Article 8 of the Statute of the Council of Europe, that the Russian Federation would cease to be a member of the Council of Europe as from that date. The Russian Federation remained a Contracting Party to the Convention as a non-member state of the Council of Europe (Resolution CM/Res(2022)3). On 30 October 2025, the Russian authorities informed the Council of Europe of their withdrawal from the ECPT. The denunciation was registered, with entry into force from 1 November 2026, in conformity with Article 22, paragraph 2, of the ECPT.

Monitoring of the situation of persons convicted by international tribunals or special courts and serving their sentence in a State Party to the Convention

In pursuance of an Exchange of Letters in the year 2000 between the **International Criminal Tribunal for the former Yugoslavia** (ICTY) and the CPT, and the Enforcement Agreements concluded between the United Nations and the Governments of Germany, Portugal and the United Kingdom, nine visits were carried out in *Germany* (2010, 2013, 2020), *Portugal* (2013) and the *United Kingdom* (2005, 2007, 2010, 2019, 2023).

In pursuance of an Exchange of Letters in 2014 between the **Residual Special Court for Sierra Leone** (RSCSL) and the CPT, an Agreement between the RSCSL and the Government of the United Kingdom, three visits were carried out in the *United Kingdom* (2014, 2018 and 2025).

In pursuance of an Exchange of Letters in 2017 between the **International Criminal Court** (ICC) and the CPT, and the Enforcement Agreement between the ICC and the Government of the United Kingdom, one visit was carried out in the *United Kingdom* (2019).

The reports of these visits are directly addressed to their respective authorities and remain confidential.

Special monitoring arrangements

Kosovo*

Based on the 2004 Agreement between the Council of Europe and the United Nations Interim Administration Mission in Kosovo (UNMIK) and an Exchange of Letters between the Secretaries General of the Council of Europe and the North Atlantic Treaty Organization (NATO), the CPT carried out four visits to Kosovo* in 2007, 2010, 2015 and 2020. A further visit will be carried out in the course of 2026.



3. CPT members

in order of precedence (as at 31 December 2025)

Name	Elected in respect of:	Term of office expires:
Alan MITCHELL, President	United Kingdom	19/12/2029
Marie KMECOVÁ, 1st Vice-President	Czech Republic	19/12/2027
Gunda WÖSSNER, 2nd Vice-President	Germany	19/12/2029
Ceyhun QARACAYEV	Azerbaijan	19/12/2027
Răzvan Horațiu RADU	Romania	19/12/2027
Vânia COSTA RAMOS	Portugal	19/12/2027
Elisabetta ZAMPARUTTI	Italy	19/12/2027
Slava NOVAK	Slovenia	19/12/2029
Victor ZAHARIA	Republic of Moldova	19/12/2029
Elsa Bára TRAUSTADÓTTIR	Iceland	19/12/2027
Juan Carlos DA SILVA OCHOA	Spain	19/12/2029
Aleksandar TOMČUK	Montenegro	19/12/2027
Kristina PARDALOS	San Marino	19/12/2027
Vanessa DURICH MOULET	Andorra	19/12/2027
Helena PAPA	Albania	19/12/2027
Asbjørn RACHLEW	Norway	19/12/2029
Karin ROWHANI-WIMMER	Austria	19/12/2029
Mari AMOS	Estonia	19/12/2029
Dmytro YAGUNOV	Ukraine	19/12/2029
Nikola KOVAČEVIĆ	Serbia	19/12/2029

Name	Elected in respect of:	Term of office expires:
Anna JONSSON CORNELL	Sweden	19/12/2029
Tom DAEMS	Belgium	19/12/2027
Lise-Lotte CARLSSON	Finland	19/12/2027
Slavica DIMITRIEVSKA	North Macedonia	19/12/2027
Dovilė JUODKAITĖ	Lithuania	19/12/2027
Vasilis TZEVELEKOS	Greece	19/12/2027
Gautam GULATI	Ireland	19/12/2027
Imants JUREVIČIUS	Latvia	19/12/2027
Eleana FITIDOU	Cyprus	19/12/2027
Anahit MANASYAN	Armenia	19/12/2027
Marica PIROŠÍKOVÁ	Slovak Republic	19/12/2027
Valérie BERNARD	Monaco	19/12/2029
Ewa DAWIDZIUK	Poland	19/12/2027
Christopher CREMONA	Malta	19/12/2027
Domagoj HAJDUKOVIC	Croatia	19/12/2029
Muhammed Emin BOYLU	Türkiye	19/12/2029
Ronald GRAMIGNA	Switzerland	19/12/2029
Brigitte KONZ	Luxembourg	19/12/2029
Helen KONZETT	Liechtenstein	19/12/2029
Gaëlle TAILLÉ	France	19/12/2029
Marrit DE VRIES	Netherlands	19/12/2029
Klavs Duus Kinnerup HEDE	Denmark	19/12/2029

On 31 December 2025, the seats in respect of Bosnia and Herzegovina, Bulgaria, Georgia, Hungary, and the Russian Federation were vacant.



4. CPT Secretariat (as at 31 December 2025)

CPT Secretariat

Hugh CHETWYND, Executive Secretary

Emma POLLAND, Personal Assistant to the Executive Secretary

Morven TRAIN, Administrative and Financial Senior Assistant

Transversal Division

Julien ATTUIL-KAYSER, Head of Division

Advisors:

Sebastian RIETZ

Kelly SIPP

Oana-Corina MOLDOVEAN, Assistant to the Committee

Administrative Assistants:

Catherine O'BAOILL

Françoise ZAHN

Idil IGDİR, Project Assistant

Information and Communication Unit (ICU):

Patrice WEBER, Head of Unit

Frédéric GOEPFERT, Senior Information Technology Assistant

Laura MONTES ALONSO, Communication and Information Management Assistant

Secretariat: Mira MASTRONARDI-KORSOS and Marija VUJISIC, Assistants

Andorra

Belgium

France

Greece

Luxembourg

Monaco

Switzerland

Division 1

Marco LEIDEKKER, Head of Division

Advisors:

Francesca GORDON

Laura IELCIU-EREL

Aikaterini LAZANA

Cristian LODA

Ella DODD, Senior Project Officer

Secretariat: Eva GERLIER, Assistant

Albania

Bosnia and Herzegovina

Croatia

Cyprus

Ireland

Italy

Kosovo*

Malta

Montenegro

Netherlands

North Macedonia

Norway

Portugal

Romania

San Marino

Serbia

Spain

Türkiye

United Kingdom

Division 2

Borys WÓDZ, Head of Division

Advisors:

Petr HNÁTÍK

Mahir MUSHTEIDZADA

Almut SCHRÖDER

Dalia ŽUKAUSKIENĖ

Secretariat: Natia MAMISTVALOVA, Assistant

Armenia

Austria

Azerbaijan

Bulgaria

Czechia

Denmark

Estonia

Finland

Georgia

Germany

Hungary

Iceland

Latvia

Liechtenstein

Lithuania

Poland

Republic of Moldova

Russian Federation

Slovak Republic

Slovenia

Sweden

Ukraine

5. CPT visits, reports and publications

(as at 31 December 2025)

Visits carried out in pursuance of Article 7 of the Convention

Member States of the Council of Europe	Periodic visits	Ad hoc visits	Reports sent	Reports published	Reports not published
Albania *	7	8	15	15	0
Andorra *	4	0	4	4	0
Armenia	6	5	11	11	0
Austria *	7	1	8	8	0
Azerbaijan	6	8	13	12	1
Belgium	8	5	13 ^a	12 ^a	1
Bosnia and Herzegovina	6	4	10	9	1
Bulgaria *	8	8	16	16	0
Croatia	6	1	7	7	0
Cyprus	8	2	10	10	0
Czech Republic *	7	2	9	9	0
Denmark *	7	2	9	9	0
Estonia	6	1	7	7	0
Finland *	6	0	6	6	0
France	8	10	17	16	1
Georgia	7	5	11 ^k	10	1
Germany	8	4	11	11	0
Greece	8	13	20 ^b	19	1
Hungary	7	5	12	12	0
Iceland	5	0	5	5	0
Ireland	8	0	8	8	0
Italy	8	9	16	16	0
Latvia	6	4	10	10	0
Liechtenstein	5	0	5	4	1
Lithuania *	6	3	9	9	0
Luxembourg *	5	1	6	6	0
Malta	6	4	10	10	0
Republic of Moldova *	7	11	18	15	3 ^c
Monaco *	3	0	3	3	0
Montenegro	5 ^d	1	5	5	0
Netherlands	7	7	15 ^e	15 ^e	0
North Macedonia *	7	8	15	15	0

Member States of the Council of Europe	Periodic visits	Ad hoc visits	Reports sent	Reports published	Reports not published
Norway *	6	1	7	7	0
Poland *	7	1	8	8	0
Portugal	8	5	13	13	0
Romania	7	8	14 ^f	13 ^f	1
San Marino *	5	0	5	5	0
Serbia	5 ^d	4	8 ^d	7 ^d	1
Slovak Republic	7	0	7	7	0
Slovenia *	6	0	6	6	0
Spain	9	11	20	19	1
Sweden *	6	1	7	7	0
Switzerland	7	2	9	9	0
Türkiye	8	28	34 ^g	27	7
Ukraine *	8	10	18	17	1
United Kingdom	9	20	29 ^h	27 ^h	2
Non-Member States of the Council of Europe	Periodic visits	Ad hoc visits	Reports sent	Reports published	Reports not published
Russian Federation ⁱ	8	22	27 ^j	4	23

* States which have authorised publication of all future visit reports of the CPT ("automatic publication procedure").

- (a) Including one report on the visit to Tilburg Prison (Netherlands) in 2011.
- (b) These 20 reports cover 21 visits carried out. The report published in 2021 covered two visits.
- (c) Two reports concerning visits to the Transnistrian region and one report concerning a visit to Prison No. 8 in Bender.
- (d) Including one visit organised in September 2004 to Serbia and Montenegro.
- (e) Including a separate report on the visit to Tilburg Prison in the context of the periodic visit in 2011. Also including two separate reports covering the 1994 visit to the Netherlands Antilles and to Aruba.
- (f) These 14 reports cover 15 visits carried out.
- (g) These 32 reports cover 34 visits carried out.
- (h) Including two separate reports covering the 2010 visit to Jersey and Guernsey.
- (i) On 16 March 2022, the Committee of Ministers decided, in the context of the procedure launched under Article 8 of the Statute of the Council of Europe, that the Russian Federation ceases to be a member of the Council of Europe as from that date. The Russian Federation has continued to be a Contracting Party to the Convention as a non-member State of the Council of Europe from this date (Resolution CM/Res(2022)3). On 30 October 2025, the Russian authorities informed the Council of Europe of their withdrawal from the ECPT. The denunciation will enter into force on 1 November 2026, in accordance with Article 22(2) of the ECPT.
- (j) These 27 reports cover 30 visits carried out.
- (k) These 11 reports cover 12 visits carried out.

6. Countries and places of deprivation of liberty visited by CPT delegations (January – December 2025)

Periodic visits

Greece

20 - 31 January 2025

Police establishments

- Acharnon Police Station, Athens
- Aghios Panteleimonas Police Station, Athens
- Alexandras Street Police Headquarters, Athens
- Chalkida Police Station
- Chania Police Headquarters
- Exarcheia Police Station, Athens
- Heraklion Police Headquarters
- Omonia Police Station, Athens
- 1st Patras Police Station
- 2nd Patras Police Station

Prison establishments

- Alikarnassos Prison, Heraklion
- Chalkida Prison
- Chania Prison
- Korydallos Women's Prison
- Korydallos Prison Complex (Men's Prison, the Prison Health Centre and the Prison Psychiatric Hospital)
- Malandrino Prison
- Nafplion Prison
- Patras Prison
- Thiva Women's Prison

Liechtenstein

7 - 11 April 2025

Police establishments

- National Police Headquarters, Vaduz

Prison establishments

- Vaduz State Prison
- Innsbruck Prison, Austria*
- Saxerriet Prison, Switzerland*

Psychiatric establishments

- Forensic Department of Hall Regional Psychiatric Hospital, Austria*

* to interview persons sentenced by Liechtenstein courts

Romania

28 April - 9 May 2025

Police establishments

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

Prison establishments

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

Establishments for children and young adults

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

Spain

28 April - 9 May 2025

Police establishments

- Civil Guard Headquarters, Cadiz
- Civil Guard District Station, Madrid (Las Rozas)
- Police Station, Cádiz
- Police Station, Huelva
- Police Station, Jerez de la Frontera
- Police Station, Madrid (Centro)
- Central Detention Unit, Madrid (Moratalaz)
- Police Station, Madrid (Tetuán)
- Police Station, Madrid (Puente de Vallecas)
- Police Station, Madrid (Latina)
- Police Station, Madrid (Hortaleza-Barajas)
- Police Station for minors (G.R.U.M.E.), Madrid
- Police Station, Puerto de Santa Maria
- Detention facilities of the Plaza de Castilla Court, Madrid

Prison establishments

- Algeciras Prison
- Huelva Prison
- Madrid V Prison
- Madrid VII Prison
- Puerto II Prison, El Puerto de Santa María
- Puerto III Prison, El Puerto de Santa María
- Sevilla II Prison

Establishments for children and young adults

- Juvenile Detention Centre, “Vicente Marcelo Nessi”, Badajoz (Extremadura)

Belgium

15 - 26 May 2025

Prison establishments

- Ghent Prison
- Haren Prison
- March-en-Famenne Prison
- Nivelles Prison
- Turnhout Prison

Psychiatric establishments

- Forensisch Psychiatrisch Centrum (FCB) Antwerp
- Forensisch Psychiatrisch Centrum (FCB) Gent

Courthouse facilities

- Holding cells at the Brussels Court of Justice
- Holding cells at “Portalis” Court of Justice Building, Brussels

Azerbaijan

22 September - 3 October 2025

Police establishments

- Temporary Detention Centre of the Main Department for Combating Organised Crime, Baku
- Binagedi District Police Department and Temporary Detention Centre, Baku
- Narimanov District Police Department and Temporary Detention Centre, Baku
- Nəsimi District Police Department and Temporary Detention Centre, Baku
- Sebail District Police Department and Temporary Detention Centre, Baku
- Yasamal District Police Department and Temporary Detention Centre, Baku
- Temporary Detention Centre of Ganja District Police Department
- Temporary Detention Centre of Yevlakh District Police Department
- SSS Investigative Isolator and Temporary Detention Centre, Baku

Prison establishments

- Pre-Trial Detention Facility No. 2, Ganja
- Pre-trial Detention Facility No. 3, Shuvalan (Baku)
- Umbaki Penitentiary Establishment

Psychiatric establishments

- Republican Psychiatric Hospital No.1, Mashtaga
- Psychiatric Hospital No.2, Baku
- Republican Narcological Centre

Germany

18 November - 1 December 2025

Police establishments

- Berlin Police, Custody Unit 2, Tempelhof Detention Centre
- Berlin Police, Custody Unit 3, Central Detention Centre
- Berlin Police, Custody Unit 4, Friedrichshain Detention Centre
- Berlin Police, State Criminal Police Office
- Berlin Police, Directorate 3 (East), Crime Prevention Unit
- Federal Police Station, Berlin Central Railway Station
- Cologne Police Inspectorate I
- Cologne Police Headquarters
- Munich Police Headquarters (Polizeipräsidium), Police Inspectorate ED 6
- Potsdam Police Inspectorate
- Schwalm/Eder Police Directorate, Homberg/Efze
- Schwalmstadt Police Station
- Düsseldorf Police Headquarters
- Werl Police Station

Prison establishments

- Berlin-Tegel Prison (unit for preventive detention)
- Cologne Prison
- Munich (Stadelheim) Prison
- Schwalmstadt Prison (unit for preventive detention)
- Werl Prison (including the unit for preventive detention)

Montenegro

19 - 27 November 2025

Police establishments

- Podgorica headquarters Police Station
- Kotor Police Station

Prison establishments

- Bjelo Polje Prison
- Podgorica Remand Prison in Spuž
- Prison for Long Sentences in Spuž
- Prison for Short Sentences in Spuž

Psychiatric establishments

- Nikšić General Hospital, Psychiatric Ward
- Dobrota Special Psychiatric Hospital

Social care establishments

- Children's Home Mladost in Bjela
- Ljubović Centre
- Komanski Most Institution

Ad hoc visits

Denmark (Greenland)

14 - 16 January 2025

Prison establishment

- New prison (Ny Anstalt), Nuuk

Georgia

21 - 22 January 2025

Prison establishment

- Penitentiary Establishment No. 8, Tbilisi (Gldani)

Austria

18 - 28 March 2025

Social care establishments

- Beer Home, Neulengbach
- SeneCura Home, Purkersdorf
- Sanlas Holding Margarethenhof Home, Voitsberg
- Althea Koralmblick Home, Frauental

Türkiye

18 - 28 March 2025

Psychiatric establishments

- Ankara High Security Forensic Unit and Prisoner Unit, Ankara City Hospital
- Bakırköy Mental Health Hospital, Istanbul
- Bursa High Security Forensic Unit, Bursa City Hospital
- Samsun Mental Health Hospital

Hungary

25 March - 1 April 2025

Prison establishments

- Tiszaalök National Prison
- Szombathely National Prisons

Cyprus

1 - 4 April 2025

Police establishments

- Criminal Investigation Department, Nicosia
- Lakatamia Police Detention Station, Nicosia
- Nicosia Central Police Station

Prison establishment

- Nicosia Central Prisons

Immigration detention facilities

- Holding facilities for immigration detainees at Larnaca Airport
- Kokkinotrimithia Initial Registration Centre "Pournara"

Türkiye

7 - 11 April 2025

Police establishments

- Ankara Police Headquarters (Public Order Unit & Public Security Unit)
- Ankara Police Anti-Terror Department
- Istanbul Police Headquarters (Anti-Terror Department & Common Detention Facility)
- Istanbul Atışalanı Central Police Headquarters
- Istanbul Gayrettepe Police Directorate (Homicide Department, Fraud Department, Public Order Department, Robbery Department, Theft Department)

Prison establishments

- Istanbul Metris T-Type Prison No. 1
- Marmara L-Type Prison No. 1
- Marmara L-Type Prison No. 3
- Marmara L-Type Prison No. 4
- Marmara L-Type Prison No. 5
- Marmara Women Closed Prison
- Ankara Sincan L-Type Prison No. 2

Ukraine

26 May - 6 June 2025

Psychiatric establishments

- Kulparkiv Hospital, Lviv
- Sarny Hospital, Orlivka
- Hlevakha Hospital, Kyiv

Social care establishments

- Vinnytsia "Pension" for the elderly and disabled
- Baraboi "Internat", Odessa
- Hrushivskiy "Internat", Lviv

Republic of Moldova

3 - 12 June 2025

Prison establishments

- Prison no. 2, Lipcani
- Prison no. 6, Soroca
- Prison no. 15, Cricova

United Kingdom (Scotland)

4 - 13 June 2025

Police establishments

- Dunfermline Police Station
- Govan Police Station, Glasgow
- Levenmouth Police Station
- London Road Police Station, Glasgow
- St Leonards Police Station, Edinburgh

Prison establishments

- HMP Barlinnie, Glasgow
- HMP Low Moss, Glasgow
- HMP Perth
- HMP Bella Community Custody Unit (Women's prison), Dundee
- HMP/YOI Polmont (Women's prison), Falkirk
- HMP Stirling (Women's prison)

Detention facility for children

- St Mary's Kenmure
- Rossie Young Person's Trust

Psychiatric establishment for children

- Skye House, Stobhill Hospital, Adolescent Psychiatric Unit

Italy

1 - 12 September 2025

Prison establishments

- Avellino Prison
- Florence Sollicciano Prison
- Foggia Prison
- Genoa Marassi Prison
- Santa Maria Capua Vetere Prison

The Netherlands

6 - 17 October 2025

Prison establishment

- Penitentiary institution Ter Apel, Groningen

Immigration detention facilities

- Schiphol Immigration Detention Centre, Amsterdam
- Rotterdam Immigration Detention Centre
- Holding Cells of the Royal Dutch Constabulary at Schiphol Airport (Koninklijke Marechaussee), Amsterdam

France

13 - 24 October 2025

Immigration detention facilities

- Immigration detention centre of Coquelles
- Immigration detention centre No. 2 of Lyon Saint-Exupéry
- Immigration detention centres Nos. 2 and 3 of Mesnil-Amelot
- Immigration detention centres Nos. 1 and 2 of Paris-Vincennes
- Holding facility at Lyon Saint-Exupéry Airport
- Holding facility (ZAPI 3) at Roissy-Charles-de-Gaulle Airport

The United Kingdom

1 - 8 December 2025

Prison establishments

- HMP Eastwood Park
- HMP Styal

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

Article 3 of the European Convention on Human Rights

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

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

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



**Secretariat of the CPT
Council of Europe**

67 075 STRASBOURG Cedex – FRANCE
+33 (0)3 88 41 23 11

cptdoc@coe.int – www.cpt.coe.int

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www.coe.int

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

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE