

VISIT REPORT

SPAIN

NOVEMBER - DECEMBER 2024



CPT

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

AD HOC VISIT
25 November - 5 December 2024

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EXECUTIVE SUMMARY

The primary objective of the 2024 ad hoc visit to Spain was to examine the treatment of persons detained in police and prison establishments, with a focus on prisoners accommodated in closed-regime departments, the so-called DERTs (Departaments Especials de Règim Tancat), and the resort to means of restraint, notably mechanical fixation of prisoners for regimental purposes in the Autonomous Community of Catalonia. Further, the CPT examined the treatment of children and young persons held at the Els Tillers Juvenile Educational Centre.

Police establishments

The delegation received a number of allegations of physical ill-treatment, including excessive force by police officers (notably members of the Mossos d'Esquadra) against detained persons, consisting of slaps, punches and blows with truncheons, inflicted at the time of arrest or during transfer to a police station or prison. In several cases, the allegations were corroborated by medical certificates issued when the detainees concerned had been escorted to a hospital, a healthcare facility, or when they were admitted to prison, as well as by direct observation of the delegation's doctors. The report also describes cases of tight handcuffing, excessive use of force upon arrest, and verbal insults addressed by police officers against detainees. The Committee recommends that the senior management of the Mossos d'Esquadra disseminate a message of zero tolerance of police ill-treatment to all its hierarchy, coupled with targeted training activities on manual control techniques in the context of the apprehension of criminal suspects. Further, additional recommendations are included in the report notably regarding the necessity of enhancing the existing system of recording and description of injuries observed on detainees during their period of police custody and of ensuring that an investigation is systematically and promptly carried out into every allegation of ill-treatment. The CPT is also critical of the practice whereby detainees in police custody must undergo medical examinations while being systematically handcuffed and in the presence of members of the Mossos d'Esquadra. The report also contains recommendations relating to the effective implementation of the right of access to a lawyer for detained persons from the outset of their deprivation of liberty. Finally, the CPT expresses criticism in relation to the persistent poor conditions of detention in police cells, notably those belonging to the Mossos d'Esquadra, in terms of a lack of access to natural light, poor ventilation and absence of in-cell access to water, as well as unsatisfactory hygienic conditions and maintenance. The Committee calls the Spanish and Catalan regional authorities to address the structural shortcomings in police detention cells and to give due consideration to the recommendations of the CPT in course the design phase of planned future police establishments.

Prison establishments

The delegation received a number of allegations from prisoners of physical ill-treatment and excessive use of force by prison staff, including slaps, punches, and blows with truncheons. The alleged ill-treatment was purportedly inflicted by custodial staff in the context of episodes of prisoners' agitation, escalating altercations with staff, and during instances of passive resistance to custodial staff's orders. The Committee identifies a series of necessary measures to address this issue, including a zero-tolerance policy against ill-treatment, enhanced oversight, improved reporting of injuries, and more comprehensive assessments of the use of force by custodial staff vis-à-vis prisoners to be exercised by the relevant supervisory judges.

With regard to the situation of prisoners accommodated in DERTs, the report acknowledges improvements in terms of reduced average periods of detention since previous visits by the CPT, an increased number of dedicated treatment staff and more activities on offer, as well as the availability of therapeutic interventions to prisoners displaying violent behaviour. That said, the observations of the CPT also point to the need for improvement in the material conditions of detention in certain DERTs, due to their austerity and, in some cases, malfunctioning heating system. Further, the report expresses criticism regarding the reduced levels of psychiatric care provided to prisoners suffering from mental disorders at the time of their placement in DERTs, as well as the impoverished regime imposed on prisoners classified under Article 93 of the Penitentiary Regulations. In some cases, these prisoners are subjected to an additional security protocol entailing their systematic handcuffing during all out-of-cell movements and absence of contact with other prisoners. Finally, the Committee advocates for an increased and tailored range of educational, recreational, sporting and workshop activities for young adults and females accommodated in a DERT.

The CPT is again positively impressed by the conditions of detention and the level of activities offered to prisoners under the ordinary regime at the prisons visited. However, the report also expresses concerns about the dilapidated material conditions in some modules of Brians 1 Prison, and has misgivings about Instruction 02/2024, whereby prisoners sentenced for violent crimes were being suspended from work, following the killing of a prison staff on March 2024 in Tarragona.

With regard to the application of mechanical fixation of prisoners for regimental purposes, the report indicates that, despite a decline in the overall number of these measures applied over the past year, the practice remains problematic in several respects. In particular, it poses a risk of ill-treatment, as evidenced by the practice of prisoners being fixated in a face-down position and forced to receive intramuscular injections by medical personnel during the process. Furthermore, mechanical fixation is frequently resorted to for punitive reasons and is accompanied by improper handling techniques of prisoners by prison staff that frequently result in the infliction of physical injuries to the same. The report also notes that mechanical fixation can be applied to prisoners suffering from mental disorders and other chronic illnesses and is not always complemented by the necessary safeguards in terms of recording, reporting and medical supervision. The Committee maintains that the practice of mechanical fixation of prisoners for regimental purposes should be abolished and should only be implemented in a medical setting. The authorities are also encouraged to continue exploring alternatives, such as the placement of agitated and violent prisoners in a padded cell.

The Committee considers that the levels of healthcare staff in prisons and the quality of healthcare provided to prisoners were, in principle, adequate, including at Terrassa Prison Hospital. The report includes recommendations to improve the description and reporting of injuries observed on prisoners upon admission, to limit the duration of mechanical fixation of prisoners for medical purposes, and to improve the regime of therapeutic and rehabilitative activities for patients at the acute ward of the Hospital Unit for Penitentiary Psychiatry of Brians 1 Prison. Finally, the report includes recommendations concerning the necessity to adopt a more proportionate approach in the imposition of disciplinary sanctions, including solitary confinement, and to reinforce the legal safeguards of disciplinary proceedings by allowing prisoners to be heard in person by disciplinary commissions.

Juvenile Educational Center Els Tillers

While the report expresses satisfaction about the conditions of detention, atmosphere and diversified range of activities on offer at the center, it also describes allegations related to excessive use of force by private security personnel against juveniles. The CPT recommends enhancing oversight over both the selection of private security personnel that come to work in the Center and on their training. Further, the Committee has expressed concerns regarding the adverse effects of the application of mechanical fixation of juveniles in the center's therapeutic unit, recommending its abolition and the adoption of alternative methods to calm agitated and violent juveniles. In addition, the CPT also recommends the abolition of the segregation of children under the age of 18 years as a disciplinary punishment, as well as the discontinuation of their systematic handcuffing during transportation and medical examinations.

PRIORITY TOPICS

■ Police

CONDITIONS OF DETENTION – Measures to address the longstanding deficiencies in relation to the design and conditions of detention of police custody facilities.

■ Prison

CONDITIONS OF DETENTION – Invest additional efforts in reducing the adverse effects of the placement of prisoners in a DERT, notably in respect of persons suffering from a mental disorder.

MEANS OF RESTRAINT – Enhance oversight over the selection and training of security staff to reduce the resort to means of restraint vis-à-vis juveniles.

CHRONIC ISSUES

■ Prison

CONDITIONS OF DETENTION – Abolish the mechanical fixation of prisoners to a bed for regimental purposes.

GOOD PRACTICES

■ Prison

CONDITIONS OF DETENTION – Rich and varied range of treatment activities on offer to prisoners under ordinary regime.

CONDITIONS OF DETENTION – Enhanced prisoners' communication with the outside world through the use of online technologies ("*Viu en digital*").

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.

I. INTRODUCTION

A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out an ad hoc visit to the Autonomous Community of Catalonia, Spain, from 25 November to 5 December 2024.

The primary objective of the visit was to examine the treatment of persons detained in police and prison establishments, with a particular focus on assessing the material conditions, treatment and safeguards against ill-treatment afforded held in closed prison regimes, the so-called DERTs (Departaments Especials de Règim Tancat), and the resort to means of restraint, notably mechanical fixation of prisoners for regimental purposes.

Further, the CPT monitored the treatment afforded to young persons held at the juvenile educational center of Els Tillers, located in Mollet del Valles, Barcelona, and to prisoners undergoing treatment in the Terrassa prison hospital.

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

- Gunda Wössner, Head of the delegation
- Tom Daems
- Vincent Delbos
- Vanessa Durich Moulet
- Imants Jurevičius
- Aleksandar Tomčuk.

They were supported by Mauro Palma, former Head of the Italian National Preventive Mechanism, Italy, and Catherine Paulet, psychiatrist, Head of the Regional Medico-Psychological Service at Baumettes Prison, Marseille (France), as well as by Christian Loda and Monica Martinez of the CPT Secretariat.

3. The list of the establishments visited by the CPT can be found in Appendix I of the visit report.

4. This report was adopted by the CPT at its 116th meeting in plenary session, held from 10 to 14 March 2025. It was subsequently transmitted to the Spanish authorities on 2 April 2025. The various recommendations, comments and requests for information made by the CPT are set out in bold type. The CPT requests that the Spanish authorities provide within three months upon receipt of the report, a response containing a full account of action taken by them to implement the Committee’s recommendations along with replies to the comments and requests for information formulated herein.

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

5. In the course of the visit, the CPT delegation met with Fernando Grande Marlaska, Minister of the Interior of Spain, and Carlos Prieto Gomez, Delegate of the Spanish Government in Catalonia. It also held consultations with Nuria Parlon Gil, *Conseller* of the Department of the Interior and Ramon Espadaler Parcerisas, *Conseller* of the Department of Justice, as well as with, Elena Pérez Fernández, Secretary General for Penal Enforcement, Rehabilitation and Victims’ Support, of the Department of Justice, Josep Lluís Trapero Álvarez, Director General of the Catalan police force (*Mossos d’Esquadra*) and other high-ranking officials from the Departments of Interior and Justice, of the Autonomous Community of Catalonia (*Generalitat de Catalunya*).

In addition, the delegation met Esther Giménez-Salinas i Colomer, the Catalan Ombudswoman (*Síndic de Greuges*), and with representatives from civil society, the judiciary and the prison staff’s trade unions. See Appendix II for the full list of persons met.

6. The cooperation provided by the authorities in organising and facilitating the visit was excellent. The delegation enjoyed rapid access to all establishments, was able to speak in private with all the detained persons it wished to interview and was provided with the information necessary for carrying out its visit. The delegation also appreciates the assistance provided before, during and after the visit, by the CPT's liaison officers, both at the central and autonomous community levels.

However, the CPT wishes to stress that the principle of cooperation set out in Article 3 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, is not limited to facilitating the work of visiting delegations; it also requires that recommendations made by the Committee are effectively implemented in practice. In this respect, the CPT considers that the Spanish and Catalan regional authorities have not taken effective action towards the abolition of the measure of mechanical fixation of inmates for regimental purposes despite the CPT's previous recommendation to that end.

||| The CPT considers that a continued lack of action by the Spanish and Catalan regional authorities to address this matter may result in the Committee opening the procedure laid out under Article 10, paragraph 2, of the Convention.

7. On 7 and 31 January 2025, the Catalan regional authorities provided information on the action taken in respect of some of the matters raised by the CPT in its preliminary observations at the end of the visit. This information has been taken into account in the drafting of this report.

8. The CPT welcomes the approach taken by the Spanish authorities to follow the standard practice of requesting the publication of the Committee's visit reports together with the corresponding government responses. That said, both the Committee of Ministers and the Parliamentary Assembly of the Council of Europe have, in recent times, been encouraging member states which have not done so to request the automatic publication of future CPT visit reports and related government responses.

||| The CPT invites the Spanish authorities to consider authorising in advance the publication of all future CPT visit reports concerning Spain and related Government responses, subject to the possibility of delaying publication in a given case.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Law enforcement agencies

1. Preliminary remarks

9. At the outset of the visit, the CPT delegation was informed about the most recent developments in respect of the police agencies operating within the territory of the autonomous community of Catalonia, notably that the *Mossos d'Esquadra*, with 91 police establishments, was present throughout the territory while the *Guardia Civil* and *Policia Nacional* were assigned strategic tasks, including the fight against organised crime and the supervision of ports and airports. Further, the *Mossos d'Esquadra* had undergone an important reform of its structure, operationalisation and division of tasks in the course of 2023.¹ Finally, the delegation also received information about the ongoing efforts invested by the *Mossos d'Esquadra* and the relevant Municipal Police (*Guardia Urbana*) in order to ensure the prompt transfer of arrested persons under the responsibility of the main law enforcement agency.²

To assess the treatment of persons deprived of their liberty by the *Mossos d'Esquadra*, in particular, the CPT interviewed persons detained in various *Mossos d'Esquadra* Police Stations as well as the detention unit of the *Ciutat de la Justícia*. It also met with persons on remand at Brians 1, Joves, and Quatre Camins Prisons who had recently been in the custody of the police.

10. The time limits for deprivation of liberty by law enforcement agencies have remained unchanged since the previous CPT visit in 2018. In brief, criminal suspects may be held in custody by law enforcement agencies for up to 72 hours and this custody may be extended by judicial decision for a further 48 hours in respect of offences referred to in Article 384 *bis* of the Criminal Code of Procedure (CCP), that is, "membership of or relationship with armed groups or terrorist or rebellious individuals".³ Examination of custody registers in the police establishments visited and the information gathered through interviews with persons who were, or who recently had been, in police custody revealed that the time limit for deprivation of liberty by the police was respected in practice. In the case of minors, police detention cannot last more than 24 hours, and the detained minor must be placed under the immediate authority of the Child Prosecutor (Article 118 of the CCP).

11. The secondary legal framework regulating the operation of the *Mossos d'Esquadra* consists of procedures (*Procedures PRO*), operational instructions (*Instruccions operatives IO*) and operational guidelines (*Procedures operatives PO*) which, *inter alia* set out how persons deprived of their liberty should be treated, including the procedure of admission to a police custody facility, searches, transportation of detained persons and resort to means of restraint.⁴

2. Ill-treatment

12. In the course of the 2024 visit, the delegation received a number of allegations of physical ill-treatment including excessive use of force against detained persons by police officers (notably members of the *Mossos d'Esquadra*).

These alleged ill-treatment consisted of slaps, punches and blows with truncheons inflicted upon detained persons at the time of their apprehension or during transfer to a police station or prison.

In several cases, the allegations were corroborated by medical certificates issued when the detainees had

1. This overhaul included, among other measures, the establishment of a dedicated Commissary for Internal Investigations and Disciplinary Affairs, in line with a broader reform of the internal oversight accountability system.

2. Agreements to this effect had been concluded with a number of municipalities throughout the Autonomous Community and, in the case of Barcelona, where most of the arrests were being executed.

3. The CPT delegation was informed that no person had been detained in recent years under the legal framework of the incommunicado detention regime (Articles 509, 510, 520 *bis* and 527 of the CCP) in the Autonomous Community of Catalonia.

4. It is also to be recalled that the *Mossos d'Esquadra* possess specific written forms and a specific digitalised system recording the situation of persons in police custody (*Sistema d'Imputació i Seguiment de Detencions SISD*).

been escorted to hospital, a healthcare facility, or when they were admitted to prison. Further, the delegation's doctors were able to assess the consistency of the injuries observed on some of the persons who alleged ill-treatment with their explanations as to their origins. The cases described below illustrate, by way of example, the threshold of severity, trends and pattern of allegations received by the delegation. For example:

- i. A remand prisoner (AA) whom the delegation met at Brians 1 Prison alleged that after he had been apprehended and brought under control in Berga on 24 November 2024, several members of the *Mossos d'Esquadra* had punched him several times on various parts of his body while cursing him for having resisted arrest. Further, during his transfer to Brians 1 Police Station on 26 November 2024, he alleged that the escorting police officers had made efforts to place the safety belt around his neck in order to restrict his ability to breathe, pointed a firearm at his head and that, in defence, he broke the window of the car with his hand.⁵ Subsequently, the escorting police officers extracted him from the police car and delivered multiple kicks to various parts of his body and several truncheon blows to his head. At the time of his admission to Brians 1 Prison on 26 November 2024 the prison doctor recorded the following entry in his medical file: *"The patient was admitted to the hospital on 26 November 2024⁶ with multiple acute injuries including an erosion in the left frontal area, staples in the right frontal area (due to aggressive treatment during detention), a left cheekbone injury, and a 13-staple wound in the palm of the right hand. The patient also exhibited signs of swelling and erythema, but no active suppuration had been observed as of the previous day."* The CPT's medical doctor visited AA and conducted a full visual check of his body on the same day and described the following injuries: *"a linear punctate skin erosion (4-5 cm) below the left breast, a circular erythematous area (8-10 cm in diameter) on the left side of his back, a frontal head laceration (3 cm) treated with five staples, a hand laceration (6-7 cm), treated with 13 staples, a partially broken incisor tooth, which the detainee claims was caused by police brutality."*
- ii. A remand prisoner (BB) met at Brians 1 Prison alleged that, on 22 November 2024, following a car theft and subsequent chase by a *Mossos d'Esquadra* patrol on the A7 motorway, he had been apprehended. He stated that, after having been brought under control, two police officers had placed their hands around his throat and had punched and kicked him several times on various parts of his body until he allegedly fainted. He was then escorted by the same *Mossos d'Esquadra* patrol to the emergency room of the Alt-Penedès Hospital, where the medical certificate issued read as follows: *"The patient is accompanied by the Mossos d'Esquadra in a possible state of unconsciousness. The police officers state that he had stolen a car and was being chased. When the Guedel tube is inserted in his nose, the patient reanimates and becomes agitated, referring to the use of force by the Mossos."* *"Generalised pain and phalobosis of the right ankle."*
- iii. A remand prisoner (CC) met at Brians 1 Prison alleged that on 27 November 2024 at Vilanova I la Geltrù he had been punched and kicked several times in the stomach and on his legs after he had been brought under control. At the time of his medical examination at the emergency room of Alt-Penedès Hospital on the same day, while handcuffed and in the presence of the same police officers who had executed the arrest, the following entry was recorded in his medical file: *"He displays bruising on the lower limbs, abdomen and wrist"*, without any further detail.

13. In addition to these cases of physical ill-treatment, the CPT delegation also received and collected corroborating evidence of other forms of alleged ill-treatment which, in view of their reiterated and standardised nature, constituted a pattern. Some detained persons, notably those suspected of theft and pickpocketing and who had resisted arrest by trying to flee, had been violently treated.

For example, a remand prisoner met at Brians 1 Prison alleged that at the time of his arrest on the street in Barcelona on 26 November 2024, he had been immobilised and handcuffed behind his back and escorted by two *Mossos d'Esquadra*, with his arms lifted behind his back and his head bowed towards his chest. He claimed that, due to his repeated requests to notify his wife, he was forcibly shoved on the ground and dragged along the pavement for several metres, causing him several injuries. When met on 29 November

5. See the injury to his palm below.

6. Prior to admission to Brians 1 Prison, AA had been escorted to a hospital in order to obtain a certificate regarding any injuries sustained, which would then facilitate his acceptance by prison staff.

2024 at Joves Prison, he displayed the following injuries which were assessed by the delegation's doctor as being consistent with the allegation: *"various excoriations covered in red crust on the left zygomatic area, below the left jaw, on the right knee and left part of the thorax."*

14. Several remand prisoners and persons met in police custody complained to the delegation about tight handcuffing upon arrest and during transportation to a police station. Several of them showed visible signs around their wrists, even after some days from their arrest.

The delegation also received numerous allegations, from detained persons of South American and North African origin in particular, about verbal insults and derogatory comments made by members of arresting police patrols (that is, *Mossos d'Esquadra* and *Guardia Urbana*).

15. The findings of the delegation, albeit related to a limited timeframe, indicate that persons who actively resist their apprehension run a non-negligible risk of being subjected to physical ill-treatment as well as a disproportionate use of force. In confirmation of this trend, the delegation also noted a significant number of cases of persons in police custody who, at the time of their judicial confirmation hearing, had made specific allegations of ill-treatment by the police before the forensic doctors of the *Ciutat de la Justícia*. Thus, in the first seven months of 2024, a total of 29 persons made allegations of physical ill-treatment to the forensic doctors (and there were 34 such allegations in the course of 2023). The nature of the complaints and the injuries reported were also in line with the findings and patterns identified by the CPT delegation.⁷

16. Further, an analysis of the level of medical assistance provided by the Catalan Institute of Forensic Medicine at the *Ciutat de la Justícia* in the course of the first semester of 2022 and published by the Centre of Legal Studies and Specialised Training of the *Generalitat* ([*Centre d'Estudis Jurídics i Formació Especialitzada*](#) CEJFE) showed that, out of 887 detained persons who had requested medical assistance at the time of their detention at the *Ciutat de la Justícia*, 224 had displayed injuries and in 31 cases these were attributed to the actions of police officers.⁸

17. The CPT recognises that the arrest of a suspect is often a hazardous task, in particular if the person concerned resists arrest and/or is someone whom the police have good reason to believe may be armed and dangerous. The circumstances of an arrest may be such that injuries are sustained by the person concerned (and by police officers), without this being the result of an intention to inflict ill-treatment. Further, injuries can be sustained by the suspect prior to apprehension by the police.

Nevertheless, the CPT considers that, from the perspective of preventing ill-treatment, all injuries on newly arrived detained persons to police custody should be properly recorded and investigated. The CPT recalls that no more force than is strictly necessary should be used when affecting an arrest. Furthermore, once arrested persons have been brought under control, there can be no justification for them being struck by police officers.

7. All 29 cases recorded in the course of the first seven months of 2024 referred to injuries inflicted by police officers. Some examples of the entries are listed below:

1. *"Reports headache and ankle pain from multiple bruises during arrest";*
2. *"Reports pain in the left upper limb due to aggression by officers at the ACD Les Corts";*
3. *"Erosions on head and face, redness of neck and pain in shoulder. He commented that the police had done this to him. He did not want to give further details";*
4. *"He refers to repeated ill-treatment at the CNP (National Police) police station, presents multiple bruises and a perforated eardrum";*
5. *"He refers to several contusions/injuries as a result of detention (pain in left arm, both sides of face, left temporal region)".*

8. Page 25 of the report by the Centre for Legal Studies and Specialised Training (CEJFE) under the title *"Anàlisi descriptiva sobre una mostra de persones detingudes que han rebut assistència medicoforense a la Ciutat de la Justícia: Ajut a la investigació 2022 Ciència forense Barcelona"* read as follows: *"As previously stated, injuries constituted the primary indication for consultation in 144 patients (14.6%), while 224 patients (22.4%) reported recent injuries. Of these, 110 (49.1%) indicated that the injuries occurred prior to arrest, while 54 (24.1%) occurred during arrest. Of these latter cases, 31 (57.4%) attributed their injuries to police action, 15 (27.8%) to self-harm, and eight (14.8%) to aggression from other detainees."*

In light of the information gathered during the 2024 visit, the CPT recommends that these basic principles be reiterated to *Mossos d'Esquadra* officers, including through practical training exercises.

The CPT also reiterates its recommendation that the Catalan regional authorities deliver a strong message through the Director General of the *Mossos d'Esquadra* on zero tolerance of ill-treatment of detained persons stressing that such practice is illegal, unprofessional, and will be the subject of appropriate sanctions. Further, targeted training on manual control techniques in the context of apprehension of criminal suspects should be delivered at regular intervals. A similar approach of zero-tolerance to verbal abuse of detained persons should also be enforced.

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

Finally, the CPT reiterates its recommendation to the Catalan regional authorities that, where it is deemed necessary to handcuff a person at the time of apprehension or during the period of custody, the handcuffs should under no circumstances be excessively tight⁹ and should be applied only for as long as is strictly necessary on the basis of an individual risk assessment.

18. The findings of the delegation indicate once again the importance of the role that healthcare personnel (including prison healthcare staff and medical doctors at civil hospitals) can play in the prevention of police ill-treatment at the different stages of the chain of detention.

In this respect, several shortcomings were found by the delegation, notably as concerns:

- The total lack of confidentiality of medical examinations of detained persons at hospitals, police stations and even at the time of their admission to prisons, as the examinations took place systematically in front of police officers (and prison staff). In the context of the police setting, IO 004 of the *Mossos d'Esquadra* clearly stipulates that medical examinations of detained persons must occur in the presence of police officers and in principle while handcuffed.¹⁰ At the outset of the visit, the Department of the Interior of the *Generalitat* reiterated this position, stating that *"It is imperative to acknowledge the inadequacies in the security provisions of visiting rooms in hospitals and primary care emergency centres (CUAP). These facilities are not equipped with sufficient security measures to conduct medical examinations without the physical supervision of police officers, given the presence of hazardous medical instruments. While this limitation does not exempt officers from maintaining the utmost respect and care during these interventions, it does impose an additional responsibility to ensure that all information acquired during these interactions is handled with the utmost confidentiality."*

This position was further corroborated by the forensic doctors of the *Ciutat de la Justícia*, who informed the delegation of their ethical dilemma in conducting medical examinations in contravention of the Istanbul Protocol. The Committee considers that the fact that 29 detained persons during the first seven months of 2024 had made clear allegations of physical ill-treatment by the police in front of forensic doctors of the *Ciutat de la Justícia*, while being examined handcuffed in the presence of officers of the *Mossos d'Esquadra*, represents a trend which is not to be underestimated.

- Medical certificates on the description of injuries displayed by detained persons drawn up by doctors at Les Corts Police Station, or at the time of admission to prison, continued to be of poor quality in terms of description of injuries (size and colour), lacking reference to their origin and

9. It should be noted that excessively tight handcuffing, as well as causing local lesions, can have serious medical consequences (for example, sometimes causing impairment of the hands, such as sensory, vascular and/or motor damage).

10. See in this respect the IO 004 of the *Mossos d'Esquadra* on the detention of persons outside of custody area.

compatibility with the possible dynamics. Furthermore, injuries were not photographed.

- With regard to the reporting of cases of alleged police ill-treatment to the competent judicial authorities, as outlined in paragraph 90, the healthcare personnel at the prison facilities consider their obligations to report cases to be in accordance with the Instruction 02/2018 of the Secretariat for Penal Measures Re-integration and Victim Assistance (SMPRAV). As to the reporting of cases of possible alleged ill-treatment by medical doctors in police stations conducting medical examinations and visual checks of detained persons, the CPT delegation was informed at Les Corts Police Station that such instances were extremely rare.¹¹

19. The CPT considers that, as a general rule, all medical examinations should be conducted out of the sight and hearing of police officers, under conditions fully guaranteeing medical confidentiality. However, the Committee recognises that the presence of non-medical staff at the request of the healthcare professional may be warranted in exceptional cases, as may the maintenance of handcuffing.

Such exceptions should be specified in the relevant regulations and should be limited to those cases in which, based on an individual risk assessment, the presence of police officers of the same sex as the person being examined is considered absolutely necessary, most notably to ensure the safety of the healthcare professional. Moreover, an exception should only be permissible if other, less intrusive security measures are considered not to fully contain the perceived risks posed by the detained person.

As a possible alternative, consideration should be given to the setting up of the installation of a call bell system, whereby healthcare professionals would be in a position to rapidly alert police officers in those exceptional cases when a detained person becomes agitated or threatening during a medical examination. The healthcare professionals concerned should be duly informed of any relevant prior behaviour on the part of the detained person, the applicable rules and how to react in high-risk situations.

20. The CPT recommends that the Catalan regional authorities take the necessary measures, including by amending the relevant regulations, to ensure that the above-mentioned precepts are fully implemented in practice. In particular, as a general rule, all medical examinations/consultations of persons held in police custody should be conducted out of the sight and hearing of police officers, under conditions fully guaranteeing medical confidentiality.

The CPT reiterates its recommendation that steps be taken to ensure that the prison medical services at the level of the SMPRAV (see paragraph 90) as well as healthcare staff of Les Corts Police Station fully play their role in preventing ill-treatment by ensuring that, upon admission to prison, every person should undergo a thorough medical examination, following which a detailed record should be established. The record should contain:

- (i) an account of statements made by the person which are relevant to the medical examination (including the description of their state of health and any allegations of ill-treatment made by them);**
- (ii) a full account of objective medical findings based on a thorough examination;**
- (iii) the healthcare professional's observation in light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.**

The record should also contain the results of additional examinations performed, detailed conclusions of the specialised consultations carried out, and treatment given for the injuries, or any further procedures conducted.

11. For example, at Les Corts Police Station, an establishment processing more than 20 000 detainees per year, only one case of alleged physical ill-treatment with documented injuries had been reported during the first 11 months of 2024.

Recording of the medical examination in case of injuries should be made on a special form provided for this purpose, with "body charts" for marking injuries, to be kept in the medical file of the prisoner. Injuries should be photographed, and the photographs filed in the medical record of the person concerned. In addition, documents should be compiled systematically in a special trauma register, in which all types of injuries should be recorded.

The existing procedures should be reviewed in order to ensure that whenever injuries are recorded by a healthcare professional which are consistent with allegations of ill-treatment made by a detained person (or which, even in the absence of allegations, are indicative of ill-treatment), the report is immediately and systematically brought to the attention of the relevant investigative authority.

The healthcare professional should advise the detained person concerned that the writing of such a report falls within the framework of a system for preventing ill-treatment, that this report must automatically be forwarded to a clearly specified independent investigative authority, and that such forwarding is not a substitute for the lodging of a complaint in proper form. The results of every examination, including the above-mentioned statements and the healthcare professional's opinions/observations, should be made available to the detained persons and to their lawyer.

The CPT also recommends that the Catalan regional healthcare authorities (*Institut Català de Salut* or ICS) offer special training to healthcare professionals on the proper medical screening of detained persons, on the recording of any injuries observed, and on the reporting procedure. States should ensure that there are no reprisals against any healthcare professionals in their duty to record and report injuries.

The Committee also recommends that the Catalan regional authorities set up a system of visiting doctors in police stations. These doctors should, in addition to their general medical qualifications, be trained in the identification and recording of injuries.

21. By letter received on 9 January 2025 the Department of Interior of the *Generalitat* informed the Committee that the various cases examined by the CPT delegation in the course of its visits to various police establishments of the *Mossos d'Esquadra* had not been the object of allegations or instances of use of force by police officers and concluded that *"the circumstances and alleged allegations in relation to the detention of persons referenced in the CPT's preliminary observations report are not established."* In this respect, the Committee wishes to stress that its methodology of assessing the treatment of detained persons by law enforcement officials consists of a multi-layered approach and is based not only on interviews with persons in police custody but also in remand detention in prisons about their experience during police custody, and cross-referencing their medical files and custody records.

22. In relation to the system of accountability and investigations into allegations of police ill-treatment, the Director General of the *Mossos d'Esquadra* informed the delegation at the outset of the visit that the recent restructuring of the police corps had involved the creation of a dedicated General Commissioner for Internal Investigations and Disciplinary Affairs.¹² During the period under review (January 2023 to July 2024), a total of six internal administrative investigations (*informaciones reservadas*)

12. The General Commissariat for Investigation and Disciplinary Matters (*Comissaria General d'Investigació Interna i Afers Disciplinaris* CGIID) is responsible for the administration of the disciplinary regime of the *Polícia de la Generalitat-Mossos d'Esquadra* and for the investigation of the alleged criminal offences by officers of the *Mossos d'Esquadra* or of the local police forces of Catalonia. In respect of this second competence, the CGIID acts under the direction of the competent courts and the coordination of the provincial public prosecutor's offices in Catalonia.

had been conducted into alleged cases of police ill-treatment of detained persons, of which five had been referred to the competent prosecutorial authorities.¹³

From the findings of the Committee's visit and the data published by the CEJFE, it would seem that the number of cases of alleged police ill-treatment investigated by the General Commissioner for Internal Investigations and Disciplinary Affairs over a period of 18 months is disproportionately low.

The Committee invites the senior management of the *Mossos d'Esquadra* to undertake a thorough review, in collaboration with the relevant experts of the Catalan Institute of Forensic Medicine, of the primary data and trends associated with the phenomenon of police ill-treatment. This review should be undertaken in conjunction with the full implementation of the recommendation outlined in paragraph 90 concerning the adequate recording of injuries observed on detained persons upon their admission to prison or while in police custody, and the prompt reporting to the judicial authorities of any information in relation to arguable claims of police ill-treatment.

Further, the CPT would like to be informed of the outcome of the six cases investigated by the General Commissioner for Internal Investigations and Disciplinary Affairs referred to above. It would also like to be informed of the number of cases investigated and prosecuted directly by the judiciary for the period 2022 to 2024.

3. Safeguards against ill-treatment

a. introduction

23. In terms of legal safeguards provided to persons deprived of their liberty by the police, the 2015 reform of the CCP (and notably Article 520) was intended to reinforce the rights of detained persons upon which the CPT has commented in previous visit reports. In particular, police officers must ensure:

- the prompt provision of information to detained persons in "writing, in a simple and accessible language and in a language they understand" of their fundamental rights. Further, criminal suspects may retain information sheets provided to them throughout the entire period of detention;
- the prompt notification of custody to the family of the detainee or a third party without unjustified delay and, in addition, ensure another short telephone call monitored by staff.¹⁴ Foreign nationals should have the right to notify their respective consular authorities;
- the prompt access to a lawyer (either ex officio or of one's choice) without unjustified delays through the notification of the relevant Bar Association as well as a confidential conversation with the appointed legal counsel prior to and after the interview by the police.

The lawyer is under the obligation to come to the detention premises within three hours of the notification received by the relevant Bar Association;¹⁵

13. In regard to the sixth case, it was determined that there was an absence of evidence indicative of the perpetrator's potential criminal responsibility.

14. The communication must be carried out in the presence of a police officer, and the law does not provide for the limitation of this communication, except in cases where the content of the communication could constitute a crime. In such cases, the obligation of the police officer is to put an end to this criminal action, as would occur in any other circumstance. Furthermore, the law does not stipulate that the detainee must inform the police of their identity or the relationship they have with the party to be called. It is sufficient for the detainee to provide the telephone number to be called in order to facilitate communication.

15. This conclusion is supported by the fact that Article 520 of the CCP reiterates on two occasions the need for police officers to make the notification as soon as possible: firstly, paragraph 2.a) of Article 520 of the CCP states that the detainee has the right to be assisted by a lawyer "without delay" (para. 2.a). Furthermore, paragraph 5, second subparagraph, provides that the police authority shall "without delay" inform the Bar Association of the name of the lawyer appointed by the detainee or, where appropriate, the request for the appointment of a court-appointed lawyer.

- the right to interpretation for detained persons who are not fluent in Spanish or who suffer from hearing impairments at any step of the chain of detention, through the services of an existing accredited interpreter;
- the right to be examined by a forensic or other medical doctor of the institution concerned or of any other State body;
- the provision of information in writing on the maximum period of police detention and facilitation of the filing of a motion of “habeas corpus” at any time during the period of detention.

b. notification of custody

24. The information gathered during the visit suggests that persons deprived of their liberty by the *Mossos d’Esquadra* were routinely informed of their right to have their custody notified to a third party. The vast majority of the persons interviewed by the delegation in police custody or remand detention stated that they had had the possibility to make a telephone call to their family in the presence of a police officer. However, in some cases, in particular concerning foreign nationals, they complained that they did not contact anyone due to the fact that they had not been informed of the relevant provisions of Article 520 of the CCP (see paragraph 23).

The recommendation outlined in 29 in respect of the need to invest further efforts in order to ensure that detained persons are informed of their statutory rights under Article 520 of the CCP is also valid in this context. Further, the Committee considers that the senior management of the *Mossos d’Esquadra* should remind their staff on a regular basis to ensure that detained persons avail themselves of their statutory right to notify a third party of the fact of their detention and to make an additional phone call under the supervision of police staff.

c. access to a lawyer

25. The CPT’s objective of guaranteeing an effective right of access to a lawyer during police custody is aimed at preventing ill-treatment, rather than linked to issues of fair trial. In the CPT’s experience, it is during the period immediately following the deprivation of liberty – and, *a fortiori*, during which the individual is subjected to police questioning – that the risk of intimidation and ill-treatment is at its greatest. It follows that to be effective as a safeguard against ill-treatment, access to a lawyer must be guaranteed as from the very outset of deprivation of liberty; further, the lawyer and the detained person must be able to meet in private.

26. The findings during the 2024 visit indicate that detained persons wishing to have access to a lawyer of their own choice were in principle being attended by a legal counsel within the statutory three hours, as stipulated in Article 520 of the CCP. However, with regard to access to an *ex officio* lawyer, the delegation’s findings indicated that the process of a lawyer attending the police station was more arduous and time-consuming, and in numerous cases, it took more than the stipulated three hours for lawyers to arrive at the police station.¹⁶ The Department of the Interior of the *Generalitat* informed the CPT’s delegation at the outset of the visit that such delays were primarily attributable to the varied interfaces with the pertinent Bar Associations in Barcelona and the remainder of Catalonia, that *ex officio* lawyers were, in principle, opting to accumulate more clients before attending the police station, and that such delays were not attributable to the police which was complying with the law by promptly contacting the relevant Bar Association. A dedicated working group composed by the Police, the Barcelona Bar Association (*Il·lustre Colegio de la Abogacía de Barcelona* – ICAB) and the Sindic de Greuges was working on refining such procedures and ensuring its more expeditious implementation.

The CPT reiterates its recommendation that the Catalan regional authorities, in cooperation with the relevant Bar Associations, pursue their efforts to ensure that the right of access to a lawyer applies effectively as from the very outset of the deprivation of liberty by the police and is implemented in practice, in light of the above remarks.

16. Specifically, either within eight hours (that is, the previous statutory limit before the reform of Article 520 of the CCP) or in some cases after one day.

27. As concerns the right of detained persons to hold confidential consultations in person with a lawyer, the delegation observed that, in principle, these consultations were taking place in the dedicated office of Les Corts Police Station and other police establishments equipped with such facilities. However, a few detainees who had been held at police stations other than Les Corts informed the delegation that the consultations had also taken place inside detention cells in the presence of other detainees.

The CPT recommends that the relevant Regional Areas for the Investigation of Testimony and Custody of Detainees (*Àrea Regional d'Instrucció d'Atestats i Custòdia de Detinguts* ARIACDs) of the *Mossos d'Esquadra* ensure that detained persons are always able to meet with their lawyer in a confidential setting in light of the relevant provision of Article 520 of the CCP.

28. Emergency legislation introduced during the Covid-19 pandemic in 2020 and 2021 foresaw that police and judicial statements of detainees (including consultations with lawyers) should take place preferably via videoconference. At the outset of the visit, the delegation was informed that an internal communiqué of the *Mossos d'Esquadra* issued on 1 April 2022 had reinstated the need for all consultations between detainees and lawyers to take place in person in order to effectively comply with the tenets of Article 520 of the CCP. However, in the course of the visit several remand prisoners who had been in police custody in the course of 2024 told the delegation that they still had their consultations with their lawyers via videoconferencing. The CPT considers that in the superseded nature of the above-mentioned emergency legislation in relation to the Covid-19 pandemic, all consultations of detainees with their lawyers pursuant to Article 520 of the CCP should take place imperatively in person. In the CPT's view, in the spirit of prevention of ill-treatment, the right of access to a lawyer during police custody must include the right to meet them personally, and in private.

Seen as a safeguard against ill-treatment (as distinct from a means of ensuring a fair trial), it is clearly essential for the lawyer to be in the direct physical presence of the detained person. This is the only way of being able to make an accurate assessment of the physical and psychological state of the person concerned. Likewise, if the meeting with the lawyer is not in private, the detained person may well not feel free to disclose the manner in which they are being treated.

The CPT recommends that the Catalan regional authorities take effective steps to comply with the above precept.

d. access to a doctor

29. The relevant information sheet on the rights of detainees (Form N 01) states that detained persons have the right to be examined by a doctor working for the ICS. However, the right of access to a doctor of one's own choice is still not provided for in law.

The CPT reiterates its recommendation that such a right be adequately reflected in law.

30. In principle, persons in police custody were promptly escorted to a hospital or healthcare centre in order to receive medical assistance. This was mainly at the initiative of the arresting officers or on the basis of the nature of individual cases (for example, for the issuance of a medical certificate on visible injuries). At Les Corts Police Station in Barcelona (which processes approximately 20% of all persons arrested within Catalonia), a healthcare component comprising a full-time equivalent (FTE) general practitioner on weekdays (8:00 to 15:00),¹⁷ and a nursing component.¹⁸ The infirmary, which had undergone renovations in 2024, was equipped with basic life-saving equipment and a small pharmacy with a range of medications and, in principle, continuity of therapy was ensured, with medical prescriptions being initiated on site.¹⁹ The CPT delegation concluded that detainees at Les Corts Police Station received prompt and adequate access to healthcare in terms of continuity of therapy and provision of medical assistance upon request.

17. A GP was on call from 15:00 to 3:00. From 3:00 to 8:00 detainees would be referred to the nearest healthcare facility.

18. Ensuring a presence from 9:00 to 3:00 on weekdays and 8:00 to 21:00 on weekends and holidays.

19. Opioid Agonist Therapy (OAT) could be continued and relevant prescribed medication could be easily procured from two nearby pharmacies.

However, the delegation gained the impression that the healthcare component would have benefited from the full time presence of nursing staff around the clock, given the high turnover of detainees and the not infrequent cases of agitation, self-harm and attempted suicide among detainees.²⁰ Further, there was no dedicated register of injuries of detained persons, nor on the transfer of persons referred to hospital who were displaying injuries. Finally, in the case of the application of means of restraint on detained persons, healthcare staff were not in the position of ensuring constant monitoring of the measure, and they depended instead on the fact that custodial staff had to inform them of the application of the measure.

31. **The CPT recommends that the relevant ARIACDs of the *Mossos d'Esquadra*, in cooperation with the ICS, take effective action to strengthen the healthcare oversight at Les Corts Police Station, notably by:**

- **ensuring an around-the-clock presence of the nursing component on duty throughout the week;**
- **establishing a dedicated register of injuries recorded on detained persons, with meticulous documentation in accordance with the principles developed in paragraph 90;**
- **ensuring that healthcare professionals supervise the application of means of restraint on detained persons who are susceptible to psychomotor agitation and self-harming behaviours, as determined by custodial staff;**
- **accurately documenting all detainee movements to hospital.**

32. With regard to other police facilities at which there is no on-site presence of healthcare staff, detained persons would be referred to external hospitals and healthcare centres. The delegation received several allegations that, in addition to the lack of confidentiality of medical examinations, persons escorted by *Mossos d'Esquadra* to hospitals would be examined by healthcare staff handcuffed, and in unsuitable settings such as police vehicles or parking lots of police stations (in the case of ambulance called).

The CPT recommends that detained persons being escorted by the *Mossos d'Esquadra* to hospitals or healthcare centres be physically examined in a proper medical setting in conditions of full confidentiality (as recommended in paragraph 162). There is no justification for healthcare staff to conduct visits and medical checks of detained persons while being handcuffed in the absence of an individual risk assessment or in police vehicles or parking lots of police stations. Further, the CPT also considers that the above-mentioned practices are also questionable from a medical ethics perspective.

e. information on rights

33. At the outset of the visit, the CPT delegation was informed that a new, updated information sheet had been devised for the provision of information to detainees, in compliance with the content of Article 520 of the CCP, and that it had been translated into 16 different languages. Further, the Department of the Interior also provided information about the development of a new infographic information sheet, which should be introduced soon and which employed clearer, more comprehensible language, as well as a new information sheet on the regime and conditions in custody areas which had recently been introduced.²¹ The delegation found that detainees are systematically instructed on their rights and provided with an information sheet in their respective language. This is positive.

20. In 2023, a total of 354 incidents were recorded, of which 150 had been reported to the judicial authorities. Of these, 32 cases involved the use of means of restraint, 30 cases concerned suicide attempts by detainees and 52 cases related to episodes of self-harm.

In the course of 2024, up to the date of the CPT's visit, a total of 244 incidents had been recorded, of which 53 were reported to the judicial authorities. Of these, 30 incidents involved the use of means of restraint, 35 were related to episodes of self-harm and 19 were recorded as suicide attempts.

21. The information sheet in question contained information on issues such as the legal framework on CCTV recording, the timetable for the distribution of meals, the modalities of requesting medical assistance and the regular distribution of water to detainees.

Nevertheless, several persons, notably foreign nationals, stated that the process was rather cursory and that they did not fully comprehend the elements and provisions of Article 520 of the CCP. Consequently, they were unable to avail themselves of the safeguards in place.

The CPT recommends that the Catalan regional authorities invest the necessary efforts to ensure that particular care is taken by police officers at the time of arrest and at the subsequent phases of detention, to ensure that detained persons are able to fully understand their rights; it is incumbent on police officers to ascertain that this is the case. Further, all persons deprived of their liberty should obtain information about their procedural rights in a format accessible to them, depending on their specific needs, for example, using larger text size, written in an understandable and accessible language, or provided orally.

f. means of restraint and security measures

34. Pursuant to Instruction 16/2013 and IO 002 of the *Mossos d'Esquadra*, means of restraint (that is, Velcro straps, helmets, handcuffs and ankle-cuffs) may be applied to detained persons who display episodes of psychomotor agitation and self-harm while in police custody. The instruction in question stipulates that the measure should not last for more than 30 minutes, following which the police are under the obligation to release the person from the restraint and refer them to the relevant healthcare authority. Further, the delegation was also informed that, since the 2018 visit, certain modifications had been made to Instruction 16/2013 and IO 002, notably the ending of the former practice of restraint known as "bocadillo" whereby a person was sandwiched between two plastic mattresses bound together by Velcro straps. Further, the use of motorcycle helmets had been replaced with boxing-style protective headgear consisting of foam laminated padding and a lacing system. The Department of Interior of the *Generalitat* informed the delegation that in the first 11 months of 2024, means of restraint had been applied on detained persons 33 times.

35. In practice, means of restraint were applied to detained persons in police custody upon the decision of the head of shift when it was judged that a person was displaying over-agitation or self-harming tendencies. The duration of the measure according to the relevant register was within the statutory 30 minutes, and cases of application were recorded in compliance with the provisions of Instruction 16/2013 and reported to the relevant regional unit for the custody of persons (ARIACD) of the *Mossos d'Esquadra* and the competent judicial authorities. Further, the means of restraint consisted in principle of the application of Velcro straps to the wrists, ankles and thorax of the person and/ or the placement of the padded headgear. The persons would be placed in a dedicated cell of Les Corts Police Station. No indications or allegations were received that the so-called "bocadillo" method continued to be applied.

However, certain concerns remain regarding the fact that the application of the means of restraint was not under the constant supervision of healthcare staff at Les Corts Police Station. In other *Mossos d'Esquadra* police stations, healthcare staff would only be referred to a healthcare centre after repeated application of the means of restraint and persistent agitated behaviour. For example, in the case ii mentioned in paragraph 12 the detained person had been restrained twice with Velcro straps around his wrists and ankles at the *Mossos d'Esquadra* Police Station of Vilanova y la Geltrú on 27 November 2024 for displaying agitated behaviour and attempting suicide²² before being finally referred to a healthcare facility only on 28 November 2024 at 15:03. Finally, although a dedicated cell existed at Les Corts Police Station for the placement of agitated detainees which would not be in view of other detainees, this cell was of the same design as the other cells and contained numerous ligature points and sharp edges.

36. The CPT recognises that it may exceptionally be necessary to apply a means of restraint in police detention areas and takes positive note of the amended instructions on the methods to be applied. However, the CPT is concerned that detained persons who are subjected to means of restraint in police custody are not systematically and promptly referred to a medical facility (in particular in police stations

22. The detainee was first restrained from 14:31 to 15:18 of 27 November 2024 for resisting a search before being accommodated in a cell of the police station and subsequently from 15:25 to 17:17 of the same day while in his cell, for having placed his trousers around his neck in an alleged suicide attempt.

other than Les Corts) and that the duration of the application of means of restraint may well exceed the statutory 30 minutes laid down in Instruction 16/2013 and PRO 002 of the *Mossos d'Esquadra*.

The CPT recommends that the application of means of restraint (such as Velcro straps, boxing headgear, handcuffs and ankle-cuffs) to persons detained in police stations of the *Mossos d'Esquadra* be limited to the minimum duration possible, and that such persons be immediately transferred to a healthcare facility. Ideally, it would be preferable for a detained person who is very agitated or at risk of self-harm to be placed in a more secure cell and placed under the direct supervision of the medical staff present at Les Corts, or until a doctor or ambulance arrives to treat them. In addition, *Mossos d'Esquadra* police officers should receive specific training in verbal de-escalation techniques, in order to reduce the use of restraints to very exceptional cases.

The CPT recommends that the *Mossos d'Esquadra* take effective steps in order to remedy the situation of persons subject to means of restraint at Les Corts Police Station and other police establishments, as applicable in light of the above remarks.

37. The PRO 006 of the *Mossos d'Esquadra* also regulates the conduct of searches of detained persons in a dedicated room upon their arrival at a police station, stipulating that this should be oriented towards the discovery of illicit drugs and other objects which might be used for self-harm purposes as well as for inflicting harm against others. The delegation once again received numerous allegations that detained persons were forced to take off all their clothes and, while fully naked, to conduct squats, flexions and lifting of their genitalia and even, on occasion, subjected to intrusive cavity searches with a gloved hand. Such treatment could easily be considered as degrading.

The CPT considers that, when searched, detained persons should not normally be required to remove all their clothes at the same time, for example, a person should be allowed to remove clothing above the waist and get dressed again before removing further clothing. Further, the Committee recalls that the resort to strip searches should be based on an individual risk assessment and subject to rigorous criteria and supervision, and should be carried out in a manner respectful of human dignity.

The CPT recommends that every time a strip search is deemed necessary that it be carried out in a manner so as to limit embarrassment and preserve the dignity of the person, as described above. Further, police officers should never carry out cavity searches. In the CPT's opinion, such examinations should only be carried out by a medical practitioner, who is not the treating doctor of the detainee concerned, and under conditions which respect physical safety and human dignity.

4. Conditions of detention

38. At the outset of the visit the delegation was informed by the Department of the Interior about the status of the existing police detention estate in the autonomous community. In particular, the construction of a new police detention facility of the *Mossos d'Esquadra* for the Barcelona Metropolitan area was envisaged and funds were being secured to that end. Further, the deficiencies in the current police stations of the *Mossos d'Esquadra* were acknowledged, such as the cells being located in the basement of the relevant facilities and consequent lack of access to natural light and poor ventilation, as well as the absence of courtyards for persons held longer than 24 hours.

Further, the longstanding issue of the absence of individual flushing systems of the in-cell sanitary facilities²³ of running water in cells at Les Corts Police Station was also acknowledged by the senior management of the *Mossos d'Esquadra*.

23. This was due to the specific design of the Les Corts detention area's sewage system, which was separate from the rest of the site.

39. The conditions of detention at the establishments under the responsibility of the *Mossos d'Esquadra* were as follows:

- The detention area at the District Station of Les Corts remains as described in the 2018 visit report, with 35 cells and a capacity to hold 100 persons; of these, four cells were designated for women and a further four for juveniles. At the time of the visit, there were 38 men and five women in custody. Most of the cells were some 9.5m² in size, with a concrete plinth running the length of one wall, on which two persons could lie down. There were also a number of larger cells for five detainees. As acknowledged, the absence of any access to natural light is a serious design fault. Further, the artificial lighting in the cells was insufficient for reading purposes. The whole custody area felt hot, airless and musty, and emitted a foul odour due to the fact that the flushing system in the toilet was centrally operated. Detained persons had to shout out every time they wanted the toilet to be flushed, and the flushing was very irregular. Each cell had a semi-partitioned toilet but no basin for washing hands. The delegation received complaints about the overwhelming smell in the detention area from almost everyone who had been detained in Les Corts.
- The nine cells of the Hospitallet de Llobregat Police Station shared the same layout and design in terms of cells (measuring from 10 to 15m²) located on the basement with no access to natural light and poor ventilation, and equipped with a concrete platform and a semi-partitioned inox toilet, and absence of water tap. The cells were accommodating 12 detainees at the time of the visit and gave off a pervasive odour of urine and vomit, with visible traces of such matter on the floor, and were in a poor state of hygiene.
- The eight cells of the Vilanova y Geltrù Police Station, measuring some 15m² equipped with a concrete platform and semi-partitioned toilet each, were not accommodating any prisoners and were located in the basement of the establishment with no access to natural light. Despite being empty, the cells emitted a foul odour of urine.
- The ten cells of the Ciutat Vella Police Station, measuring 11m² each had recently been entered into service in a renovated building in the centre of Barcelona, and were equipped with a concrete plinth and a semi-partitioned toilet, and had no access to natural light. At the time of the visit, they were accommodating 12 detainees and were in poor hygiene conditions, with the remains of food and garbage lying on the floor.

Moreover, none of the cells seen by the CPT delegation had a call bell and detained persons had to bang on the door or shout to attract the attention of police officers carrying out custodial duties.

40. The ten cells of the National Police Station and the six cells of the *Guardia Civil* Stations of *Travessera de Gràcia* (measuring from 6 to 8 m²) were of a similar design in terms of layout and location in the basement. However, the cells in both establishments did not possess in-cell sanitary facilities and were found to be in a more adequate state of hygiene and repair than those of the *Mossos d'Esquadra* due to their lower usage.

41. At the *Ciutat de la Justícia*, the delegation visited the two separate units for juveniles and adult detainees awaiting their judicial confirmation hearings. The juvenile section consisted of nine cells, three of which were intended for agitated juveniles and were only equipped with a concrete bench. The other cells were equipped with a concrete bench, a small concrete table with a board game painted on it and a television.²⁴ The 18 cells in use for adult prisoners (including one for women) measured between 15 and 18m² and were equipped with a concrete plinth and a semi-partitioned toilet.

42. The ARIACD of the *Mossos d'Esquadra* is responsible for ensuring the maintenance of hygiene in police establishments and regulating the adequate provision of food and blankets to detainees. Such efforts were visible in the establishments visited, with food (mainly sandwiches) distributed three times a day.

²⁴ The juvenile detainees were receiving the assistance of a dedicated group of social workers.

However, access to water was problematic, particularly at Les Corts Police Station due to its high turnover and police officers having to provide detained persons with water in plastic cups.

As was the case in the past, the common shower facilities in police establishments were seldom used, as detained persons claimed they were not informed of their existence or offered such a service by police staff.

43. The CPT has recommended in the past that all detention cells in police stations in Spain should have access to natural light, adequate ventilation and access to an outdoor yard if persons are held for longer than 24 hours. While the CPT recognises that it might be structurally difficult to ensure that existing establishments conform to these requirements, it trusted that the Spanish authorities would include these requirements in the design of new police detention facilities.²⁵ In sum, the main deficiencies observed by the delegation in respect of the material conditions of the custody areas of the facilities of the *Mossos d'Esquadra* remain identical to those highlighted in the 2018 visit report and relate to the lack of access to natural light, poor artificial lighting and ventilation, insufficient access to drinking water, inadequate provisions for personal hygiene and the absence of outdoor facilities and call bells. Considering that detainees held in police custody in Spain and the Autonomous Community of Catalonia can spend up to 72 hours in such detention facilities, some of the above deficiencies and the persistent lack of remedy are deeply troubling.

In their reply of 9 January 2025, the Catalan regional authorities acknowledged the above shortcomings and attributed them to the obsolete design and layout of the *Mossos d'Esquadra's* police facilities. The authorities also informed the Committee that the construction of a new *Mossos d'Esquadra* detention centre in Barcelona was under consideration, but did not provide any confirmation that the shortcomings identified by the CPT would be remedied in the course of its design and construction. Further, this question also remains as regards the 57 police stations of the *Mossos d'Esquadra* possessing a custody area, which may suffer from the same structural deficiencies, as well as the detention areas of the headquarters of the *Guardia Civil* and the National Police in Barcelona visited by the CPT delegation which, despite their limited use, suffer from the same structural deficiencies notably in terms of lack of access to natural light and poor ventilation..

The CPT reiterates its recommendation that the new main police detention facility of the *Mossos d'Esquadra* in Barcelona, as well as any future cells of other law enforcement agencies to be constructed at the level of the Autonomous Community of Catalonia, fully address and remove the main structural shortcomings identified by the Committee with regard to the lack of access to natural light, poor ventilation system, absence of outdoor exercise facilities and call bells and lack of access to drinking water in cells. These requirements should be taken into account at the design stage of all future law enforcement premises. The CPT also considers that greater efforts should be invested to ensure the hygienic upkeep and general maintenance of existing police detention facilities, in particular by improving the ventilation system, installing call bells, providing detainees with access to drinking water and proactively enabling and encouraging the use of shower facilities. In light of the above, the CPT calls on the Spanish Ministry of the Interior and the Catalan regional authorities to make efforts to improve the material conditions in the detention units of the *Guardia Civil*, the National Police and the *Mossos d'Esquadra*.

²⁵ See in this respect paragraph 32 of the CPT's report on the 2020 periodic visit to Spain CPT/Inf (2021) 27.

B. Prison establishments

1. Preliminary remarks

44. The Autonomous Community of Catalonia has been responsible for the management of prisons in the region since 1979, operating within the legal framework adopted by the Spanish State, notably the 1978 Organic Penitentiary Law (LOGP) and the 1986 Penitentiary Regulation (RP).²⁶

At the time of the 2024 visit, prisons in the Autonomous Community of Catalonia were accommodating 8 568 inmates for an overall capacity of 9 512 places (that is, an occupancy level of 90% and an incarceration rate of 102 per 100 000 citizens) which represented an increase of 11.2 % in the prison population over the previous year.²⁷ The rate of remand prisoners (21.5%), of foreign nationals (51%) and the proportion of prisoners classified under third degree and subject to the open regime (23%) had all remained stable in recent years.²⁸ The Justice Department of the *Generalitat* and SMPRAV informed the delegation that a series of strategic documents were being developed on reinforcing the re-socialisation path of persons sentenced to imprisonment, through their progressive transfer to third degree/open regime, and on a truly gender perspective in the prison system. To this end, plans were ongoing for the construction of a new Open Regime Prison in Barcelona (800 places) by 2027 and a new Female Prison in Zona Franca (Barcelona) for a capacity of 400 places by 2030.

45. In the course of the visit, the delegation examined the treatment and conditions of persons held in five prison establishments, and the Terrassa Prison Hospital. A specific objective was to assess the conditions of prisoners held in closed-regime departments (*Departaments Especials de Regimen Tancat*, more commonly known as DERTs), with a focus on the application of restraint measures, such as mechanical fixation, and the management of prisoners with a mental health condition (see paragraphs 93 to 99). This particular focus was primarily driven by the alleged surge in inmate-on-staff aggression in recent years²⁹ and an increase in the application of mechanical fixation of inmates notably since 2021³⁰ following a demand from prison staff to safeguard their physical integrity (see paragraph 119).

In response, the Parliament of the *Generalitat* adopted a motion on 8 February 2024 which, *inter alia* underscored the need for the Government of the Autonomous Community to better regulate the resort to and application of mechanical restraint in prisons, and pay closer attention to the situation of prisoners with mental disorders.

However, security concerns were further aggravated by the killing of a civilian female cook by a prisoner working in the kitchen at Mas d'Enric Prison in Tarragona on 13 March 2024.³¹ In protest, custodial staff went on an unannounced strike, resulting in a lockdown of several prison establishments (affecting approximately 4 000 prisoners). For a period of two weeks, all regime activities of prisoners, transfers, entries and visits in the regional prison system were suspended by prison staff. Subsequent negotiations resulted in an agreement on 29 April 2024 between the Government of the

26. Secondary legislation, including circulars, instructions and service orders, lie within the competence of the autonomous community, the most important of which was the 1996 Rules for prisons in Catalonia.

27. That is, an increase of 822 prisoners since January 2023. At the time of the 2018 CPT visit, the prison population stood at 8 367, but had decreased during the Covid-19 pandemic (7 746 at the end of 2021).

28. Articles 100 to 109 of the Prison Regulations (RP) define the three categories of regime in which a prisoner can be placed: closed regime (1st degree), ordinary regime (2nd degree) and open regime (3rd degree). In practice, the vast majority of prisoners entering the prison system are classified as 2nd degree inmates after spending a few days in the reception unit of a prison. A limited number of convicted prisoners are classified as 1st degree inmates upon admission to prison and placed in a closed regime or special unit. Progression to the third degree (*régimen abierto*) usually results in the inmate being placed in an open regime unit or centre.

29. According to official data from the SMPRAV, the number of serious assaults of inmates against staff (those involving a temporary leave of absence from work) amounted to 75 in 2023 (46 until October 2024). The overall number of assaults of inmates against prison staff (those inflicting serious, light or no injuries) amounted to 541 during 2023, and to 514 in the course of the first ten months of 2024.

30. For example, the number of applied mechanical fixations of inmates for regimental purposes since the previous CPT's visit to the region stood at 263 in 2018, 525 in 2019, 514 in 2020, 340 in 2021, 631 in 2022, 643 in 2023 and 413 until the 26 November 2024.

31. The victim had been stabbed to death by an inmate who later committed suicide, and who was serving a sentence for murder of a female.

Generalitat and representatives of prison staff trade unions concerning demands and guarantees, notably regarding the imperative to ensure the physical integrity of staff and other security and social measures (see paragraph 119).³²



The CPT would like to receive a copy of the report on the internal investigation conducted by the SMPRAV in relation to the aforementioned lockdown.

46. The March 2024 events inevitably led to tense and polarised relations between custodial staff and the SMPRAV, and between custodial staff and prisoners, which was palpable during the CPT's visit. One specific outcome of the events was the adoption of Circular 02/2024 which drastically and retroactively limited the possibility of prisoners sentenced for violence-related offences to certain categories of work within the prisons. The delegation observed the effects of this measure with prisoners being suspended from jobs,³³ or offered alternative and often less remunerated positions (see paragraph 69).

47. At the time of the visit, discussions about further security measures were ongoing. Most trade unions were advocating for a more security oriented approach, such as the extension and more forceful application of closed-regime and segregation measures for "dangerous" prisoners, mandatory training of staff in self-defence techniques, and the possibility to resort to additional means of restraint (such as pepper spray), better management of prisoners affected by mental health disorders, and the installation of CCTV cameras in detention units. They lamented the perceived growth of incidents of aggression by inmates against staff (see paragraph 119).³⁴

48. On the other hand, various civil society representatives were critical of the situation in prisons in terms of deterioration of prisoners' rights and expressed concern about the increasing rate of suicide and self-harm.

49. During the 2024 visit, the delegation visited the following five prisons:

- Brians 1 Prison located in the Municipality of Martorell some 40 kilometres west of Barcelona. The establishment, inaugurated in 1991, was accommodating 1 086 prisoners including 805 remand prisoners and 108 women, for an overall capacity of 957 places (that is, an occupancy rate of 113%). Following the closure of Modelo Prison in Barcelona in 2017, Brians 1 had become the main pre-trial detention facility for the Barcelona metropolitan area. At the time of the visit, some 55% of the prison's population were foreign nationals.

The establishment has an admissions unit, five ordinary regime modules, one admission module for male prisoners and a separate women's unit consisting of two U-shaped modules. It also contained a 67-bed psychiatric unit (UHPP or Hospital Unit for Penitentiary Psychiatry) under the responsibility of the Catalan regional healthcare authority (*Institut Català de la Salut* or ICS), which served as the reference forensic psychiatric unit for the Catalan regional prison system. Further, Brians 1 Prison possessed two closed-regime departments (DERTs), a 32-cell unit for men, and a 10-cell unit for women. At the time of the visit, the DERTs were accommodating 21 men and eight women under a closed-regime or serving disciplinary or other segregation measures.

- Brians 2 Prison, located adjacent to Brians 1 Prison, is the biggest establishment in Catalonia. It was inaugurated in 2005. At the time of the visit, it was accommodating 1 547 male prisoners for an overall capacity of 1 759 places (88% capacity). The establishment consisted of 14 ordinary regime units organised in two sectors, one DERT (80 places) accommodating 45 prisoners subject to closed-regime or segregation measure, and a separate 40-cell special department (*Departament especial* or DES) accommodating 18 prisoners serving a disciplinary sanction.

32. These events had been the object of two resolutions by the *Sindic de Greuges*, which concluded that the SMPRAV had acted responsibly in trying to minimise the impact of the unannounced strikes by prison staff and the blockade of the prison system, which affected about half of the prison population. With regard to the prison administration's responsibility in the above-mentioned murder, the *Sindic* also concluded that: "...as risk assessment is not an exact science, it was not possible to establish whether there had been previous signs of the prisoner's incompatible behaviour towards the cook, as reported by the media."

33. Such as, for example, positions in the catering sector or in an extra-module workshop involving close contact with the civilian staff or the prison staff.

34. See for example, in this respect the [news bulletins and reports](#) of some of the trade unions in question.

Further, the establishment possessed a 70-bed UHRP (Hospital Unit for Psychiatric Rehabilitation), accommodating 67 patients, which served as the reference psychiatric rehabilitation unit for the entire Catalan regional penitentiary system. It also possessed premises for workshops, education, socio-cultural and sporting activities. Some 50% of prisoners were foreign nationals.

- Joves Prison, located in the Municipality of La Roca del Vallès, some 20 kilometres north of Barcelona, was accommodating 297 male young adult prisoners (aged from 18 to 25 years of age) for an overall capacity of 343 places (87% capacity). The establishment consisted of four 72-cell symmetric residential modules, one admission unit, one 20-cell DERT (accommodating 14 prisoners) and an infirmary, as well as a socio-cultural pavilion and sporting facilities. At the time of the visit, 76% of the prison's population were foreign nationals, with 59% of the foreign population originating from countries of the Maghreb region.
- Lledoners Prison, located some ten kilometres from the city of Manresa (70 kilometres north-west of Barcelona), was accommodating 830 male prisoners for an overall capacity of 1 000 places. The establishment consists of eight adjacent ordinary regime modules (64 cells each), one 36-cell DERT which at the time of the visit was accommodating 27 prisoners under closed regime or disciplinary and segregation measure, one admission module and one infirmary. The layout of the establishment was divided by a central street decorated with gardens, with ordinary regime modules on one side and, on the other, the cultural facility (that is, a central library, assembly hall, classrooms, art studios and multi-faith chapel) and a sports unit (with a covered court for ball games, football pitch, gymnasium and swimming pool). At the time of the visit 42% of the prison population were foreign nationals.
- Quatre Camins Prison, located just adjacent to Joves Prison and inaugurated in 1989, was accommodating 1 087 prisoners for an overall capacity of 1 347 places (81% capacity). The establishment consisted of nine ordinary regime modules radially distributed around the central control tower, and a 40-cell DERT and separate 30-cell disciplinary unit (Module 5). At the time of the visit, these two latter departments were accommodating 31 and 27 prisoners respectively. The prison also possessed a large educational centre and various sports facilities and workshops. Some 45% of prisoners were foreign nationals.

2. Ill-treatment

50. The great majority of prisoners met stated that they had been treated correctly by custodial staff in both ordinary regime and DERT modules of the prisons visited. However, the CPT delegation received a number of allegations from prisoners of physical ill-treatment and excessive use of force consisting of slaps, punches, and blows with truncheons. The alleged ill-treatment had been inflicted on them by custodial staff in the context of episodes of agitation, escalating altercations with staff, and during instances of passive resistance to custodial staff's orders. The episodes in question were documented as instances of use of force and coercive measures in the prison management records, which were regularly notified to the supervisory judge. In some cases, the delegation was able to gather medical evidence in the personal files of the inmates involved which corroborated their allegations. For example:

- i. An inmate met at the DERT of Quatre Camins Prison alleged that, on 14 September 2024, following a verbal altercation with prison staff in his cell of Module 2³⁵ he had been hit several times with

35. The verbal altercation concerned the prisoner's refusal to leave his cell to go to the yard and his aggressive demand for cigarettes, which escalated into verbal insults towards prison staff.

truncheons on various parts of his body and punched on his nose by a group of prison officers.³⁶ He was transferred to the DERT where he was first subjected to provisional isolation and later mechanically fixated in a dedicated cell of the module.³⁷

- ii. A member of the healthcare staff recorded the following entry in the monitoring chart on 14 September 2024 at 20:35: "general condition, hydrated, good ventilatory mechanics, no visible injuries". Further, at the second medical check of the measure executed at 22:27 on the same day the following entry was included in his file "Laceration observed on the left supraorbital arch, said to have been thrown and hit".

Further, following his release from mechanical fixation, the prisoner had been escorted to the Emergency Department of Granollers Hospital on 16 September 2024 due to respiratory complications that he developed after returning to his cell. At that time the visiting doctor issued a medical certificate recording the following injuries which had not been picked up by the prison doctor: *"Exploration/detection at patient's request: Patient reported needing mechanical restraint due to psychomotor agitation over the weekend (14 September 2024, 20:00). He displays bruising of varying severity over the dorsal region of the trunk and costal arches, with linear and costal arches, with linear bruising consistent with five simple contusions, probably related to the use of restraints. Two bruises on the midaxillary line (left side, 4th and 7th intercostal spaces). Two bruises noted in the right subscapular region. Reports pain in the right costal arches without crepitation or deformity. Oedema and tenderness of the distal left radius without significant functional limitation. In addition: Haematoma in the left supraciliary arch. Nasal deviation (septum) to the right with obstruction of the left nasal passage noted."*

- iii. An inmate met at the DERT of Quatre Camins Prison³⁸ alleged that, on 11 November 2024 following an intervention by a group of six prison officers in his cell in anti-riot gear, after having pushed a custodial staff member from behind the bars of his cell over a verbal altercation on a request of cigarettes, he had been hit several times with truncheons on various parts of his body.³⁹

Subsequently, he had been subjected to regimental mechanical fixation for three hours and 19 minutes and at the time of his release from fixation the medical doctor issued a certificate with the following entry: *"the patient displays a contusion in the left zygomatic area possibly in relation with the previous intervention"*.

- iv. An inmate met at the DES of Brians 2 Prison alleged that, on 17 November 2024, after refusing a prison staff member's order to enter his cell, he had been handcuffed and hit with punches to various parts of his body by a group of prison officers in charge of escorting him to the dedicated cell of the DES, where he was mechanically fixated for five hours (that is, from 17:22 to 22:55 of the same day). While fixated, the visiting nurse recorded the following injuries in the relevant chart at 17:25 : *"3-4cm*

36. According to the relevant report on the use of means of restraint, the resort to the use of force which started on 14 September 2024 at 17:15 was justified as follows by custodial staff:

"The prisoner disobeyed the orders of the officers to go to the courtyard and delayed the functioning of the department by looking through the peepholes of the cells in his gallery, while disrespecting the officer. When the head of unit ordered him to return to his cell, he disobeyed her, confronted her and finally had to be subdued in order to force him to obey the orders. I ordered him to be transferred to a cell with video surveillance in a situation of temporary isolation to avoid further regimental disturbances and to bring his behaviour back to normal parameters.

Five minutes later, while we were waiting for the presence of the head of unit to carry out the protocol visit, the prisoner, in a rampage of violence, began to bang on the door with the clear intention of breaking it. We immediately approached the cell to try to control the situation, but he ignored us and stood up on the bed in a defiant attitude, not allowing any verbal interaction. We tried to calm him down but, as we will see, he began to insult me, saying "you are the son of a bitch who put me in the first degree" as he approached me with his hands raised in apparent intent to attack. The officers immediately subdued him and had to take him to the ground to prevent him from kicking and punching. Given his strong resistance and the fact that he did not cease his behaviour, I ordered him to be handcuffed in order to control him and I informed the head of shift to request authorisation to resort to the use of restraints for the mechanical fixation on the bed."

37. See paragraph 76 below for a description and analysis of the measure of mechanical fixation to a bed.

38. The inmate in question is the same as described in paragraph 61 and was subject to a specific security protocol.

39. The relevant report on the use of means of restraint justified the use of force as follows: *"At 14:26, the order was given to open the cell door, and the team approached the inmate. The inmate resisted violently, charging the team, attacking them with objects in his hands and with his legs, kicking the team, hitting and punching the shield and the officers in anti-riot gear. The prisoner managed to hit the hand of the X officer with a strong kick. It was necessary to use rubber batons and physical force to be able to reduce the prisoner and to remove the objects from his hands, to apply mechanical restraint by means of handcuffs, this was at 14:30."*

abrasion on the right shoulder, 1-2cm abrasion on the right eyebrow". On 20 November 2024 the doctor visiting him while serving a solitary confinement measure recorded the following entry in his medical file: "two abrasions on the right eyebrow, small haematoma on the scalp, small lacerations on the wrists, small haematomas on his knees, no other injuries."

As was the case during the 2018 visit, the delegation also received allegations of physical ill-treatment of prisoners by custodial staff as well as instances of verbal intimidation at the admission module (*Ingressos*) of Brian 1 Prison, which indicated a clear pattern of a very strict regime reigning therein. These consisted of slaps inflicted on prisoners if they rang the call bell to attract the attention of staff. Consequently, due to the climate of fear in the unit, even persons in need of medication for chronic diseases⁴⁰ or mental disorders⁴¹ did not dare attract the attention of staff for fear of reprisals from prison staff.

51. The CPT recommends that the Catalan regional authorities once again explicitly send to custodial staff a message on zero-tolerance for physical ill-treatment, excessive use of force and verbal abuse of inmates. Further, such message should also reiterate to prison staff that any such violations will be promptly and effectively investigated by the relevant judicial authorities and subject to appropriate sanctions.

Prison management is advised to take enhanced vigilance measures in this area, including but not limited to ensuring the regular presence of prison managers in the detention areas, their direct contact with prisoners, and the improvement of prison staff training, notably on issues such as de-escalation, manual control techniques, use of force, inter-personal skills and cross-cultural communication (see also paragraph 120).

The CPT recommends that the SMPRAV and management of Brian 1 Prison take action to end the physical and verbal harassment by staff of inmates requesting assistance through the ringing of the call bell. Better oversight of the admissions unit by management should be enforced. Moreover, as set out in paragraph 67 below, the regime concerning the disproportionate restrictions in place at the admissions unit (*Ingressos*) of Brian 1 Prison should be reviewed.

52. At the outset of the visit, the CPT delegation was informed by the Inspectorate of the SMPRAV that a total of 259 cases of alleged physical ill-treatment of prisoners by staff had been investigated since 2019. This had resulted in the initiation of 12 disciplinary proceedings against staff members, with two custodial officers being sanctioned with a temporary suspension from work.⁴²

During the visit, the delegation observed that the number of complaints from inmates, or information regarding allegations of physical ill-treatment by staff, was found to be very limited at the establishments visited. For instance, at Quatre Camins Prison, the prison director could neither recall nor provide a single instance of a case reported to the supervisory judge in recent years of injuries displayed by inmates pursuant to Instruction 02/2018 (see paragraph 90), which could be indicative of excessive use of force or ill-treatment by staff.

The CPT would like to receive the comments of the Catalan regional authorities on the above-mentioned findings, notably taking into account that Quatre Camins Prison is the second biggest establishment of the prison system.

53. The examination by the delegation of the reports on the use of means of restraint against inmates, drawn up by the head of unit for the notification of the prison director and the relevant supervisory judge

40. For example, a detainee suffering from diabetes alleged that he was only allowed to receive his medication during the distribution of meals.

41. A detainee alleged to have received a punch on his chest from a prison officer for having rung the bell of his cell in order to request his prescribed psychotropic medication.

42. Of 14 and 21 days respectively.

pursuant to Article 45 of the LOGP, showed that they did not include an assessment of the proportionality of either the resort to the use of force nor the mechanical fixation. The reports relied entirely on the statements of prison staff and management referring to the challenging nature of the prisoners' difficult and violent behaviour; there was no evidence of statements by inmates outlining their view on the circumstances of the relevant incident.

Further, medical certificates pertaining to prisoner injuries were found to contain inadequate or incomplete descriptions of the injuries and their origin, and the assessment of the compatibility with the applied force as well as its proportionality by the head of shift was missing. Further, the relevant supervisory judges systematically justified the use of force *a posteriori*. The supervisory judge did not conduct a comprehensive and fully independent reconstruction of the facts and modalities of the use of force in any of the cases scrutinised by the delegation.⁴³ Moreover, in several cases, the delegation noted that not all relevant information, such as injury records, had been forwarded to the judge.

For instance, in relation to case i. cited in paragraph 50, the supervisory judge provided justification for the application of mechanical restraint and the use of force two weeks after the occurrence of the facts, by relying exclusively on the report provided by the prison management, without being provided with documentation on the relevant medical injuries displayed by the inmate and recorded at the civil hospital on 20 September 2024, and not exercising a thorough scrutiny of the injuries initially described in the relevant medical chart at the commencement of the fixation measure.

The Committee is of the opinion that, in order to reinforce the system of accountability for possible misconduct of prison staff in applying force in the context of the management of difficult and violent prisoners, it is necessary to introduce additional safeguards so that the relevant supervisory judges are provided with a more complete picture of the facts and sequence of the incidents in question.

The CPT recommends that the Catalan regional authorities take the necessary steps in order to ensure that reports on the use of force transmitted to the relevant supervisory judge are drawn up promptly and accurately, and that the assessment of the compliance of such force with the principles of necessity, proportionality and legality be conducted with a thorough analysis of all relevant information, including different sources of evidence, with a particular reference to the relevant injuries suffered by the prisoner in question.

54. Episodes of inter-prisoner violence were frequent in some of the establishments visited, in particular in the ordinary regimes of Modules 1 and 3 of Brians 1 Prison, Modules 3, 6 and 7 of Joves Prison and Modules 3, 4 and 6 of Quatre Camins Prison. A recent study by the CEJFE of the *Generalitat*, which examined a total of 63 946 incidents of violent inmate behaviour, including 11 046 instances of inter-prisoner violence occurring in prisons between 2017 and 2022, concluded that the Riscanvi risk assessment tool (see paragraph 71) could constitute a valid basis for the reduction of violence, provided that all inmates are regularly assessed on a periodic six-month basis (see paragraph 69).

The delegation observed that the underlying causes of these incidents were associated with inter-ethnic clashes among inmates in so-called conflictive modules,⁴⁴ as well as tensions related to the trafficking of drugs and illicit substances (see paragraph 104) and accumulated debts by inmates.

For instance, at Joves Prison, prisoners who were not belonging to the main ethnic group of detainees accommodated at the establishment systematically objected to placement in Module 4 (that is, the conflictive module) as a result of an incident or breach of the house rules⁴⁵ and preferred serving a consequent disciplinary measure of solitary confinement or segregation in the DERT for fear of being

43. The justification issued by the supervisory judge consisted of standardised legal reasoning quoting the relevant applicable legislation (Article 45 of the LOGP), without any real scrutiny of the modalities of the application of the measure.

44. In the Spanish penitentiary system inmates with a high-risk of disruptive behaviour are in principle accommodated in so-called conflictive modules under ordinary regime, in view of the stabilisation of their behaviour.

45. Such as, for example, active or passive resistance to staff orders and damaging of property.

exposed to intimidation by the specific prison population of Module 4.⁴⁶ Generally, it appeared that prison staff intervened relatively quickly when such incidents occurred and medical care was being provided in order to treat physical injuries. In addition, the judicial authorities were regularly informed of incidents where injuries were observed, in accordance with the provisions of Instruction 02/2018.

The Committee takes note of the efforts invested by the SMPRAV through innovative tools such as risk assessment tool Riscanvi (see paragraph 71) as well as specialised interventions such as the Recvi programme (see paragraph 68) for violent prisoners in order to prevent episodes of violent behaviour.

In this context and based on this important work, the CPT recommends that a specialised strategy to prevent and effectively address inter-prisoner violence be devised, notably by assigning more prison staff (particularly custodial staff) to those conflictive modules which by their nature and composition are the environment most conducive for the development of this phenomenon. Further, the recommendation on the increase of input of cultural mediators referred to in paragraph 126 is also valid in this context.

3. Conditions of detention in closed-regime modules (DERTs)

a. preliminary remarks

55. As mentioned above, an assessment of the DERTs was a primary focus of the visit, both to examine the current situation and to analyse the implementation of previous recommendations made by the Committee. The categories of persons who can be accommodated in a DERT include prisoners undergoing disciplinary sanctions,⁴⁷ those awaiting a decision on a disciplinary sanction,⁴⁸ those placed in temporary isolation as a result of a violation of house rules, those under protection,⁴⁹ and prisoners who have been classified as first degree (that is, inmates considered "dangerous" or "not adapted to the normal prison regime", as defined in Article 10 of the LOGP). At the time of the visit, 167 prisoners were being accommodated in the nine DERTs within Catalonia's prisons (that is, less than 2% of the overall population), which was in line with the rate of the previous years and the stated strategic goal of the authorities.⁵⁰

The average duration of stay in a DERT was recorded as 75 days, down from 105 days at the time of the 2018 visit, and the prison administration was actively monitoring the return rates.⁵¹ A positive development was the approval by the *Generalitat* in October 2023 of Agreement 210/23, which foresaw the creation and recruitment of a total of 111 multidisciplinary staff (namely, programme coordinators, psychologists, social workers and monitors) tasked with the execution of specialised treatment programmes in the management of prisoners prone to violence (Recvi programme) or anti-suicide measures (Benestar programme).

The aforementioned Agreement No. 210/23 was developed with the objective of achieving specific goals, including the reduction of the average duration of inmate stays in closed-regime modules, the minimisation of the adverse effects of coercive measures, the reduction of assaults on prison staff, and the enhancement of the quality of treatment interventions by prison staff.⁵²

46. Episodes of intimidation related in particular to racketeering for accumulated debts, which were prevalent over the trafficking of illicit substances.

47. Pursuant to Article 236 of the RP.

48. Pursuant to Article 243 of the RP.

49. Pursuant to Article 75 of the RP.

50. A close monitoring of the DERTs' population was carried out by the SMPRAV to ensure that the numbers of prisoners held therein did not exceed 2% of the overall prison population.

51. The delegation was informed that from 1 January 2023 to 15 November 2024, a total of 724 inmates had progressed from the closed to the ordinary regime, with a rate of recurrence of 15.9% (that is, 117 inmates). The SMPRAV was also paying close attention to the recidivism rate of inmates who were being placed in a DERT repeatedly, in order to include them in specialised treatment programmes such as Recvi and Benestar.

52. For example, the Recvi and Benestar programmes would be subject to an audit within three years in order to evaluate the impact of the treatment interventions in respect of the rates of incidents of aggression, institutional violence incidents, attempted suicides and mechanical fixations.

b. material conditions

56. At Brians 1 Prison, the male section of the DERT was accommodating 12 prisoners under closed-regime and nine serving a disciplinary sanction. The 32 cells measured approximately 10m² including a semi-partitioned sanitary annexe, a bed and table fixed to the floor, a concrete shelving unit and a plastic chair. The DERT also possessed an association room and a classroom equipped with a small library and computers, and various offices for interviews with treatment staff and medical consultations. The cells were clean and in an adequate state of repair, with sufficient access to natural light and artificial lighting, as well as adequate ventilation. The adjacent ten-cell dedicated DERT for female prisoners, which was accommodating five prisoners under a closed regime and three serving a disciplinary sanction at the time of the visit, exhibited a very similar design and material conditions.

The 80-cell DERT of Brians 2 was accommodating 45 prisoners under a closed regime and offered acceptable conditions of detention in terms of access to natural light and ventilation and basic equipment. However, the unit exhibited a serious level of dilapidation and deterioration in cells (crumbling paint, cracks in the floor and dirty walls covered in graffiti, as well as high levels of humidity).

The 20-cell DERT of Joves Prison, accommodating 10 prisoners under a closed regime, two under disciplinary sanctions and one under provisional isolation, was in an acceptable state of repair and hygiene. Standard cells measuring 10m², including a semi-partitioned sanitary annex, a bed fixed to the floor and a concrete shelving unit, were in an acceptable state of repair and hygiene. However, access to natural light was limited due to the triple metal perforated grills placed on the windows.

At Quatre Camins Prison, the 40-cell DERT, arranged in four parallel corridors of ten cells each, was accommodating 28 prisoners in the closed regime and three working prisoners. It had been renovated since the CPT visit in 2007. In addition, the heating system was found to be malfunctioning, resulting in the cells being cold. This meant that prisoners were required to wear winter jackets inside the cells and there was an acute shortage of hot water in the communal showers. There were also elevated levels of humidity recorded in the cells.⁵³

The dedicated 20-cell DERT at Lledoners Prison, accommodating 27 prisoners⁵⁴, offered acceptable conditions in terms of hygiene and state of repair. The module also possessed communal rooms and a library. However, the austerity of the conditions in the DERT stood in stark contrast to the well-decorated and welcoming environment that characterised the rest of the establishment (see paragraph 49). The rectangular-shaped courtyards adjacent to each module of the DERTs visited were austere, being delimited by six-metre-high concrete walls, devoid of any decorative elements or vegetation, offering a limited horizontal view, and covered with a metal mesh with no means of rest, outdoor fitness equipment or shelter against inclement weather.

The CPT recommends that the cells and communal facilities in the DERT visited be kept in an adequate level of repair and hygiene. To this end, urgent steps should be taken to fix the dysfunctional heating system at the DERT of Quatre Camins Prison, and to whitewash the cells at the DERT of the Brians 2 Prison. To enable increased access to natural light in the cells of the DERT at Joves Prison, the triple metal grills should be removed. Further the courtyards in the DERTs visited should be equipped with a means of rest, outdoor fitness equipment and shelters against inclement weather, and rendered less austere.

c. regime

57. In terms of staffing, the CPT delegation noted that every DERT now possessed a dedicated multidisciplinary team (consisting of a full-time coordinator, full-time psychologist and part-time educators, lawyers, teachers and social welfare officers) in compliance with Circular 02/2017. The team was

53. For example, one cell of the Bravo Wing at 11:00 had a humidity level of 57%.

54. 17 under a closed-regime, four serving a disciplinary sanction, three under a provisional isolation measure and three under a segregation measure pursuant to Article 75 of the RP.

assigned the responsibility of organising activities in accordance with a weekly schedule and ensuring that each inmate placed in a DERT possessed a detailed individual treatment plan and risk assessment outlining the objectives and goals to be attained during each phase of their placement in the DERT. In principle, every inmate was offered regular meetings with the coordinator and the psychologist, as well as with a lawyer and social welfare officer on an ad hoc basis with a view to assisting inmates in fulfilling the objectives outlined in their respective individual treatment plans (PIT). Furthermore, the dedicated Recvi and Benestar roving teams from the SMPRAV offered targeted interventions to inmates deemed to require specific management interventions for their violent behaviour or their apparent self-harming tendencies, both individually and in groups.⁵⁵ These are positive developments, and many prisoners told the delegation that they had found these activities to be beneficial. However, some prisoners also expressed discontent about the limited range of activities on offer and the infrequency and perfunctory nature of their interactions with the treatment staff.

58. As to the level of out-of-cell activities on offer, the delegation observed that inmates classified under Article 94 of the RP were offered the statutory six hours of out-of-cell activities depending on the relevant phase of progress in their classification. These activities consisted of access to the courtyard (in groups of three, for five hours per day) and three hours in one of the dedicated communal rooms, which were equipped with a table, chairs, tennis-table sets and board games. Furthermore, the multidisciplinary team delivered a weekly programme of group activities (workshops, basic literacy classes and individual counselling on behavioural control). Finally, the staff from the Recvi programme delivered individual and group interventions to inmates who had been classified as eligible for such activities.

Prisoners who had been assessed by the treatment staff as advanced in their reintegration path were spending part of the day in an ordinary module in order to facilitate their transition (pursuant to Article 100.2 of the RP). The delegation formed the distinct impression that inmates demonstrating stabilised behaviour were presented with concrete and varied opportunities for reintegration into the general population. However, certain inmates suffering from mental disorders faced a more arduous path towards re-integration due to the penury of psychiatric input (see paragraph 94) and spent considerably longer periods in the DERTs than the average of 75 days.

59. The Committee acknowledges the progress made by the Catalan regional authorities in implementing the provisions of Circular 02/2017, particularly the deployment of dedicated multidisciplinary personnel within the DERTs and the provision of tailored activities designed to facilitate the expeditious reintegration of inmates into the ordinary regime. However, the CPT also notes that inmates classified under the regime pursuant to Article 94 of the RP who suffer from mental disorders run the risk of facing a deterioration of their conditions due to the penury or interruption of psychiatric and psycho-social therapeutic input as well as the harsh conditions of detention in DERTs.

The CPT recommends that the Catalan regional authorities take steps to ensure that prisoners accommodated in DERTs under Article 94 of the RP who are suffering from a mental disorder either be placed in a medical setting (following a mandatory medical assessment of their mental status as referred to in paragraph 60) or be provided with increased psychiatric therapeutic input by specialised staff, as provided for in the relevant provisions of Circular 02/2017. Further, the Committee also recommends that the Catalan regional authorities invest further efforts in order to provide prisoners under closed-regime in DERTs with a more extensive regime of activities and more substantial interactions with treatment staff.

60. Prisoners subject to the regime under Article 93 of the RP, whose classification was based on their disruptive behaviour, were subjected to a stricter regime consisting of three hours of access to a courtyard in groups of a maximum of two inmates, but no communal activities. The delegation observed that, in principle, prisoners subject to the Article 93 regime were receiving an increased level of individualised approach from treatment staff compared with the past, and that some of them were included in the Recvi

55. The Recvi and Benestar teams comprised one educator and one psychologist, who conducted individual and group sessions with a group of pre-selected inmates in DERTs on a weekly basis. The Recvi and Benestar staff were based in Barcelona and would commute to the relevant prison establishment in accordance with a predetermined schedule.

programme.⁵⁶ However, the regime remained impoverished and appeared to be particularly harmful for those inmates with a mental disorder due to the penury of psychiatric and psycho-social input in DERTs (see paragraph 94). Consequently, this category of inmates could remain classified under such a regime for several months on end⁵⁷ facing an inevitable deterioration of their mental health and at times hospitalisation at the UHPP of the Brians 1 Prison.

For example, an inmate met at the DERT in Quatre Camins Prison suffering from a severe mental illness had been subject to the regime under Article 93 of the RP since December 2023 and mechanically fixated to a bed 17 times since then due to numerous episodes of physical aggression against staff and other inmates. The inmate in question had been hospitalised at the UHPP of Brians 1 Prison on several occasions and readmitted to the DERT of Quatre Camins Prison where, after a short period of behavioural stabilisation, he would start displaying aggressive behaviour towards staff and engage in the destruction of objects and property. The delegation observed that treatment staff communicated with him through metal bars and that he did not have contact with other inmates.

The recommendation outlined in paragraph 59 on the need to provide a regular assessment of the mental status and increased psychiatric therapeutic input to prisoners in closed-regime is also valid in this context and should be provided even more to those inmates classified under Article 93 of the RP. Further, the CPT also recommends that the SMPRAV take all necessary measures to encourage, as far as possible, direct contact (without screens or bars) between prisoners and the different categories of staff who have dealings with them, such as treatment staff.

61. In accordance with the provisions outlined in Instruction 03/2023, which was issued in response to demands from prison staff trade unions concerning the escalating rate of aggression directed towards custodial staff and other inmates, a special security protocol may be implemented for prisoners who “*exhibit a risk profile characterised by high levels of aggression and extreme danger, marked by traits of impulsivity, recklessness, and hostility*”.⁵⁸ For instance, at the DERT of Quatre Camins Prison, the security protocol pursuant to Instruction 03/2023 was applied to two prisoners and entailed systematic pat-down searches at each exit from their cells, handcuffing upon cell exit and during transfer, escorting by four prison officers, and limitation of social interactions with other prisoners in the courtyard. The implementation of this protocol was subject to a reasoned justification of the prison management and the notification and approval of the relevant supervisory judge.

The delegation was concerned that the disproportionate nature of the resort to means of restraint and the imposition of an extremely impoverished regime had not contributed to appeasing the disruptive behaviour exhibited by the aforementioned prisoners. On the contrary, the delegation gained the impression that the application of the security protocol was likely to lead to a further deterioration in their mental health condition.

An illustration of this can be found in the case of an inmate met by the delegation at the DERT of Quatre Camins Prison, where had been accommodated in the DERTs of four different prison establishments since November 2022 following numerous episodes of violent behaviour against staff, self-harming incidents and attempted suicide.⁵⁹ He had been mechanically fixated seven times for periods up to 14 hours since

56. For example, at the DERT of Quatre Camins Prison 7.

57. In some cases, for more than one year. For example, an inmate met at the DERT of Quatre Camins Prison had been subject to the Article 93 regime since November 2022.

58. Instruction 03/2023 also stipulates that such inmates may be subject to measures that “*may involve restrictions on the objects available to the inmate; the limitation to carrying out group activities; going out alone during playground hours; and may require the intervention of a certain number of professionals and/or the use of metal handcuffs to ensure their mobility outside the cell*”.

59. The relevant personal file of the inmates described his psychological status at the time of his placement at the DERT in November 2022 as follows: “*The situation culminated on 7 November 2022 when his mood reached a critical point. Despite consultation with mental health services and the activation of the PPS protocol, the prisoner exhibited a high level of emotional distress. His mood was characterised by a mixture of depressive and dysphoric elements, irritability and a tendency towards both self-directed and outwardly aggressive violence. His actions on that day reflected the intensity of his internal turmoil, exacerbated by his inability to cope with the pressures of his trial. The prisoner's current psychological profile highlights the need for a comprehensive clinical assessment to address the underlying causes of his behaviour. These include his chronic inability to cope with conflict, his deep-seated personality traits, and the significant emotional and cognitive impairments that impede his rehabilitation prospects.*”

January 2023 and the security protocol had been applied to him since 1 December 2023.⁶⁰ The relevant protocol had been endorsed by the competent supervisory judge.

The CPT recommends that the SMPRAV review the content and modalities of the implementation of the security protocol pursuant to Instruction 03/2023 in relation to inmates classified under Article 93 of the RP, with a view to limiting its application to the minimum time necessary and subjecting its application to periodic and regular reviews on the basis of the behaviour and mental state of the inmates concerned. In particular, the Committee considers that there should be a calibrated implementation and application of the restrictions applied to inmates subject to the security protocol (such as systematic handcuffing and absence of interaction with other inmates) in order to avoid further deterioration of their mental status and aggressive behaviour.

62. As outlined in Point XI of Circular 02/2017, the treatment interventions and regime of DERTs are to be adapted to the particular profile of the prison population, including females and young adults. However, the delegation observed that the regime of activities offered to females at the DERT of Brians 1 and young adults at Joves Prison did not differ in terms of content from that of male adult prisoners. It is evident that the provision of tailored activities was not aligned with the distinct profiles of women and young adults (especially those hailing from disadvantaged social contexts).⁶¹

The CPT recommends that the provisions of Circular 02/2017 on the need to provide an increased and tailored range of educational, recreational, sporting and workshop activities to young adults and females accommodated in a DERT module be immediately implemented at the DERTs of Brians 1 and Joves Prisons. Further, particular attention should be provided to those inmates who display poor social and family links resulting in social isolation and/or financial disadvantage.

63. The placement of inmates in a DERT under closed-regime was subject to periodic reviews in accordance with the intervals stipulated in Circular 02/2017 (that is, in principle every 45 days), and their respective progress was evaluated by the multidisciplinary team in accordance with the objectives established in the individual treatment plan (PIT) or model for individual intervention (MII) and the relevant individual risk assessment. The average period of accommodation in a DERT was in line with the above-mentioned rate of 75 days (see paragraph 55).

The decisions on the classification of a prisoner to a first degree and their periodic review appeared to be well reasoned and notified to the respective supervisory judge. The PIT/MI contained targeted objectives and benchmarks adapted to their profile and change of regime. However, it was observed that the PITs of prisoners subject to special protocols with drastic regime limitations were not adapted to their specific situation. Indeed, these PITs still contained entries and indicators that appeared unrealistic to attain in their particular circumstances.⁶²

The CPT recommends that the relevant provisions of Circular 02/2017 related to the progressive phases of reintegration of inmates into an ordinary regime module be diligently implemented in practice.

60. At the time of his accommodation at Ponent Prison.

61. It is noteworthy that a consistent portion of the prisoners accommodated at Joves Prison consisted of foreign nationals and former unaccompanied and separated minors (UASMs) with poor social links in Spain.

62. For example, the PITs of the detainees subject to the special security protocol described above in paragraph 61 included objectives such as the resumption of social interaction with other detainees, which was not feasible under the circumstances of his regime.

4. Conditions of detention in ordinary regime modules

a. preliminary remarks

64. During the course of the 2024 visit, the delegation examined the conditions of detention of prisoners accommodated in some of the standard modules of the prison establishments visited. At the outset of the visit, the Catalan regional authorities informed the delegation of the main contours of its 2025-2030 Penitentiary Strategy, which was geared towards the increase of the portion of the population classified under open regime to 38% of the overall population by 2028 (from the current 24%), as well as the further improvement of the rate of recidivism to less than 20%.⁶³ To this end, the SMPRAV intended to work on several concurrent axes of intervention, such as the application of the principles of restorative justice, increase of the number of participation and coexistence modules (based on the model of the so-called *modulos de respeto*),⁶⁴ an increased level of involvement of prisoners into specialised, individualised programmes of intervention in order to promote their rehabilitation, the establishment of a true gender perspective in prisons, increased attention for the vulnerabilities of prisoners in the field of mental healthcare, violent behaviour and the prevention of suicide. The Committee welcomes the strategic and innovative approach of the SMPRAV in promoting a resocialisation path to prisoners in compliance with national and international standards.

The CPT would like to receive in particular the comments of the Catalan regional authorities on their ambitious goal to promote a portion of 38% of prisoners classified under the third grade (that is, open regime) by 2028, as well as their predictions and projection in terms of increase of the prison population.

b. material conditions

65. The CPT delegation observed that the material conditions of detention in the standard modules of the prison visited remained satisfactory. The standard cells, measuring approximately 10m² for both single and double occupancy,⁶⁵ were equipped with a semi-partitioned sanitary facility, comprising a toilet and lavabo, and a shelving unit (also serving as table) with plastic chairs.

The cells were generally in a good state of repair, were clean, enjoyed good access to natural light and adequate ventilation. All ordinary modules were found to possess a dedicated, well equipped outdoor exercise yard,⁶⁶ a medical room, a classroom, a shop, a canteen, communal toilets and workshops, and were generally designed to function autonomously. The conditions of detention and the design of ordinary regime modules at Lledoners Prison were notable for their decoration of common areas and for the appealing environment created by the presence of vegetation and a layout that attempted to replicate the conditions of life in the community. However, certain parts of the ordinary regime modules of Brians 1 and Joves Prisons exhibited signs of serious dilapidation and inadequate maintenance.

For example:

63. The first audit of the 2025-2030 Penitentiary Strategy also concluded its assessment as followed exemplifying the approach of the SMPRAV and its penitentiary policy: *"The conclusion of this assessment section is that advanced access to permits allows for progression to third degree, an early access to third degree allows for increased access to conditional release in improved modalities, reducing the prison population. This is consistent with the principle of minimum necessary intervention, allocating the greatest intervention efforts to those cases that require it (medium and high risks). This approach has the potential to alleviate overcrowding in conventional correctional facilities, thereby enhancing the overall social atmosphere, mitigating incidents, and reducing the financial burden associated with penal enforcement. Furthermore, it fosters effective social reintegration through a community-oriented work model, which in turn serves to reduce the likelihood of criminal recidivism."*

64. The so-called *Modulos de Respeto*, known as Participation and Co-existence Modules in their Catalan regional declination, are specific units within prisons in which inmates commit to respecting a series of rules, particularly relating to good interpersonal relationships and the self-controlled progress of discipline within the Module, but which also involve participation in activities proposed by the staff or by themselves and collegially accepted. The rules also include maintaining the hygiene of the premises, including cells, and taking care of personal hygiene. In exchange for this commitment, a certain degree of self-management is achieved in the Module with less supervision of the staff and the possibility of obtaining easier access to the benefits provided by law, including permission to spend one or more days outside of prison.

65. Article 23 of the LOGP establishes the principle that inmates should be accommodated in individual cells. However, in instances where the capacity is limited, the utilisation of multi-occupancy cells is permitted upon the decision of the treatment board.

66. Exercise yards possessed means of rest, basketball hoops, football cages and shelters against inclement weather.

- at Brians 1 Prison, the sanitary facilities of Module 5⁶⁷ were in a state of considerable disrepair, characterised by cracked ceilings, rusty patches on walls, and malfunctioning flushing mechanisms in and around toilet facilities. Furthermore, the conditions in the communal facilities of Module 2, which primarily accommodates recidivist prisoners on remand detention,⁶⁸ were found to be in a deplorable state of repair and neglect. For instance, in the television room, the plastic seats in the metal rows were either missing or in a state of disrepair, and the facilities were not maintained to a satisfactory standard of hygiene.
- At Joves Prison, the conditions in Module 4, which houses predominantly conflict-prone prisoners (see paragraph 54), were also found to be deficient. This was particularly evident in the communal facilities, such as the refectory, communal room, workshops and classroom, where the furniture (that is, chairs, benches, tables and boards) was found to be in a poor state of repair and lacking in hygiene. The CPT delegation was left with the distinct impression that the module served as an informal form of punishment, used to discipline inmates prior to their reintegration into other standard modules.

The CPT recommends that the above-mentioned deficiencies be remedied by the SMPRAV as a matter of urgency through the refurbishment of the sanitary facilities at Module 5 and the procurement of new seating arrangements at Module 2 of Brians 1 Prison. Further, the conditions of detention at Module 4 of Joves Prison should be upgraded through the replacement of broken furniture. Finally, the Committee invites the SMPRAV to exercise the necessary attention in order to monitor the level of state of repair and hygienic conditions in ordinary modules, notably those with a higher turnover of prisoners such as Modules 2 and 3 of Brians 1, Module 2 of Quatre Camins Prison and Module 4 of Joves Prison.

66. The CPT has in the past raised concerns regarding the semi-partitioning of sanitary facilities in cells in Spanish prisons,⁶⁹ as well as the lack of privacy and partitioning in common shower facilities. The findings of the 2024 visit to the Autonomous Community Catalonia confirm that this situation has not altered since the CPT's previous visits.

The Committee invites the Catalan regional authorities to give due consideration to the level of privacy in double-occupancy cells and to make every effort to promote the full partitioning of sanitary facilities in cells. Furthermore, the Committee invites the Catalan regional authorities to give due consideration to the possibility of installing stalls and partitioning in the common shower facilities of the relevant ordinary modules.

c. regime

67. In terms of regime, the vast majority of prisoners were classified as second-degree inmates and were subject to an "ordinary" regime, which entailed spending the majority of their day (8:00-14:30 and 16:30-21:00) outside their cells, either in the common areas of their respective modules or in an organised activity. During morning periods, cells are secured, restricting prisoners' access to their cells; in the afternoon, they may opt to remain locked in their cells. The CPT has previously acknowledged the value of this out-of-cell time for prisoners.⁷⁰ However, the regime observed that the admissions unit (*Ingressos*) of Brians 1 Prison stood in contrast to this assessment, as inmates spent their entire quarantine period of five to seven days in their cells without access to outdoor exercise, and could only leave their cells to take a shower in the dedicated facilities. The rationale for such a regime resided in the special, rigid arrangements of the module, as well as the fact that the courtyard was not secured.⁷¹

67. Module 5 operated as a participation and cohabitation module and was accommodating 112 prisoners at the time of the CPT visit.

68. Module 2 was accommodating 192 remand prisoners at the time of the CPT visit.

69. See in this respect paragraph 63 of the [CPT's report on its 2020 periodic visit to Spain](#) CPT/Inf (2021) 27.

70. The regime in force has been customised to mirror the living conditions and daily routine of life in the community. Cells are designated for rest and sleep on the upper floor of the respective autonomous module, while inmates are encouraged to partake in treatment and communal activities in the relevant yards, workshops and offices on the ground floors of the same module.

71. The dedicated courtyard was adjacent to the offices of treatment staff involved in the admission process of inmates (that is, psychologists, social workers and lawyers).

The CPT recommends that the Catalan regional authorities and the management of Brians 1 Prison take urgent steps to secure the courtyard of the admissions module (*Ingressos*) of Brians 1 Prison and devise a suitable regime in the module whereby inmates may spend at least two hours in the courtyard. Further, other out-of-cell activities should be offered.

68. The CPT delegation was once again favourably impressed by the level of activities offered to sentenced and remand prisoners at all prisons visited. These activities were characterised by a good level of qualification, individualisation, risk assessment and criminological analysis. In practice, the multidisciplinary teams at each prison establishment were tasked with preparing individual treatment plans (PIT) or individual intervention modules (MII), utilising the Riscanvi tool and a list of criminological criteria, with the objective of delivering the most personalised treatment.⁷² The treatment interventions were anchored in the risk-need-responsivity model,⁷³ encompassing a combination of general cognitive behavioural programmes (for example, "I believe in change" ("*Creu en el canvi*") and "Stop and think" ("*Para y pensa*") and more targeted interventions, such as the Recvi, VIGE, DAE, NVIU and STEPPS programmes.⁷⁴ In principle, the treatment activities would be administered at the level of the respective autonomous modules, with recreational, cultural and educational activities being provided in the relevant sport and cultural pavilions, as is the case in respect of Spanish Prisons.

69. A significant component of the prisoner rehabilitation programme within the prison system is constituted by an extensive array of remunerated activities, a notable aspect of which is the operation of the Centre for Initiatives for Reintegration (CIRe),⁷⁵ which operates numerous workshops and production sites at all the prisons visited, offering employment to a large portion of the population.⁷⁶

In this respect, the CPT delegation was concerned to learn that the SMPRAV issued a new Circular 02/2024 in May 2024 entitled "*Procedure for access to, suspension and termination of the special employment relationship in the prisons of the Autonomous Community of Catalonia*", which clearly defined the eligibility criteria and requirements for accessing jobs in industrial production, intra or extra-modular remunerated activities. The circular in question stipulated, *inter alia* that inmates convicted of violent crimes resulting in death or injury of the victim(s) could be ineligible for certain activities, such as those entailing close contact with prison or civilian staff. The respective treatment board was responsible for reviewing the compliance of inmates engaged in work with the aforementioned criteria on a weekly basis, thereby effectively giving retroactive effect to the circular. At the time of the visit, the delegation observed the first concrete outcome of its implementation.

For instance, at Brians 2, Lledoners and Quatre Camins Prisons, 42, 34 and 30 inmates, respectively, had been suspended from their jobs and, in some cases, offered alternative remunerated positions which implied no contact with prison or civilian staff, which they had declined.⁷⁷

In relation to the procedural element, inmates have asserted that while the decision to terminate their employment did stipulate the option to appeal to the relevant supervisory judge, they were not provided

72. In principle, PITs are established by the relevant multidisciplinary team in consultation with the respective inmate and are subject to approval by the treatment board of the responsible institution. Furthermore, PITs are subject to a six-month revision. The process in respect of remand prisoners is analogous, and a Module of Individual Intervention (MII) is established.

73. The Risk-Needs-Responsivity model (RNR) is used in criminology to enhance and strengthen the design and implementation of effective correctional interventions. Briefly, the three core principles can be stated as follows: (1) *Risk principle*: Match the level of service to the person's risk of re-offending; (2) *Need principle*: Assess criminogenic needs and target them in treatment; (3) *Responsivity principle*: Maximise the person's ability to learn from a rehabilitative intervention by providing efficient behavioural treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the person.

74. These specialised programmes target in particular prisoners with violent and aggressive behaviour (Recvi), those sentenced or suspected of gender related violence (VIGE), those with mental disabilities (DAE) as well as those at risk of committing suicide (NVIU) or self-harm (STEPPS).

75. The Center for Initiatives for Reintegration (CIRe) is a public company under the jurisdiction of the Department of Justice and Democratic Quality. Its core objective is to provide individuals who have been deprived of their liberty with opportunities for reintegration into society through educational programmes and vocational training.

76. The level of inmates involved in work and remunerated activities was satisfactory at the prisons visited.

77. That is, in light of the lower remunerations offered which, in some cases, amounted to half of the previous remuneration, as well as different qualification of the proposed new jobs. Further, the prison management of Lledoners Prison had opted for a gradual implementation of the circular in order to not prevent the disruption of important services (such as kitchen and catering) within the establishment.

with the text of Circular 02/2024. Consequently, they were unable to articulate their grievances in a comprehensive manner.⁷⁸ At the end of the visit the delegation expressed its discontent with Circular 02/2024 in light of the fact that it could be considered as a collective punishment measure which could potentially contravene the principle of individualised treatment of prisoners.

70. By letter received on 4 February 2025, the Spanish authorities informed the CPT that they did not consider that the content and spirit of Circular 02/2024 was in contradiction with the constitutional provisions nor that it should be considered as a collective punishment measure in contradiction with the principle of individualised treatment, and reaffirmed that its rationale was of a general nature and intended to better regulate the provision of remunerated activities. The Committee regrets to note that certain provisions of Circular 02/2024 remain problematic, specifically in relation to the fact that inmates appear to be disqualified from work in light of the nature of the crime they have committed rather than as a result of a thorough, individualised risk assessment. The fact that some prison managers were delaying its implementation and were resorting to offer alternative jobs to the affected prisoners is an attenuating factor. However, the alternatives proposed were not in line with the level of professionalisation and remuneration of the previous jobs. Further, the Committee remains convinced that certain provisions of the Circular 02/2024 are motivated by the reaction to the murder of a civilian staff in Mas d'Enric Prison in March 2024 and the consequent demands of prison staff (see paragraph 119). Finally, all prisoners subject to suspension from work should have effective avenues of complaint to the competent supervisory judge in terms of reasoning of the decision and should obtain a copy of Circular 02/2024 in writing.

 **The Committee recommends that the Catalan regional authorities engage in a reflection on the tenets of Circular 02/2024 in light of the above remarks.**

71. As mentioned in paragraph 68, since 2009 the SMPRAV had developed a multi-level prisoners' risk assessment protocol based on a set of 43 risk factors. Although initially designed to prevent the risk of reoffending for a specific category of prisoners,⁷⁹ over the years Riscanvi has expanded its scope to include the possible prevention of prisoner behaviour related to self-harm, intra-institutional violence, general recidivism and potential breaches of probation measures. At the outset of the visit, the delegation was informed by SMPRAV that the Riscanvi tool had been the subject of an official audit,⁸⁰ which included some recommendations for its possible improvement, including the use of machine learning and artificial intelligence (AI) tools, such as *Catboost*, to eliminate some of the false scores obtained by the standard algorithms.⁸¹ Furthermore, during the visit, several members of the treatment staff in some of the prisons visited informed the delegation that the Riscanvi tool was considered useful, as it enabled them to better design individualised and targeted interventions for inmates, in particular in the area of suicide prevention and inter-prisoner violence.

In this context, the CPT invites the Catalan regional authorities to take into account the Recommendation of the Council of Europe Committee of Ministers Rec(2024)5 of 9 October 2024 on the ethical and organisational aspects of the use of artificial intelligence and related digital technologies by prison and probation services.

In particular, the SMPRAV should ensure that the result of risk assessment and classification of prisoners is used by prison staff to support their decisions, which should not be automated but based on their professional and individual judgement.

 **The CPT recommends that the Catalan regional authorities take the above-mentioned principles into account in their ongoing review of Riscanvi and the consequent use of AI tools.**

78. According to the information received in writing, a total of 30 inmates have been suspended from work at Quatre Camins as a result of the implementation of Circular 2/2024. Of these, 19 have been relocated to alternative work assignments, while the remaining 11 are currently suspended and awaiting relocation. The Treatment Board of Quatre Camins Prison has evaluated 162 requests related to this matter (76 inmates have been granted access to the working pool, while 86 have been denied access on the grounds that they do not fulfil all the requirements).

79. Such as for example, sexual offenders.

80. The audit in question ordered by the *Generalitat* had been conducted by an IT consulting company during 2022 and 2023, and its results had been published in January 2024.

81. For example, the audit found that Riscanvi's standard algorithms were less successful in assessing the potential general recidivism of certain categories of prisoner, such as foreign nationals under the age of 30.

5. Means of restraint

a. scope of measure

72. In the CPT's view in every prison system there are certain inmates who pose a serious danger to themselves and/or to others and in respect of whom it is necessary on occasion to resort to means of restraint. In the Spanish context the CPT continues to have concerns over the use of the measure of mechanical fixation to a bed for regimental purposes, notably in the light of the fact that it may be resorted to by prison staff for punitive purposes as well as aspects of its implementation might represent physical ill-treatment as well as inhuman and degrading treatment (such as e.g. its application on prisoners with a mental illness or the infliction of deliberate ill-treatment prior or during the application of the fixation measure. Further, it considers that resort to the regimental mechanical fixation could be reduced if staff were better trained to communicate in a non-threatening and supportive manner. The CPT has examined the issue of mechanical fixation of inmates for regimental purposes in depth over the last decades in respect of its application within prison establishments in Spain and has been recommending its disbandment and the exclusive application in a medical setting.⁸²

73. In the course of the 2024 visit, the delegation conducted a new assessment of the application of the measure of mechanical fixation of an inmate to a bed with straps for regimental or medical purposes in order to: a) prevent escape or acts of violence by inmates; b) prevent inmates from causing harm to themselves, other persons or property; c) overcome active or passive resistance by inmates to orders given by prison staff in the exercise of their duties.⁸³ At the outset of the visit, the delegation was provided with the latest statistics concerning the application of the measure which indicated a decreasing trend both in number and duration since 2022 (that is, from 631 in 2022 to 413 during the first 11 months of 2024). However, the data also indicated that the number of mechanical restraints did not differ from the level observed by the CPT during its visit in 2018.⁸⁴ In a letter dated 4 February 2025, the Catalan regional authorities informed the Committee that the decrease in the application of mechanical restraint was a clear consequence of a defined policy aiming at the goal of "zero contention".⁸⁵ This phenomenon was especially evident in conjunction with the rise in occupancy levels and the growth of the prison population since the Covid-19 pandemic, and it was also observable in terms of a decrease in the average duration of the measure.⁸⁶ Further, a statistical study conducted on the data related to the 909 fixation measures (that is, for regimental and medical purposes) executed in the course of 2023 by the Catalan regional healthcare authorities, concluded that the incidence of mechanical fixation was elevated among younger prisoners hailing from the Maghreb region and Sub-Saharan Africa, with a heightened occurrence during the first month of imprisonment.⁸⁷

74. Following the CPT's visit in 2018, the SMPRAV issued Circular 02/2021, which was specifically aimed at introducing the use of padded cells and temporary isolation as an alternative to mechanical fixation, starting with a pilot project in Brians 2 Prison. This was subsequently superseded by Circular 01/2022, which in practice reaffirmed a more detailed regulation of the use of restraints, including mechanical fixation of

82 See in this respect paragraph 85 of the CPT's report on the 2020 periodic visit to Spain CPT/Inf (2021) 27. Further, reference is also made to the "Best Practice Guide on Mechanical Fixations" published by the Spanish NPM in 2017.

83. As mentioned in particular in points a. and c. of Article 45 of the LOGP. It is noteworthy that the measure of mechanical fixation is not *per se* foreseen by the LOGP or RP, and has been developed over the years in secondary legislation (that is, Circulars). Such a legal vacuum is also clear to the supervisory judges, although they systematically approve their application based on the principle of legality quoting the relevant provisions of Article 45 of the LOGP and 72 of the RP. As regards its procedural aspects, the mechanical fixation of an inmate with cloth straps to an equipped bed of a DERT is regulated by internal Guideline for Penitentiary Action No. 2 in use by custodial staff (GAP 2). The sequence of actions involved in this process is as follows: the detainee, after being escorted to an equipped cell, is positioned supine, secured with straps, and then turned onto their back. Subsequent to this, five to eight prison officers apply restraints (five points) while the detainee is positioned supine with their arms and legs spread apart. The plastic mattress is then elevated by inserting a cushion. Throughout the restraint process and the ensuing discussion, a transparent shield is held over the detainee's face to prevent spitting.

84. For example, in the first nine months of 2018 the measure was resorted to on 219 occasions.

85. For example, considering the increase of the prison population over recent years, the figures provided by the SMPRAV showed that the ratio of prisoners subject to regimental mechanical fixation had decreased from 4.96% in 2022 to 2.94% in 2024.

86. That is, from 4.5 hours in 2022 to 4.1 hours in 2024.

87. See the study under the title *"Estudi contencions als centres penitenciaris any 2023"* conducted by the Prison Healthcare Programme of the ICS.

inmates, and established more comprehensive guidelines for their application.⁸⁸ This circular also established clear guidelines for the monitoring, recording and debriefing of each measure.

The reasons for the adoption of Circular 01/2022 were explained by the former Justice *Conseller* of the *Generalitat* in a meeting with the CPT's President in Paris on 20 June 2022.⁸⁹ Further, the SMPRAV had also adopted two specific written guidelines (Guides on Penitentiary Action or GAP Nos. 1 and 2) which described in great detail the de-escalation measures that prison staff should apply towards prisoners to avoid the necessity for resort to mechanical fixation, as well as the operational steps to be taken to apply the fixation measure in terms of manual control, application of straps, monitoring and recording of the measure.⁹⁰

75. At the outset of the visit, the Catalan regional authorities reaffirmed their long-term commitment to the "zero-contention" objective which, in their opinion, could only be accomplished through a combination of alternative measures, such as the rollout of sensory rooms (compensatory intervention units, or UICs) as pilot projects in different prisons (see paragraph 95), and the training of staff on skills related to de-escalation measures, as outlined in the GAPs. This should be complemented by the rollout of specialised treatment programmes for prisoners such as Recvi (for the management, prevention, and control of inmates exhibiting violent behaviour) as well as more targeted treatment interventions on suicide prevention (that is, programmes *Anais* and *Benestar*) in respect of which the *Generalitat* had adopted a specific Decision No. 210/2023 (see paragraph 55). The polarising aspects of the application of mechanical fixation as a means of restraint were also reinforced by the fact that trade unions were demanding a more forceful approach and an increase in the resort to the application of mechanical restraints and of other potential restraint measures such as pepper spray, as well as the offer of training on self-defence techniques to prison staff.⁹¹

b. findings

76. The delegation examined the application of the measure of mechanical fixation for regimental purposes of prisoners at all establishments visited, by interviewing persons who had been subjected to the measure, reviewing video recordings of the measure and incidents leading up to their application, consulting reports on use of means of restraint, notification of the measure to the competent supervisory judge and the relevant medical reports. In addition, several prison governors and middle managers shared with the delegation their views on the need to phase out the measure, given its potentially degrading nature.

77. Several aspects of the modality of the execution of mechanical restraint of inmates, such as the application of cloth straps in view of their mechanical fixation for regimental or medical purposes (see paragraphs 76 and 113), as well as the practical execution of the measure as observed by the delegation through direct interviews and the examination of the video recordings (see also paragraph 50), had a potential traumatising effect on inmates and may amount in the CPT's view to **deliberate ill-treatment and inhuman and degrading treatment**.

These instances related in particular to the fact that inmates subject to the application of mechanical fixation were subject to improper handling techniques by prison staff, such as the placing of a knee or plastic shield on their chest or back in order to ensure the attachment of cloth straps to their limbs, causing injuries which were later recorded in their medical files (see paragraph 78).⁹²

88. The circular introduced a protocol for the application of coercive means of provisional isolation and mechanical restraint in the penitentiary centres of Catalonia, combined with a strategic training programme for prison staff on the GAP 1 and GAP 2.

89. Concerns raised by staff representatives that the Circular 02/2021 had resulted in an increased number of incidents of aggressions against staff, inter-prisoner violence, self-harming and suicide attempts were an underlying reason for the new Circular 01/2022.

90. GAP 1 provides a comprehensive overview of various interpersonal communication skills and de-escalation measures to be employed by staff in regard to agitated or disruptive prisoners. Furthermore, GAP 2 provides a detailed regulatory framework for mechanical fixation, encompassing the procedure for attaching cloth straps, the equipment to be utilised, and the mandatory monitoring and recording measures.

91. Such positions were clearly outlined in the information bulletins published by the various trade unions and shared with the CPT delegation at the time of the visit.

92. The Guide of Penitentiary Action No. 2 or GAP 2 mentioned in paragraph 74 describes in detail the procedure, equipment and operational steps to be applied by prison staff in order to fixate an inmate to the equipped bed in case of regimental fixation.

Further, the delegation observed through the relevant video footage of the measure that inmates were being fixated in painful positions for prolonged periods (such as the ankles and wrists being attached and suspended outside the metal platform of the fixation bed and in one isolated case an inmate had been fixated in a face-down position due to the height and the robust conformation of his body).

Finally, the CPT delegation was also able to confirm through examination of the relevant video footage that inmates could be administered forced injections of psychotropic medication by healthcare staff while being fixated. It also received numerous allegations from restrained inmates that they had been compelled to soil themselves due to the impossibility to communicate to staff the urgency of their needs of nature.⁹³ For example:

- i. The review of the relevant CCTV recording by the delegation revealed that, on 18 October 2024 an inmate from Quatre Camins Prison was subject to mechanical fixation due to his aggressive behaviour and active resistance to his transfer to another prison establishment.⁹⁴ The video recording of the application of the measure examined by the delegation showed that the inmate had been escorted to the dedicated DERT cell equipped for fixation by nine prison officers in full anti-riot gear⁹⁵ with his chest bent over horizontally and his head bowed down while handcuffed behind his back. Subsequently, he was laboriously fixated to the bed with cloth straps in a face down position with his head pressing against the foam mattress. After approximately half an hour the inmate was put in a supine position. The reason cited in the relevant prison records for the face-down fixation was due to the height and robust constitution of the inmate in question. The measure of mechanical fixation had been executed in two phases, the first one lasting for seven hours and 17 minutes, and the second for nine hours.
- ii. An inmate met by the delegation at Joves Prison alleged to have been forcefully injected in his left leg by a member of the healthcare staff during his mechanical fixation, which occurred on 16 June 2024. The relevant video recording of the application of the restraint measure examined by the delegation showed that the inmate, after being escorted to a temporary isolation cell, was subsequently fixated half-naked in the dedicated fixation cell of the DERT of Joves Prison by prison staff, and one member of the healthcare staff had administered an intramuscular injection to his left leg, causing the inmate to scream and eventually fall asleep. The entire mechanical fixation lasted for a total of four hours and forty minutes.

The Committee recommends that, in the context of the phasing out of the application of the measure of mechanical fixation as outlined in paragraph 73 prison staff involved in the physical handling of fixated prisoners and their attachment to cloth straps strictly comply with the GAP 2 Internal Instruction in applying minimal proportional force and refraining from the application of painful positions, such as the limbs being placed outside of the metal bars of the bed or in prone (face-down) positions, regardless of the inmate's body conformation.

Further, the CPT reiterates its recommendation that the practice of forced medication of prisoners subject to fixation for security reasons, and the fixation of inmates in a face-down position be ended immediately. Only in those extremely rare cases where the health of the prisoner concerned is at serious risk should medication without the person's consent be administered, and then only in a medical setting (that is, in the infirmary of the relevant prison establishment). In such cases, the measure must form part of a comprehensive, carefully developed policy on restraint, incorporating the necessary safeguards. The prisoner must, in all circumstances, be informed of the purpose and effects of the medication. Finally, the CPT also recommends that the needs of fixated inmates in terms of hydration and biological needs always be accurately attended to during their fixation. To this end, supervising staff should pay attention to the correct functioning of the interphone system.

93. In some cases, the interphone system present in the dedicated cells was malfunctioning and the CCTV recording system had no sound.

94. At the time of the visit the inmate in question had been transferred to Ponent Prison in Lleida.

95. That is, helmets, reinforced vests, knee, elbow and knuckle pads and plastic shields.

78. In conclusion the delegation found that the measure continued to raise serious concerns, and in particular:

- The application of the measure did not always appear to have been a last resort in terms of its proportionality⁹⁶ and in several cases appeared to be punitive as observed by the CPT in its previous visit reports;⁹⁷
- although average duration of the measure of mechanical fixation was decreasing, it still appeared in a number of cases to have been prolonged regardless of whether the persons concerned were displaying any agitated behaviour and could still last for several hours including overnight.⁹⁸

For example, an inmate had been subjected to mechanical restraint in a cell at the DERT of Quatre Camins Prisons on 14 June 2024 for a duration of seven hours and 24 minutes. This incident followed an act of active resistance to an order by a member of the prison staff, who made a deliberate request for the inmate to collect a paper request form from the ground. The inmate refused to comply with this request, as the prison guard had allegedly deliberately let the form slip from his hands at the time of handover. Consequently, a verbal altercation started between the inmate and prison staff, which led to the intervention of prison staff and his transfer to the DERT in view of his mechanical fixation, which lasted for more than four hours. Further, the cases of several young adult inmates who had been mechanically fixated at Joves Prison during 2024 concerned episodes of passive resistance to orders, such as refusal to get out of bed in the morning during the Ramadan period, which caused escalating outbursts and verbal altercations. Examination of the relevant records on the use of force suggested that fixation could have been avoided if an attempt had been made to de-escalate the situation in light of the main tenets of the GAP 1.

- The application of restraints using improper and cumbersome manual control techniques (use of plastic shields, anti-spit screens placed in front of the face of the persons fixated foreseen by the GAP 2) were inevitably causing injuries to inmates as recorded in the medical files. Certain recent cases were still visible at the time of the interviews by the delegation. An analysis of 11 medical certificates prepared upon the release of inmates from a fixation measure at Lledoners Prison revealed that, in seven cases, the doctor provided a consistent and detailed description of the injuries, clearly attributing them to the restraint measure.

For instance, one of the entries stated: *"multiple erythematous marks on the back, left scapular region and lumbar region, related to the use of batons (defensas de gomas) by officials when dealing with the patient. Lacerations on both hands due to the application of mechanical restraints"* in respect of an inmate fixated on 12 April 2024; another entry was as follows: *"Superficial scratches on the outside of the right ankle, self-inflicted, and scratches in the cervical region, probably during immobilisation"* in respect of an inmate fixated on 19 July 2024; an additional medical certificate read: *"Lacerations on both wrists and left shoulder blade area, consistent with being immobilised"* in respect of an inmate fixed on 14 October 2024. The following injury was recorded in respect of an inmate fixed on 18 November 2024: *"Contusion on both ears and left cheek, 2.5 cm in diameter. Mechanical restraint (10.25 hours)"*.

- The clear confusion and misunderstanding of prison staff about the application of the measure to persons suffering from a mental disorder, which resulted in an increase in the application of regimental restraints due to the psychiatrist's reluctance to apply such a measure in a medical

96. In particular Article 72.1 of the RP stipulate: *"For the purposes of Article 45.1 of the General Penitentiary Organic Law, coercive measures include provisional isolation, physical force, rubber defences, appropriate aerosols and handcuffs. Their use shall be proportional to the intended purpose, shall never constitute a covert sanction, and shall only be applied when there is no other less burdensome way to achieve the intended purpose and for the time strictly necessary."*

97. Focusing on the 342 measures of mechanical fixation classified as "regimental" carried out in the first ten months of 2024, 152 cases referred to the three scenarios of Article 45 LOGP (a,b,c), which were applied concurrently. The remaining cases were classified as follows: 58 for acts of violence, 64 for acts of violence and disobedience of orders, 15 for acts of violence and attempted self-inflicted injury, injury to others or damage to property, 17 for disobedience of prison staff orders and attempted self-inflicted injury, injury to others or damage to property, nine for damage to property and 27 for passive resistance to orders received from prison staff.

98. For example, in 30 out of the 342 instances of regimental mechanical fixation enforced during the first ten months of 2024.

setting (that is, at the infirmary of certain prison establishments, such as Joves Prison).⁹⁹ Consequently, it was not uncommon for persons suffering from a mental disorder to be fixated in a DERT in a non-medical setting (see the cases in paragraph 74 in relation to the inmates suffering from mental disorders subject to the Article 93 regime and the additional security protocol). Further, an inmate met by the delegation at the DERT of Quatre Camins Prison who was suffering from epilepsy had been mechanically restrained on three occasions in the course of 2024 in relation to acts of self-harming and active resistance to prison staff. Furthermore, at Briens 2 Prison, the management could not provide the delegation with a list that would distinguish between mechanical and medical restraints, which was indicative of the evident blurring between the two measures.

- The lack of constant attention to the needs of fixated prisoners, due to the absence or malfunctioning of interphone communication, which resulted in prisoners soiling themselves, and the irregular provision of food or drink in the course of the application of the measure. Further, the exposure of inmates to adverse conditions of temperature in the dedicated cells was not accompanied by any mitigating measures (for example, lack of heating in winter and inadequate ventilation in summer).

79. With regard to the medical supervision of the mechanical fixation measure, the findings of the delegation indicate that a member of the healthcare staff was present to record the main life parameters and check the status of the straps and the fixation points at regular intervals.¹⁰⁰ Moreover, Circular 01/2022 stipulates that a comprehensive medical report be prepared at the conclusion of the fixation procedure, providing a detailed account of any injuries sustained (see paragraph 81). However, the descriptions of injuries examined by the delegation in the relevant records were scant and poorly documented, rarely including any correlation with improper handling techniques and disproportionate and improper use of force from prison staff. Finally, as mentioned in paragraph 77 a few prisoners who had been subject to mechanical fixation at all prisons visited alleged that the doctor in a regimental setting had administered intra-muscular injections of psychotropic medication to them without their explicit consent, or alternatively that they had been coerced to take oral medication.

80. In terms of reporting and supervision, the delegation could ascertain that the reports on the resort to fixation of inmates were regularly transmitted to the competent supervisory judges. These transmissions included the incident reports of prison staff, records on the application of the measure, statements of prison staff on the circumstances of the event and the justification of the application, as well as the relevant medical documentation. The notifications were transmitted by the prison director one or two days after the application of the fixation measure. The response of the relevant supervisory judge was issued with several days of delay, and its reasoning was aimed at justifying the application of the measure in light of the existing legislation and its legality.¹⁰¹ The entire exercise continued to be in written format and retained the same 'rubber stamping' nature described by the CPT in its previous reports. For example, in the case i. referenced in paragraph 77 the supervisory judge did not express any specific reservation regarding the implementation of the measure in a face-down position, nor was there any reaction to the injuries recorded on inmates by healthcare staff at the cessation of the measure.

81. Circular 01/2022 stipulates, *inter alia* that inmates subject to mechanical fixation should undergo a debriefing with prison staff in order to discuss the elements of the application of the measures. Notwithstanding this obligation, the CPT delegation found that, with the exception of Lledoners Prison, such debriefing sessions were not being conducted on a regular basis. The delegation was informed that psychological staff at Joves Prison had endeavoured to organise regular meetings and discussions on the measure. However, these had not been followed up by the prison management.

99. This assumption was confirmed by the Director of Joves Prison, who complained about the reluctance of the prison's psychiatrist to carry out the measure in the infirmary, thereby compelling security staff to carry it out in the DERT on several occasions.

100. In principle after half an hour from the start of the measure and subsequently every two hours.

101. The justification based on the provision of Article 45 of the LOGP and 72 of the RP.

82. **The CPT calls upon the Spanish and Catalan regional authorities to discontinue the practice of mechanical fixation of inmates for regimental purposes, emphasising that this measure should be reserved exclusively for medical reasons and administered solely in a medical setting (see also paragraph 100).**

Pending the full implementation of this recommendation, the CPT acknowledges the Catalan regional authorities' commitment to progressively reduce reliance on this measure, in strict compliance with the principles of legality, subsidiarity and proportionality outlined in Article 72 of the Prison Regulation.

In this regard, the CPT recommends that certain safeguards surrounding the current application of the measure be strengthened, with a view to accelerating progress towards the complete abolition of this practice in light of its potential traumatising effect on inmates and its inherent risk to expose them to ill-treatment (see paragraph 77).

In particular, the following steps, should be taken by the Catalan regional authorities as a matter of urgency regarding the application of the measure of mechanical fixation for regimental purposes:

- **introduce stricter criteria for permitting resort to the measure;**
- **limit its duration to minutes rather than hours, with the immediate cessation of the measure when the inmate shows signs of calm;**
- **prohibit inmates being fixated in the prone position (that is, face-down) as well as those suffering from mental illnesses and chronic diseases such as e.g. epilepsy;**
- **provide continuous and direct supervision of the fixated inmate by a member of staff, and engage with them verbally;**
- **ensure that fixated inmates receive food and water at regular intervals and that the adverse effects of the temperature conditions in the fixation cells are minimised;**
- **end the practice of forced medication of prisoners subject to mechanical fixation;**
- **institute a proper debriefing of staff and more specifically of the inmate following- each measure of fixation, and provide feedback to management on the outcomes of the measure.**

c. envisaged alternative to mechanical fixation

83. As previously mentioned in paragraph 74 the SMPRAV had conducted a pilot project consisting of the establishment of a padded cell at Brians 2 Prison for the management of agitated prisoners, with the objective of reducing the cases of fixation and transitioning towards less intrusive measures. The delegation was informed that the pilot project had failed and the cell in question was no longer in use.¹⁰² The Catalan regional authorities had also informed the delegation of a pilot project recently initiated at Quatre Camins Prison, Brians 2 and Joves Prisons concerning the establishment of a multi-sensory appealing room, intended to alleviate the agitation of violent, self-harming, and agitated prisoners. The intention was to implement such measures at the level of DERTs, with the objective of targeting the most disruptive portion of the prison population, notably through resort to the recently recruited specialised multi-disciplinary staff, in order to address, *inter alia* the needs of prisoners displaying violent behaviour (see paragraph 55).

The Committee takes positive note of the intention of the Catalan regional authorities to develop alternative measures to mechanical fixation. In this respect, it would like to receive the comments from the Catalan regional authorities on the

102. The delegation was informed that this was due to the poor design of the padded cell in question, which did not give guarantees of adequate treatment of prisoners accommodated therein.

first assessment of the rollout of the so-called multi-sensory rooms and the activities of the multi-disciplinary staff recruited in compliance with decision No. 210/2013 of the *Generalitat*.

d. other means of restraint

84. During the visit, the CPT delegation also carried out a general assessment of the resort to other means of restraint stipulated in Article 72 of the RP (that is, provisional isolation, use of force, use of handcuffs and rubber batons). The delegation's findings indicated an excessive reliance on certain methods of restraint, such as the use of handcuffs, particularly at Joves and Brians 2 Prisons, and for extended periods.

The extensive use of handcuffs recorded at some prisons correlated to security protocols mentioned in paragraph 60 in respect of certain prisoners classified under Article 93 of the RP, which envisaged their systematic handcuffing during all out-of-cell movements.¹⁰³ The recording and reporting of these measures to the supervisory judge and prison management was thorough and detailed, as well as prompt. However, the records examined by the delegation also showed that the report on the use of force did not include statements from the prisoners about their viewpoint on the events in question, although it incorporated the relevant medical documentation on injuries they might have sustained. The supervisory judge justified the application of the means of restraint by providing a standardised legal reasoning, underpinned by the applicable legislation.

The Committee recommends that the reports on use of force issued in respect of the application of means of restraint pursuant to Article 72 of the RP be drawn up in strict compliance with the recommendation outlined in paragraph 51 in relation to allegations of physical ill-treatment of inmates by staff.

6. Healthcare services

a. preliminary remarks

85. In October 2014, the implementation of the Decree of the Presidency of the *Generalitat de Catalunya* 399/2006 and the Order of the Department of Justice JUS/29 resulted in the transfer of responsibility for the healthcare of individuals detained under the jurisdiction of the *Generalitat de Catalunya* to the *Institut Català de la Salut* (Catalan Health Institute or ICS). This transition was achieved by establishing Penitentiary Primary Care Teams (*Equips d'Atenció Primària Penitenciària* or EAPPs) within each prison, which are structurally and organisationally linked to the geographical territorial structures of the ICS, known as *Gerencias Territoriales*. During the 2024 visit, the CPT delegation assessed the operation of the EAPPs at the five prison establishments visited. Furthermore, the delegation examined the situation of prisoners with mental disorders and forensic psychiatric patients accommodated at the Penitentiary Hospital of Brians 1 (UHPP), the Hospital Unit for Psychiatric Rehabilitation of Brians 2 (UHRP) and conducted a targeted visit to Terrassa Penitentiary Hospital.

b. staffing

86. As previously referenced in paragraph 85, the EAPP at each prison establishment was responsible for the provision of primary healthcare to inmates. The presence of medical and nursing staff is guaranteed around the clock in all prisons visited. The composition and organisation of EAPPs operating within the prison system was as follows:

- At Brians 1 Prison, the EAPP comprised 10 full-time equivalent (FTE) GPs, 10 FTE nurses and FTE15 orderlies, ensuring a permanent presence of one to two GPs, two nurses and four orderlies per

103. For example, the inmate described in paragraph 61, who was subject to a special security protocol had been handcuffed 297 times over the three months prior to the CPT's visit.

shift, as well as one dentist.¹⁰⁴ In terms of mental healthcare provision, the establishment benefitted from the presence of the psychiatric staff of the UHPP on site, as well as a range of specialists from the ICS, including surgeons, internists, and gynaecologists. Furthermore, telemedicine consultations were available.

- At Brians 2 Prison, the EAPP comprised 13.2 FTE GPs, 15 FTE nurses and 18.5 FTE orderlies and one dentist.¹⁰⁵ The EAPP also benefitted from the presence of psychiatric staff from the adjacent UHRP, as well as a multidisciplinary team specialising in addictions.¹⁰⁶ On-site consultations for traumatology, ophthalmology, dermatology, internal medicine, physiotherapy (once a week, or once a month) were provided regularly, as was access to teleconsultation with the Terrassa Penitentiary Hospital.
- The Joves and Quatre Camins Prison shared the same EAPP (being adjacent establishments), which consisted of a component of 17 FTE GPs, 19 FTE nurses and 19 FTE orderlies and a dentist ensuring a daily presence of four GPs, five nurses and five orderlies at Quatre Camins Prison¹⁰⁷ and two GPs, two nurses and one orderly at Joves Prison.¹⁰⁸ In addition, a psychiatrist was on site twice a week at both facilities and struggled to cope with the high demand for consultations. A pool of specialists (for example, dermatologist, orthopaedist etc.) from Terrassa Prison Hospital visited the establishments regularly and was available for teleconsultation.
- At Lledoners Prison, the EAPP consisted of nine FTE GPs, nine FTE nurses and nine FTE orderlies, one dentist and a mental health component of one psychiatrist, one mental health nurse, one psychologist and one ergo therapist.¹⁰⁹ However, in contrast to other prison establishments, there was no addiction specialist.

In terms of continuity of care, all prison establishments were visited by a wide range of specialists, and transfer to the Terrassa Penitentiary Hospital appeared to be prompt and without hindrance.

III The CPT considers that the EAPPs of the visited establishments were well-staffed and positioned to provide satisfactory healthcare to the prisoners accommodated therein, which was also confirmed by the inmates who spoke to the delegation.

c. equipment and conditions

87. In the course of the visit, the infirmaries of the establishments were found to be in a good state of repair and to be maintained to a high standard of hygiene. Furthermore, the infirmaries were found to be equipped with small laboratories for the purpose of diagnostic services, X-ray machines and life-saving equipment (that is, defibrillators and oxygen equipment), which was found to be adequate in number and in excellent maintenance status.

d. access to a doctor

88. Access to a doctor and medical assistance was prompt and could be requested daily from the orderly staff present in the module concerned, and was ensured by the presence of a doctor in the module concerned or in the prison infirmary. Prisoners could also make requests for medical assistance, which were also dealt with promptly. However, there was no confidential mailbox system in any of the prisons visited.

104 One GP, one nurse and four orderlies are on duty around the clock at weekends.

105. That is, four nurses and six orderlies present from 7:00 to 14:00 and from 14:00 to 21:00; two nurses and four orderlies from 21:00 to 7:00. On weekends and public holidays, there was also a 24-hour medical presence at the establishment.

106. The same team was also operating at Brians 1 Prison.

107 During weekends and public holidays there was a round-the-clock presence of one GP, one nurse and five orderlies and the same component was also working during the night shift.

108 At Joves Prison the hours of 21:00 and 9:00 are covered by on-call services, with a GP and a nurse from the nearby Quatre Camins Prison providing cover. During weekends and public holidays, the on-call team consists of one GP, one nurse, and one orderly, working from 9:00 to 21:00.

109. The department head is present on weekdays from 7:30 to 16:00, participating in the duty rota. General practitioners are on site from 8:30 to 15:00 and/or from 14:00 to 20:30. The doctor on duty is available from 14:00 to 21:00 the following day on weekdays and from 9:00 to 9:00 the following day on weekends and public holidays. Nurse presence is as follows: two shifts from 8:15 to 15:00 and from 13:45 to 20:30. Nurse on duty from 13:30 to 9:00 the following day on weekdays and from 9:00 to 9:00 the following day on weekends and public holidays. Orderlies present in two shifts from 8:00 to 14:30 and from 14:00 to 20:30.

The CPT recommends that steps be taken at all prisons to enable prisoners to contact the healthcare service on a confidential basis, for example, by means of a message in a sealed envelope and/or in dedicated boxes exclusively managed by healthcare staff.

e. screening upon admission

89. Upon admission to prison (either on remand detention or upon transfer from another prison establishment, regression or voluntary admission), prisoners underwent a prompt medical screening. This medical screening is well-organised and systematic in its approach and consisted of: a review of diagnoses (special attention is paid to patients with active diagnoses such as HIV, HCV, HTA through blood test screening); a review of clinical orders (to ensure that no active nursing treatments, injectable regimens etc. are in progress); a review of medication; A Tuberculin test (TT)/ Chest X-ray assessment; an assessment of vaccination status; vital signs and anthropometric measurements.

This was followed by a mandatory psychological assessment and a suicide prevention test (see paragraph 104). However, the findings of the CPT delegation at all prison establishments indicate that physical examination in view of the detection of injuries, and that visual checks of the body were not systematically conducted. Further, the initial medical screening at Brians 1 Prison in respect of female prisoners did not include questions on sexual and gender-based violence (SGBV) or previous victimisation.

The Committee recommends that the systematic visual check of newly admitted prisoners in view of seeking injuries possibly originating from violence be introduced as mandatory for all EAPPs of the prison establishment under the responsibility of the ICS. The Committee further reiterates its recommendation that the EAPP of Brians 1 Prison conduct the medical screening taking into account the gender specific profile of female prisoners, notably on issues such as sexual abuse and other forms of gender-based violence inflicted prior to entry to prison (such as post-traumatic stress disorder and risk of suicide and self-harm, as well as sexual abuse or other forms of violence suffered prior to admission).

f. recording and reporting of injuries

90. As was the case during previous visits, the management of all prison establishments visited regularly reported cases of injury sustained during their imprisonment in the establishment to the competent duty judge, in compliance with Instruction 02/2018.

The delegation examined the relevant documentation and ascertained that, in particular, cases of injury related to episodes of inter-prisoner violence, use of force and resort to mechanical fixation were duly and prompted reported to the competent duty judge. However, with the exception of Lledoners Prison, the description of injuries remained deficient, especially in terms of the characteristics of the injuries (with no details on the size or colour of the injury, and just a sign on the relevant body charts in use), and rather evasive as to origin, as well as possible compatibility with any allegations. Further, injuries were not photographed.

The CPT reiterates its recommendation that steps be taken to ensure that the EAPPs fully play their role in preventing ill-treatment by ensuring that, upon admission to prison, every person undergoes a thorough medical examination, following which a detailed record should be established. The same procedure should be followed after a violent incident within a prison establishment, or whenever a prisoner is brought back to prison by the police, after having participated in investigative activities. The record should contain:

- (i) an account of statements made by the person which are relevant to the medical examination (including the description of their state of health and any allegations of ill-treatment made by them);**
- (ii) a full account of objective medical findings based on a thorough examination;**

- (iii) **the healthcare professional's observation in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.**

The record should also contain the results of additional examinations performed, detailed conclusions of the specialised consultations carried out, and treatment given for the injuries, or any further procedures conducted.

Recording of the medical examination in the event of injuries should be made on a special form provided for this purpose, with "body charts" for marking injuries, to be kept in the medical file of the prisoner. Injuries should be photographed, and the photographs filed in the medical record of the person concerned. In addition, documents should be compiled systematically in a special trauma register, in which all types of injuries should be recorded.

The existing procedures should be reviewed in order to ensure that whenever injuries are recorded by a healthcare professional which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the report is immediately and systematically brought to the attention of the relevant investigative authority.

91. In relation to the admission of prisoners to Brians 1 Prison subsequent to an arrest by law enforcement officials and the presentation of a medical certificate of injuries issued by a healthcare centre or hospital, the delegation found that healthcare staff did not consider it their responsibility to undertake further checks regarding the nature of the injuries and their description, nor to report them to the competent duty judge. The healthcare staff of Brians 1 Prison deemed that the injuries in question had already been documented within the system following the individuals' visit to a healthcare centre (see paragraph 16).

The healthcare professional should advise the prisoner concerned that the writing of such a report falls within the framework of a system for preventing ill-treatment, that this report must automatically be forwarded by the prison director to the duty judge, and that such forwarding is not a substitute for the lodging of a complaint in proper form. The results of every examination, including the above-mentioned statements and the healthcare professional's opinions/observations, should be made available to the prisoner and to their lawyer.

The Catalan regional authorities should offer special training to healthcare professionals on the proper medical screening of prisoners, the recording of any injuries observed, and on the reporting procedure.

g. medical confidentiality

92. The confidentiality of medical examinations was respected in relation to ordinary regime prisoners in the modules and normally took place in the respective medical offices, behind closed doors and with custodial staff sitting outside. However, the confidentiality of examinations in DERTs, DESs and in respect of prisoners assessed to be at high-risk due to their aggressive behaviour took place either in front of custodial staff or with open doors and within hearing range, to which the doctors could object but rarely did.

Further, at the outset of the visit the delegation was informed by NGOs that, following the March 2024 events, for a period of few weeks, medical consultations of prisoners had taken place in front of prison staff for security reasons, and in principle with handcuffing at the specific request of custodial staff. At the time of the CPT visit in November/December 2024 this was not observed.

The recommendation outlined in paragraph 163 on the need to ensure the medical confidentiality of detained persons in a police setting is also valid in this context.

h. psychiatric care

93. As mentioned in paragraph 85 the provision of psychiatric care to inmates in the Catalan regional penitentiary system consists of an ambulatory component and specialised intervention in case of acute cases, and more structured provision provided at the UHPP and UHRP (including in cases of forensic patients under a security measure or assessment of their mental status pursuant to a court order). At the outset of the visit the CPT delegation had been informed of an agreement concluded between the ICS and SMPRAV over the provision of therapeutic input to prisoners with mental health disorders.¹¹⁰

94. The level of care provided to prisoners at the outpatient level at all prisons visited by the psychiatrists belonging to the respective EAPP was satisfactory: 70% of the population of Brians 2 Prison had had a psychiatric consultation during their accommodation and the level of offer of psychotherapy by the clinical psychologists was also of an adequate level. However, the level of psychiatric intervention was severely restrained or totally interrupted at the time of the placement of a person in a DERT or in solitary confinement. This was a cause of concern for the delegation as it was causing deterioration of the mental status of the inmates concerned (see paragraph 60). In this respect, the delegation learned that at Quatre Camins Prison a practice had been recently introduced whereby the psychiatrist could oppose the placement of a prisoner to a DERT in light of his poor mental health condition.

The CPT recommends that the psychiatric treatment of a prisoner is not discontinued at the time of their placement into a DERT or while serving a measure of disciplinary solitary confinement. Further, the Committee takes positive note of the new practice of having the mental status of a prisoner reviewed by a psychiatrist during their placement in a DERT in order to assess their compatibility with the conditions of detention therein and encourages its proactive application throughout the penitentiary system.

95. At Quatre Camins Prison, the CPT delegation visited the special attention module (Module of Special Attention or DAE), which was accommodating 29 prisoners with a verified mental diagnosis, and is staffed by a team of multidisciplinary personnel trained to provide treatment activities targeted at their particular profile. Further, the modules also included a multi-sensory appeasing room (UIC), which was recently set up as a pilot project. The delegation gained a generally positive impression of the level of staffing and individualisation of interventions, and prisoners shared with the delegation their satisfaction with the level of treatment they received from multidisciplinary staff, and custodial staff did not wear a uniform. However, a certain scarcity and imbalance in the provision of activities in the morning left the afternoon in idleness.¹¹¹

The CPT takes positive note of the set-up of the DAE Module at Quatre Camins Prison and recommends that the level of daily treatment and rehabilitative activities on offer to inmates be complied with.

96. The UHPP of Brians 1 Prison, located in a three-storey building at the southern extremity of the establishment was accommodating 57 patients out of an overall capacity of 64 beds (including six female

110. The agreement, initially signed in 2017 and subsequently reviewed in 2022, encompassed the following elements: the enhancement of mental healthcare provision for inmates at the outpatient level across all prison facilities, ensuring uniform standards of quality across the entire prison system; the strengthening of collaborative efforts of different bodies, such as the Institute of Legal Medicine of Catalonia and the Department of Health, in the field of prevention of suicide; improving and adapting the resources, organisation and operation of hospital admission at the Penitentiary Psychiatric Hospital Unit (UHPP) of Brians 1 Prison, and the Penitentiary Psychiatric Rehabilitation Unit of CP Brians 2 (URPP).

111. The delegation conducted a visit to DAE in the afternoon, at which time, according to the schedule that had been posted on the wall, activities pertaining to school, cognitive stimulation, and gardening were scheduled to take place. However, upon inspection, it was found that the vast majority of inmates were present in the living room or the enclosed courtyard, with no indication of any organised activities.

patients). At the time of the visit 14 of the 57 patients were under a court-imposed security measure¹¹² and 43 were prisoners with a mental disorder serving their sentence in one of the prison establishments.

The delegation formed in principle a positive impression of the staffing levels,¹¹³ material conditions in patients' rooms, and communal facilities of the respective wards (acute, sub-acute and rehabilitation wards) as well as the treatment provided to patients in terms of level of medication and rehabilitation activities.¹¹⁴ However, the delegation also noted a penury of activities in patients accommodated in the acute ward, where stays could last for prolonged periods.¹¹⁵ Records showed that incidents of use of force by staff were infrequent and dealt with professionally. However, as mentioned in paragraph 100 mechanical fixation of patients could be of an excessive duration in light of the type of disorder at its origin. Further, prison custodial staff serving at the unit did not receive training in de-escalation and manual control techniques, and in dealing with patients with mental disorders.

The CPT recommends that further efforts be made to provide all patients accommodated at the acute ward of the UHPP of Brians 1 with a structured daily programme of therapeutic and rehabilitative activities, based on their individual needs and capacities. Further, custodial staff serving on the unit should be provided with regular training in dealing with patients with mental disorders, as well as in de-escalation measures and manual control techniques.

97. The UHRP of Brians 2 Prison was accommodating 67 patients out a capacity of 70 places in a two-storey, 20-room unit located above the infirmary (including a five-room observation unit). The majority of the patients (36) were forensic patients under a security measure.¹¹⁶ Material conditions in the rooms and communal facilities were satisfactory in terms of state of hygiene, repair, access to natural light and ventilation, and offered a good therapeutic environment. Patients spoke positively of the manner in which they were treated by staff, the quality of treatment provided offered a good level of individualisation, and a wide range of individual and group rehabilitative activities were provided.¹¹⁷ However, prison staff in charge of the security of the unit had not received specialised training in dealing with patients with mental disorders.

The recommendation outlined in paragraph 120 on the need to provide custodial staff with targeted training activities is also valid in this context.

98. The CPT delegation was informed that following the partial closure of the UHPP in January 2025 due to renovation work, a restructuring of the system would be applied consisting of the limitation of capacity to 20 beds and one observation room. The rest of the patients would be transferred to the UHRP of Brians 2 (30 beds and two observation rooms), and to a new ward under creation at Joves Prison (14 beds and one observation room). At the time of the visit, some readaptation works were ongoing. In principle, no modification would be applied to the level of staff and treatment.

The Committee would like to receive an update on the restructuring of the UHPP of Brians 1 Prison and its repercussions for the wider penitentiary system.

99. As regards the legal safeguards, forensic patients at the UHPP and UHRP serving a security measure had their placement reviewed on the basis of the findings of the multidisciplinary team, by the relevant

112. A custodial security measure may be imposed on persons who, in the course of criminal proceedings, have been found by a court not to be fully (pursuant to Article 101 of the CC) or partially (pursuant to Article 104 of the CC) responsible for a criminal offence. In addition, remand prisoners may also be placed in such facilities for the purpose of assessing their mental state, pursuant to Articles 381 and 991 to 994 of the Criminal Procedure Code (CCP), on the basis of a judge's decision. In addition, convicted persons may be transferred to a PPH for treatment if they develop a mental disorder after detention, pursuant to Article 60 of the CCP. The duration of the security measure varies but cannot exceed the total duration of the penalty for the offence in question, and the measure is subject to *ex officio* annual review by the competent judicial authority.

113. That is, eight psychiatrists, six nurses and 12 orderlies in principle present during a weekday shift.

114. The activities and workshops on offer were varied and well attended, and included art workshops, educational and vocational courses. There were also recreational activities such as dancing and Nordic walking.

115. For example, the eight patients accommodated at the acute/observation ward of the UHPP were not offered any purposeful activities in addition to access to fresh air in a secured terrace and a communal room.

116. It is noteworthy that 55 out of the 67 patients regularly benefitted from periods of leave and permits.

117. These included various sports activities, sewing workshops and computer literacy courses.

sentencing judge and the supervisory judge. However, it appeared that there was no contact with the judges, who were not visiting the establishment in person, and the entire procedure was in written format. In principle, forensic patients would have their measure reviewed and transformed into a therapeutic measure in the community subject to the positive assessment of the multi-disciplinary team.

i. mechanical fixation for medical purposes

100. As previously stated in paragraph 77, the measure of mechanical fixation of an inmate for medical purposes could be executed in an infirmary section of a prison establishment or in the UHPP or UHRP, as well as in the Terrassa Penitentiary Hospital (see paragraph 113) by order of the duty doctor or a psychiatrist. The number of mechanical fixations has been decreasing since 2023¹¹⁸ and is, in principle, applied in cases of psychomotor agitation and attempted suicide or self-harm. The measure was applied in compliance with a dedicated protocol of the San Joan de Déu Hospital in Barcelona¹¹⁹ and was under constant medical supervision. The duration of mechanical fixation was in principle proportionate to the level of intervention required, although in some cases, such as those involving psychiatric patients at UHPP of Brians 1 Prison, the duration of fixation appeared excessive for their condition.¹²⁰ Furthermore, some patients complained that they had not been provided with the possibility to comply with the needs of nature during the fixation.

The CPT recommends that the Catalan regional authorities ensure that the healthcare staff of all prison establishments (including the UHPP of Brians 1 and UHRP of Brians 2 Prisons) take urgent steps to comply with the principles outlined in paragraph 82 when applying a measure of fixation to a bed of a prisoner for medical purposes. The Committee further recommends that the Catalan regional authorities pay the utmost attention to ensuring that the use of mechanical fixation of a prisoner in a medical setting strictly complies with the principles of last resort and proportionality to the patient's condition. The CPT considers that the resort to such measures should always be for the shortest possible period, usually lasting only from a few minutes to a few hours, and that such restraint should cease when the underlying reason disappears. There is no justification for the practice of placing patients under mechanical fixation for days on end without interruption. In the CPT's view, such a practice could be considered ill-treatment.

j. substance abuse

101. As mentioned in paragraph 86 every EAPP contained a substance use staff component which, with the exception of Lledoners Prison, consisted of an addictologist, a psychologist and a nurse. Consequently, at all prisons visited prisoners with substance use disorders were systematically screened at the time of admission and provided with information on the various therapeutic and programme activities such as opioid agonist treatment (OAT)¹²¹ and the PIX¹²² needle exchange programme. Further, individual and group psycho-social activities were provided to substance use prisoners at all establishments visited. In addition, the other existing and specialised programmes continued to have a strong component on substance use disorders.

102. The examination of the relevant disciplinary files as well as interviews with detained persons showed that there was a significant flow of illicit substances (that is, psychoactive medication, drugs etc..)

118. For instance, the measure had been resorted to 280 times in the course of 2023 and 197 times during the initial 11 months of 2024.

119. The protocol in question provided for the need to ensure its last-resort nature through first recourse to verbal de-escalation techniques, regulated the application of cloth restraints, and the positioning of restrained patients, as well as possible pharmacological interventions and the monitoring of the measure by medical staff, in order to avoid risks to the patient's health.

120. For instance, an inmate had been mechanically restrained at the UHPP of Brians 1 Prison from 22 October 2024 at 17:00 to the 25 October 2024 at 13:15 (that is, a total of 67 hours and 45 minutes) for aggressive behaviour towards a psychiatrist (that is, throwing a bottle of coke at her).

121. For example, at Brians 2 Prison at the time of the visit 122 inmates were subject to OAT (110 methadone, 11 suboxone per os, 1 suboxone retard injectable). Dosages are individualised and more than half are in the tapering phase. Further, at Quatre Camins Prison 38 inmates were receiving OAT in the form of methadone 30-90 mg.

122. For example, the PIX syringe exchange programme (*programa d'intercanvi de xeringues*) comprised 33 users (28 men and five women) and 120 exchanges at Brians 1 Prison and 30 users for 465 exchanges at Brians 2 Prison.

which was circulating within modules, namely through the trafficking of medication and the smuggling in of such substances by visiting families and allegedly also prison staff.

Such a situation had also been described by trade unions of prison staff who, from their own end, were calling for modification of the modality of distribution of substitution therapy and psychotropic medication through their crushing. In the CPT's view the approach towards substance misuse in prison should be part of a national drugs strategy, and should have as its goals, *inter alia*: eliminating the supply of drugs into prisons; dealing with drug abuse through identifying and engaging drug misusers, providing them with treatment options and ensuring that there is appropriate throughcare; developing standards, monitoring and research on drug issues; and the provision of staff training and development.

The CPT recommends that, in light of the longstanding experience of the Spanish and Catalan regional authorities in the prevention, management and treatment of inmates with substance use disorders, a strategy be drawn up for effectively addressing the predominant presence, introduction and trafficking of illicit substances in prisons in the light of the above remarks as well as relevant publications by renowned international bodies.¹²³

103. At Quatre Camins Prison the delegation visited an observation cell in use for the purpose of accommodating suspected body-packers, which consisted of a bed affixed to the floor and a metal toilet with an extraction system positioned in the adjacent room. The cell in question did not possess a heating system and was rather austere. In principle it would accommodate prisoners suspected of having ingested illicit substances following a visit with their families (including intimate visits). The prisoners were under the supervision of two members of prison staff through a transparent glass screen from the adjacent room. However, there was no medical supervision of the execution of the measure as the cell was located in the admissions module rather than the infirmary.

In the Committee's view, the detention of suspected body-packers requires appropriate medical surveillance, owing to the serious risk of acute poisoning and intestinal blockage, both of which can result in death.

The CPT recommends that appropriate medical surveillance be put in place when suspected body-packers are placed in detention (including in observation cells). Further, the observation cell in question should be equipped with a functioning heating system.

k. prevention of suicide

104. The rate of suicide in the Catalan regional penitentiary system per year had seen an increase from 7 in 2020 to 14 suicides in 2022 and 11 during the first eleven months of 2024, which had been the subject of an analysis by the SMPRAV (Anais Programme).¹²⁴ In this respect a detailed anti-suicide protocol (PPS) was introduced by SMPRAV in 2021 with a series of gradual intervention measures in light of the three levels of suicide risk assessment. In October 2024 a shock plan was adopted, aimed at the revision of the PPS with a list of 10 measures for its reinforcement which included, *inter alia*: the creation of a permanent

123 See for example the publication "Standards for treatment of people with drug use disorders in custodial settings" from the Council of Europe Pompidou Group as well as chapters 13 and 14 of "Prison and Health" by the WHO Regional Office in Europe which contain important suggestions by international experts

124. The analysis in question developed a list of five proposals in order to prevent suicide of inmates accommodated in DERTs which were as follows:

1. Increased individual interventions by treatment staff in DERTs.
2. Identification of risk factors for suicide upon admission of a prisoner with a view to enabling the prompt adoption of preventive measures.
3. Increased treatment activities aimed at promoting autonomy, purposeful activity and social support of inmates.
4. Increased presence of cultural mediators in order to care for the needs of foreign prisoners in DERTs.
5. Restricting access to possible material means and items for committing suicide, such as through the provision of anti-rip sheets, elimination of ligature points in cells etc.

Furthermore, some NGOs had concluded that 80% of inmates who had died by suicide in the previous two years had spent a period in a DERT.

suicide prevention committee to be established in each prison. Further, the specialised programmes Benestar and Recvi also contained important suicide prevention components and additional multidisciplinary staff (see paragraph 46) who had been recruited since 2023 with the task of conducting specialised treatment activities in the field of suicide prevention.

105. During the 2024 visit, the CPT delegation interviewed several prisoners who were under various anti-suicide measures at the prisons visited, notably those accommodated at DERTs under PPS protocol, prisoner support, and permanent monitoring measures. In principle, inmates were receiving psychological assistance and periodic intervention from educators and staff, and their status was adequately monitored in accordance with the relevant programmes. However, as previously mentioned in paragraphs 60 visits by a psychiatrist were somehow scarcer in DERTs, including in respect of female prisoners at Brians 1 Prison. Furthermore, some modalities of the implementation of the monitoring measures raised some concerns.

For instance, one inmate detained at the DERT of Quatre Camins Prison who had been classified under PPS and subject to permanent monitoring, spent the entire day alone in a communal room under CCTV surveillance, with the exception of access to outdoor exercise for a mere two hours and slept in a cell with another support inmate. The inmate complained to the delegation that he had no available activities to occupy his time during the day, and that reading material had also been withheld from him. Furthermore, it has been reported that the inmate attempted to commit suicide in the communal room by hanging with his trousers around his neck on a metal installation of the sanitary annex on the eve of the CPT's visit.

The CPT commends the efforts made by the SMPRAV in the field of suicide prevention (in particular as regards the recruitment of specialised staff), as well as the analysis of the lessons learned from the recent increase in this phenomenon.

The CPT recommends that these efforts be complemented by an increased psychiatric input with regard to inmates held in DERTs and after their reintegration into the ordinary regime. In addition, the modalities of permanent monitoring of inmates placed under the suicide protocol, as described above, should be reviewed and an appropriate regime of purposeful activities should be offered for the entire duration of the measure. Finally, the Committee also recommends that the situation of female prisoners with a history of self-harm, abandonment and abuse be offered a multifaceted approach, involving clinical psychologists in the design of individual programmes, including psycho-social support, counselling and treatment.

I. deaths in prison

106. A review of the documentation pertaining to the deaths that occurred during 2024 at the prison establishments visited indicated that, although autopsies were systematically conducted in such cases, the prison management still did not receive any report on their outcome from the relevant judicial authorities.

The CPT recommends that a record of the clinical causes of patients' deaths be made and, if an autopsy is performed, its conclusions be systematically communicated to the relevant establishment by the competent judicial authorities. Further, the management of every prison establishment should undertake an analysis of each death in prison in order to consider what lessons may be learned for the prison establishment.

7. Terrassa Prison Hospital

107. Operational since 1993, the Terrassa penitentiary unit at the civil Terrassa hospital (*Consorti Sanitari de Terrassa*), is under the jurisdiction of the ICS. Serving all prisons in Catalonia, it provides somatic health care treatments, including external consultations¹²⁵ and hospitalisations,¹²⁶ to adult male and female prisoners, excluding persons with psychologic and psychiatric pathologies.

108. At the time of the visit, 21 prisoners were hospitalised in the Terrassa penitentiary unit. In addition, two prisoners were undergoing daily consultations.

109. Located in a two-storey building connected to the Terrassa hospital through an internal bridge, the unit included an admission and administrative area, with a room dedicated to conduct body searches of inmates requiring hospitalisation, a security control center, three consultation rooms, three waiting rooms, an X-ray room and a laboratory.

The hospitalization area on the second floor has a capacity for 36 patients, while occupancy levels do not normally exceed 15 persons. It encompasses a waiting room, a smoking room, a telephone cabin and three units: unit A) with eight double rooms accommodating male prisoners; unit B) with five double rooms accommodating female prisoners, a delivery room¹²⁷ and an individual room dedicated to monitor body packers (under 24/7 surveillance by penitentiary staff)¹²⁸; and unit C) including eight individual rooms that may be used for fixations¹²⁹; to isolate patients with contagious diseases¹³⁰; to accommodate juveniles younger than 21 years old; and high security prisoners (first grade).

110. All facilities and equipment were of high quality and in a satisfactory state of maintenance, cleanliness and hygiene. Single and double occupancy rooms offered sufficient living space per patient, as well as adequate lighting, heating and ventilation. They were equipped with bedside tables, wardrobes, chairs, an interphone, a TV and a partitioned lavatory. There is CCTV coverage throughout the establishment, other than in the patients' rooms, consultation and treatment areas, and patients' rooms are locked at night from 22:00 to 9:00 hours.

111. Patients are made aware in writing upon admission of their right to receive visits (either two per week lasting 30 minutes, which can be merged into one 60-minute visit) and communicate by telephone, including one (eight-minute) free call to inform their families of their hospitalisation¹³¹.

112. As regards patient-doctor confidentiality, as far as the delegation could assess it is not guaranteed as the *Mossos* escorting prisoners into the unit, visually monitor medical interventions. By way of example, the delegation learned that a pregnant woman hospitalised in unit B would be watched over by a female *Mosso d'Esquadra* officer throughout the process of giving birth. Prison staff are also present during medical examinations in the unit, remaining occasionally at the entrance of the patient's room to guarantee their privacy. **(See recommendation on the need to ensure full confidentiality during patient-doctor consultations and treatments, in paragraph 22).**

113. The delegation looked in particular at means of restraint of agitated and/or violent patients, which were applied rather exceptionally.

Patients are restrained in the individual rooms available in hospitalisation area C, mostly for medical reasons to calm agitated or disoriented persons (namely, in a state of cognitive impairment, including conditions such as Alzheimer's disease etc.). Medical staff are involved with the occasional support of prison staff if necessary. Further, violent patients may be restrained mechanically by the custodial staff under the surveillance of health care staff as a last resort (four instances in 2023 and one in 2024, as of 30 November 2024).

125 1274 in 2023 and 1074 in 2024, as of 30 November

126 615 in 2023 and 548 in 2024, as of 30 November, out of which 297 to undergo surgery and the rest for different specialised treatments with an average stay of six days.

127 There was a pregnant woman (38 week) who had been transferred to give birth at the hospital.

128 There was a body packer under constant observation at the time of the visit.

129 There were no patients fixated at the time of the visit.

130 There was a patient with tuberculosis occupying that room at the time of the visit.

131 A leaflet is available in different languages.

With regard to the frequency of such measures, according to the records examined by the delegation, 20 medical restraints (applied to 14 patients) and four regimental restraints were carried out in 2023. A decline in such practices was observed in 2024, with eight medical restraints (applied to seven patients) and one regimental restraint applied by 4 December 2024. The records examined by the delegation showed, however, that the use of restraint measures for medical reasons (most commonly belts fixation¹³² to prevent patients from falling from their beds) was occasionally of long

duration. The delegation examined two cases of elderly persons who had requested a suspension of their sentence due to the severity of their illnesses and who had occasionally been restrained, particularly at night, for their own protection, for periods of up to 34 and 14 days respectively.

114. The CPT acknowledges the need to use in some instances means of restraint which have a clear protective aim, namely, to prevent patients from harming themselves, for example by falling out of the bed. However, their use in the long-term may have an intrusive and abusive effect.

The Committee recommends to completely abolish the resort to regimental mechanical restraints at the Terrassa hospital's prison unit. Prison staff should instead apply alternative means to deescalate conflicts and manually control agitated and violent patients.

Further, the CPT would like to receive information on the procedure to suspend the enforcement of sentences for medical reasons in the case of terminally ill prisoners.

115. Staff complements appeared to be adequate in terms of numbers and categories of staff, including well trained and experienced doctors specialised in a broad range of medical and surgical disciplines, provided by the Terrassa hospital, which ensures a high standard of care available round the clock. The healthcare staff also included a senior nurse who was responsible for supervising a team of eight nurses and eight orderlies, working in three daily shifts per week and two shifts during weekends.

The prison staff under the Department of Justice comprises 57 persons in total, with one director, one deputy director, eight chiefs of service, a complement of 45 custodial staff¹³³ and two administrative assistants. Furthermore, the transportation of prisoners, including the provision of escorts for those undergoing specialised consultations at the Terrassa hospital (including surgical procedures), is ensured by the *Mossos d'Esquadra* (with two officers assigned to each detainee). The perimeter security of the prison unit is also the responsibility of the *Mossos de Esquadra*.¹³⁴

116. Custodial staff received initial and regular in-service training on security, conflict prevention and management related issues. Nevertheless, staff interviewed by the delegation would welcome opportunities to build their capacity and skills to manage agitated prisoners and deescalate conflicts verbally. Furthermore, staff complements should increase as necessary to adequately compensate staff's absences (sick leave, vacations etc.).

The CPT would appreciate the comments of the Catalan regional authorities on these matters.

132 For example, pelvic belts and anti-sliding bands.

133 They ensure the internal security in three shifts: 10 in the morning, nine in the afternoon and four at night. In addition, each shift also includes a chief of service.

134 Two fixed posts available 24/7 and an additional position during the morning shift.

8. Other issues

a. prison staff

117. The staffing complement of prison custodial officers at the prison establishments visited was in principle adequate and was as follows:

- Brians 1 Prison: 545 prison officers for 1 086 inmates;
- Brians 2 Prison: 617 prison officers for 1 547 inmates;
- Joves Prison: 250 prison officers for 297 young adult prisoners;
- Lledoners Prison: 356 prison officers for 820 prisoners;
- Quatre Camins Prison: 499 prison officers for 1 040 inmates

118. At the outset of the visit, the delegation was informed that the *Generalitat* had consented in February 2024 to the recruitment of 407 additional members of staff (including custodial and treatment staff).¹³⁵ The visit coincided with the conclusion of a new *Accord de Treball*, which introduced significant innovations, notably in relation to staff remuneration, pension benefits, the organisation of working times, the procurement of materials, the enhancement of working conditions, and novel training modalities and activities.¹³⁶ At the time of the CPT visit, several provisions of the *Accord de Treball* had already been partially implemented.

119. During the visit, the delegation also met with representatives of staff trade unions, who shared their primary concerns, particularly regarding the perceived increased level of aggression of inmates against prison staff as well as the prevalence of mental health conditions among the prison population. In this regard, the statistics on the number of aggressions against staff presented by the trade unions differed to a certain extent from the official figures provided by the *Generalitat* due to different qualifications on the collection of data.¹³⁷ Further, while some of the demands put forward by the representatives of the prison staff were constructive and legitimate, such as the request for increased training activities, others such as the increased use of restraint vis-à-vis prisoners, the procurement of pepper spray, and the mandatory administration of psychoactive medication to inmates in a diluted form, appeared to be disproportionate and not evidence-based.

120. At the time of the visit, a new training centre for security staff had recently commenced operations at Brians 1 Prison, offering induction courses and in-service training to security personnel as part of the recent *Accord de Treball*. Furthermore, other training activities continued to be provided at the level of the CEJFE, notably on the implementation of the GAPs (see paragraph 74). However, the CPT delegation, as mentioned in paragraph 51, gained the distinct impression of the need to increase training of prison staff on manual control and de-escalation techniques, as well as activities in dealing with prisoners with mental disorders. Finally, in light of the ever-changing and specific profile of foreign prisoners, as well as vulnerable groups such as transgender prisoners, specific modules should be devised and delivered systematically on these important issues ((incl. targeted training for officers working with female prisoners and developmental psychological aspects of young persons with a history of migration).

The CPT recommends that the Catalan regional authorities take the necessary steps to further develop tailored training activities for prison staff in the newly established training centre of Brians 1 Prison in light of the above remarks.

135. Out of the 407 members of the prison staff, 244 concerned the prisons visited by the CPT and 60 had already been recruited (notably nine heads of unit, 33 inner service custodial staff and 18 generic staff).

136. For example, in respect of the changes of working shift arrangements as well as salary increases.

137. Figures differed in the sense that in the view of the trade unions of staff those incidents classified as attempted aggression by inmates against staff with no injuries inflicted should also be included in the total.

b. discipline

121. With regard to the disciplinary measures applied to prisoners, the delegation noted that, although there had been a decline in the overall number of days spent by inmates in solitary confinement since previous visits, there remained a significant reliance on disciplinary sanctions and in particular those involving solitary confinement exceeding 14 days.¹³⁸

For example:

- at Brians 1 Prison, of a total of 1 595 disciplinary sanctions imposed in the course of the first 11 months of 2024, 897 consisted of a solitary confinement measure.¹³⁹
- at Brians 2 Prison, of 1 749 disciplinary sanctions imposed in the first 11 months of 2024, some 1 245 were solitary confinement measures.

The Committee reiterates its recommendation that the Spanish and Catalan regional authorities act to ensure that no prisoner is held continuously in solitary confinement as a punishment for longer than 14 days. If the prisoner has been sentenced to solitary confinement for a total of more than 14 days, there should be an interruption of several days in the solitary confinement at the 14-day stage, during which time the prisoner should have the possibility to associate with other persons and to participate in activities.

Further, supervisory judges should be made aware of the harmful effects that may result from placing a prisoner in solitary confinement as a disciplinary punishment for longer than 14 days.

More generally, the CPT also considers that a single incident should not result in more than one disciplinary punishment of solitary confinement, and that any offences committed by a prisoner which might call for more severe sanctions should be dealt with through the criminal justice system.

122. As to the proportionality and subject matter of the sanctioning policy, the delegation noted that the majority of sanctions involving a period of solitary confinement exceeding 14 days related to episodes of active resistance of inmates to prison staff orders, or to aggressive behaviour towards staff. A comprehensive review of the pertinent documentation, in conjunction with interviews conducted with inmates involved, revealed that verbal altercations between prisoners and staff arising from incidents of a seemingly trivial nature had the potential to escalate, manifesting as outbursts.¹⁴⁰ This phenomenon was particularly salient among the younger prisoner population; a focus on interpersonal skills and de-escalation techniques could have mitigated such occurrences.

The CPT reiterates its recommendation that all disciplinary punishments should be governed by the principle of proportionality and imposed in full compliance with the relevant formal procedures. The Committee invites the Catalan regional authorities to address the issue of the proportionality of disciplinary punishments in the context of the review of the imposition of disciplinary sanctions referred to in paragraph 121 above.

138. Pursuant to Article 236 of the RP a sanction of solitary confinement for a very serious infringement of the house rules may not exceed 14 days for a single offence or 42 days if imposed for concurrent disciplinary offences.

139. The cases of periods of solitary confinement exceeding 14 days were less prevalent than during previous visits, yet they could still reach up to 31 days in isolated cases where inmates had been perpetrators of serious assaults against prison staff. For instance, a review of prison records reveals that, at Brians 1 Prison, 10 cases of inmates being subjected to solitary confinement for periods exceeding 30 days were recorded in the course of 2024.

140. The most frequent scenario in this respect would be the increase of incidents and disciplinary sanctions which occurred at Joves Prison in the course of the period of a certain religious practice.

123. The examination of disciplinary files, in conjunction with individual interviews of prisoners, indicated that disciplinary proceedings were adequately documented and substantiated in terms of accompanying evidence, delivery of decisions, motions, initiation of proceedings, and clear avenues of complaint. Further, the mandatory notification to the supervisory judge of sanctions exceeding 14 days was conducted in a timely manner. However, the documentation of the proceedings also identified deficiencies, including the fact that, in many cases, inmates were not given the opportunity to present their case in person before the disciplinary commission. The procedure was predominantly conducted in writing, a practice that proved disadvantageous for foreign national prisoners and other inmates who were socially disadvantaged and/or poorly educated. These detainees were unable to articulate their defence effectively in their written statements, notably in cases involving active and passive resistance to staff orders, where evidentiary action was more complex.¹⁴¹ Further, it was observed that, due to the perceived lack of fairness of the proceedings and inequality of arms, the majority of prisoners expressed a lack of confidence in the complaint system and opted against appealing the decisions to the competent supervisory judge. Finally, it was not uncommon for foreign nationals to receive the relevant documentation in Catalan, a language of which they had less command and understanding than Spanish.

The CPT reiterates its recommendation that the Catalan regional authorities review the conduct of disciplinary proceedings of prisoners by allowing that they be heard in person in front of the disciplinary commission, whereby they have the opportunity to challenge the statements of prison officers. Further, prisoners having difficulties in understanding the Spanish or Catalan languages should be provided with the necessary assistance in terms of translation and interpretation services.

124. Disciplinary sanctions of solitary confinement were being served in the relevant cells of the DERT, which were identical to those described in paragraph 56. At Brians 2 and Quatre Camins Prison, dedicated modules were in place and conditions were somewhat deficient, in particular as regards the state of repair and hygiene. In particular, the cells located on the ground floor of Module 5 of Quatre Camins Prison and the DES of Brians 2 Prison, measuring approximately 11m² and equipped with a bed fixed to the floor, a shelving unit and a metal stool, possessed a semi-partitioned sanitary annex and were in a poor state of repair, with flaky walls covered in graffiti and cracks on the floor, and were in poor conditions of hygiene. With regard to other aspects of the implementation of solitary confinement, prisoners subjected to such measures were granted access to a courtyard for one to two hours per day and received daily visits from a member of the healthcare staff.

The Committee recommends that the Catalan regional authorities refurbish the cells in use for solitary confinement located on the ground floor of Module 5 of Quatre Camins Prison and the DES of Brians 2 Prison. This refurbishment should include whitewashing the walls, fixing the flooring and ensuring that the cells are maintained in an adequate state of hygiene.

c. foreign national prisoners

125. As mentioned in paragraph 49, a considerable proportion of the prison population was composed of foreign inmates, constituting 54% of the overall population within the autonomous community (see paragraph 45). A notable instance of this occurrence was observed at Joves Prison, where 75.8% of the population were foreign nationals (59% of them were originating from the Maghreb region or Sub-Saharan Africa), with a substantial proportion of the remaining inmates being of non-Spanish origin. The SMPRAV adopted Circular 02/2019, which built on previous studies from the CEJFE, with the aim of providing a more targeted intervention and assistance to foreign prisoners. This was to be achieved through the establishment of a body called the Orientation and Reception Service for the Foreign Population (*Servei d'Orientació i Acollida* SOA) at each prison establishment. The SOA was tasked with assessing and identifying the needs of foreign prisoners and with submitting proposals to the prison management and the SMPRAV in order to meet those needs. Further, at the outset of the visit, the CPT delegation was

141. The defence of inmates and in particular foreign prisoners in general consisted of poorly-drafted written statements, which were badly articulated.

informed of the plan concerning the expansion of intercultural mediation services. It is planned that by 2025 a new contract would be signed with an increased budget to strengthen the provision of the service both quantitatively and qualitatively through the Intercultural Mediation Framework Programme.¹⁴² Furthermore, the SMPRAV was contemplating the implementation of mandatory training in anti-discrimination issues for all prison personnel.

126. The findings of the CPT delegation indicated that foreign prisoners were being treated and processed in accordance with the regulations, and that the relevant SOA was attentive to the individualisation of their treatment (for example, through the offer of language courses in the Spanish and Catalan languages). Further, three cultural mediators were present at Brians 1 Prison providing assistance in particular to inmates belonging to the predominant religious community, and there were increased possibilities for foreign nationals to maintain contact with their families through video calls at all prisons visited (see paragraph 129). However, the delegation also received allegations of derogatory remarks and verbal harassment by staff towards prisoners, as well as misunderstandings due to different cultural habits and needs. In particular, at Joves Prison, the highest rate of use of restraints and mechanical fixation of inmates was recorded during the period of observance of a specific religious practice, when the affected population was not involved in activities and leading to more incidents. Moreover, the delegation was informed at Joves Prison that the two cultural mediators engaged had suspended visits to the establishment in view of the aggressive and disruptive behaviour of the young adult population accommodated therein.

The Committee acknowledges the SMPRAV's intention to allocate resources to the enhancement of cultural mediation services within penitentiaries, recognising its significance within the broader context of the penitentiary system.

In this regard, the Committee recommends that due consideration be given to the resumption of cultural mediator activities at Joves Prison. Further, within the framework of training activities for prison personnel, particular emphasis should be placed on modules in intercultural and communication skills, with a focus on the main nationalities of foreign prisoners accommodated in the Catalan regional prison system.

d. transgender prisoners

127. The Catalan regional prison system is recognised for its progressive approach in addressing the needs of transgender prisoners in accordance with international standards. In this regard, a dedicated Circular No. 01/2019 explicitly stipulates that transgender prisoners be accommodated in the module of their choice, be addressed by their preferred name and pronouns, be assigned a designated professional to address issues specific to their needs, and be accommodated in principle in individual cells or, where appropriate, with those inmates who wish to share the cell with them by mutual agreement. Further, the Circular in question also contains specific provisions for safeguarding the privacy of transgender prisoners, such as the differentiation of hours for use of showers or changing rooms and common services. Finally, searches of transgender prisoners should be preferably carried out by electronic means and, in any circumstance, with due regard to gender identity, the prisoner who is the subject of the search must be consulted about their preference as to the gender of the person conducting the search.

128. During the 2024 visit, the delegation met with transgender prisoners, notably at Brians 1, Brians 2, Quatre Camins Prisons, and was able to ascertain that the main tenets of the Circular 01/2019 were being complied with, in particular in terms of choice of accommodation, individual attention to their needs by treatment staff, and facilitation of hormonal therapy. In particular, the delegation was able to observe that an NGO specialising in transgender issues was providing assistance to prisoners in offering individual and group counselling. Further, the prisoners in question alleged that a change of module would be promptly effected upon their request in case of experienced incompatibilities with other prisoners. However, a few allegations were received from transgender prisoners that prison staff insisted on referring to them by their original name and addressing sporadic derogatory and offensive comments regarding their status and orientation.

142. The preliminary contract under consideration stipulated the augmentation of the staff complement of cultural mediators within Catalan prisons, with a stipulated deadline of the end of 2027.

The CPT recommends that custodial staff all prison establishments of the Catalan regional prison system should be reminded of their duty to respect the specific gender identity of all prisoners, in particular in terms of addressing them by their chosen name. Further, targeted training activities for staff should be implemented to raise awareness about the potential vulnerabilities of transgender prisoners.

e. contact with the outside world

129. In terms of access to the telephone, prisoners are entitled to a minimum of five to 25 telephone calls per week, lasting a minimum of eight minutes per call. On a positive note, some prisoners whose families were unable to visit them, including foreigners, could communicate through video calls. However, the availability of telephones booths was limited in the most overpopulated modules,¹⁴³ which occasionally led to tensions among prisoners during the most congested hour as they were queuing up for their turn.

The CPT invites the Catalan regional authorities to increase the number of landline telephones booths at Brians 1 Prison.

130. The Committee was positively impressed by the rollout of the digitalisation project "*Viu en digital*," developed by the SMPRAV. This project consists of the installation of multi-function terminals in modules equipped with computers with limited internet access. The aim is to allow prisoners to make Voice over Internet Protocol (VoIP) phone calls and video calls, perform restricted internet searches, access their personal files and prison e-libraries, as well as to lodge complaints. The project also facilitates prisoner participation in training activities, online study, and remote work.¹⁴⁴

The Committee positively acknowledges the innovative nature of the project, which has the potential to enhance numerous aspects of prison life and would be grateful to receive further information regarding its implementation in other prison establishments.

131. As regards visits, the establishments visited by the CPT complied with the minimum entitlements under national legislation and CPT standards, namely two 20-minute weekly visits and one one-hour visit once per week¹⁴⁵ The facilities visited were generally well-maintained and adequately equipped, as evidenced by the presence of designated areas for children and facilities where prisoners could congregate in a friendly and discreet environment. However, the heating system at Quatre Camins Prison appeared to be non-functional in the visiting facilities (including those dedicated to the purpose of intimate visits), resulting in a significantly reduced indoor temperature.

The CPT recommends that the prison management Quatre Camins Prison ensure the proper functioning of the heating system in the visiting facilities.

f. complaints procedures

132. Inmates in the Catalan regional prison system are entitled to file requests (*peticiones*) in relation to the application of one of their rights or benefits and to lodge complaints (*quejas*) and appeals (*recursos*) when they feel that their rights have been infringed by the prison administration. Several Articles of the Prison Regulations oblige the prison authorities to accept and process requests and complaints filed by inmates. Further, inmates can lodge second-instance complaints against the decision of the SMPRAV to the supervisory judge. Finally, inmates were also able to lodge complaints to the Catalan Ombudsman, as well as to NGOs in a confidential manner.

Procedurally, while some detainees interviewed by the delegation were satisfied with the follow-up given to their complaints, others alleged that their complaints had not been dealt with in a timely manner, or that they had received a poorly reasoned response to their grievances.

143. Such as Modules 1-4 of Brians 1 Prison. For example, at Module 2 of Brians 1 Prison, six telephone booths were in use for a population of 192 inmates.

144. The project has been successfully piloted in Lledoners Prison and will be gradually implemented in Brians 2 Prison and other Catalan prisons.

145. Pursuant to Article 46 of the LOGP.

||| The CPT recommends that the SMPRAV take effective steps to ensure that complaints lodged by inmates to the prison management are processed in a timely manner and that the response is appropriately reasoned.

g. oversight and inspection procedures

133. As regards the role of supervisory judges in monitoring the implementation of custodial sentences and safeguarding prisoners' rights, as regulated by Article 76 of the General Organic Penitentiary Law, the delegation noted once again that judges were still not visiting prisoners in the accommodation units or the DERTs of the prisons visited, and that in some cases were not paying visits to the establishments at all, limiting themselves to videocalls with the relevant inmates who had made a request or lodged a complaint (such as for example, at Joves and Quatre Camins Prisons). In terms of their control of the legality of the application of means of restraint and of the execution of prolonged periods of solitary confinement exceeding 14 days, the CPT delegation once again could observe that the role played by the supervisory judges remained merely one of certifying the decisions of the prison administration, and there appeared to be no examination of the proportionality and appropriateness of the measures by the supervisory judges (see paragraph 80). In particular, supervisory judges appeared to not sufficiently engage individually with the prisoners in order to be in a position to effectively assert whether their rights were being upheld and to take timely measures to redress their possible violation.

||| **The CPT reiterates that the Catalan regional authorities, through the intermediary of the State Judicial Council (*Consejo General del Poder Judicial*) should remind the supervisory judges of the importance of their proactive role in independently supervising the execution of custodial sentences and safeguarding prisoners' rights, in particular by closely monitoring the treatment of prisoners in DERTs and the use of restraints and solitary confinement. The Committee also invites the Spanish authorities to forward this recommendation to the Inspectorate of the *Consejo General del Poder Judicial*.**

134. The prison establishments visited were also regularly monitored by the Spanish and the Catalan Ombudspersons as well as by representatives of a civil society organisation (*Observatori del Sistema Penal i els Drets Humans*), including through the SIRECOVI system (*Sistema de Registre i Comunicació de la Violència Institucional*), aiming at promoting the respect of prisoners' human rights and preventing torture and any form of ill-treatment at places of deprivation of liberty in Catalonia.¹⁴⁶

C. Juvenile Educational Centre Els Tillers

1. Preliminary remarks

135. In the course of the 2024 ad hoc visit to the *Generalitat de Catalunya (Catalonia)*, the delegation visited for the first time the juvenile educational center of Els Tillers.

136. The Organic Law 5/2000, of 12 January 2000, on the criminal responsibility of juveniles, applies to children and young persons between the age of 14 and 18 who are suspected of a criminal offence provided for in the Spanish Criminal Code (or other special penal laws).¹⁴⁷

As regards the *pre-trial stage* of criminal proceedings, Article 28 of the Organic Law 5/2000 provides for several measures that may be applied pending the issuance of the judgement including remand detention (*medida cautelar de internamiento*) that may be imposed for a maximum of six months and may be extended for another three months, with a view to protecting the victims and/or their families.

For *sentenced juveniles*, Article 7 of Organic Law 5/2000 proposes a series of non-custodial and custodial measures, such as probation (*libertad vigilada*), community services, ambulatory treatment (not requiring

146. *Observatory of the Penal System and Human Rights*

147 Young persons below the age of 14 may not be held criminally liable; however, by virtue of civil legislation (including the Civil Code), educational measures may be imposed upon them.

hospitalisation), placement under a therapeutic measure and placement in a detention centre (under the open, semi-open or closed regime). The placement under the closed regime must be imposed by a juvenile judge taking into consideration the seriousness of the offence, or if the offender acted as a member of an organised group (Article 9 paragraph 2 of Organic Law 5/2000).¹⁴⁸

137. Custodial measures imposed on children (*menores*) up to 18 years old that entail deprivation of liberty, including remand detention or imprisonment, are served in detention centres for juvenile offenders. Upon turning 18 years old, a young person could be transferred to a prison to serve the remainder of their sentence, subject to an assessment of their development by a juvenile judge. The maximum duration of the sentence to be served at the center is six years for juveniles younger than 16 years old and ten years for juveniles older than 16 years.¹⁴⁹ The oldest person held at the center at the time of the visit was 23 years old.

138. As the Autonomous Community of Catalonia has decentralised competences in the area of children and young persons since 1981, Law 27/2001 of 31 December, on juvenile justice, further regulates the enforcement of measures imposed on children and young persons at juvenile centres in Catalonia.

139. Established in 1985 in Mollet del Vallès, Barcelona, the Els Tillers juvenile educational center falls under the jurisdiction of the General Directorate for penal enforcement in the community and juvenile justice (*Dirección General de ejecución penal en comunidad y justicia juvenil*). The center consists of four separate buildings accommodating a therapeutic unit (TU), a girls' unit, the school educational facilities and the administration.

140. The therapeutic unit (TU) provides specialised treatment¹⁵⁰ to male and female juveniles suffering from serious mental and/or substance use disorders as well as socio-educational and therapeutic activities in view of their rehabilitation. It possesses a mixed gender unit, which was accommodating 19 persons at the time of the visit (seven in open regime and 12 in semi open regime) for an overall capacity of 20 places. The average age was 18 years, and the longest placement was eight years and five months in the semi open regime.

141. The girls' unit was accommodating 14 persons at the time of the visit, eight in closed regime and six in semi open regime, for an overall capacity of 25 places. The average age was 17 years, and the longest placement was three years in a closed regime.

142. Overall, the delegation gained a positive impression of the conditions in the facilities and the atmosphere at the center. Indeed, a number of juveniles spoke positively about the caring and supportive attitude displayed by the staff and their interactions with them.

2. Ill-treatment

143. The delegation did not receive any allegation of ill-treatment during the visit. However, several children and young persons interviewed by the delegation complained about the excessive use of force by private security personnel (see paragraph 172) when bringing them under control when displaying agitated and recalcitrant behaviour.

The documentation examined by the delegation supported such allegations, notably in the following case of a juvenile whose right arm was fractured during an attempt by private security personnel to restrain him prior to his fixation at the TU.

- In the afternoon of 31 August 2024, a 17-year-old boy was segregated in his room for approximately one hour due to active resistance, as he failed to calm down after voluntarily taking

¹⁴⁸ Juveniles were mostly convicted of violent crimes; the highest sentence (*medida de privación de libertad*) being served in a therapeutic regime at the time of the visit was for aggravated murder.

¹⁴⁹ See Articles 9 to 14 and Article 54 of Organic Law 5/2000.

¹⁵⁰ Including persons' centered care modules anticipating possible ways to address juveniles' crisis following individualised approaches, such as the *Libera-Care* programme.

some medication prescribed and administered by a nurse. He was subsequently manually restrained by staff for a few minutes due to his violent behaviour. When informed that dinner would be served in his room as a consequence of his behaviour, he exhibited a violent reaction. Upon the arrival of the private security personnel, who had been requested to restrain him manually, he began to punch them vehemently. During the subsequent physical altercation, while the private security staff was attempting to restrain him (by placing the young person on the ground and applying handcuffs), the boy sustained a fracture to his right arm. The boy was in severe pain, prompting the duty doctor to prescribe pain medication over the telephone.¹⁵¹ He was subsequently transported to the hospital in the evening, where he was diagnosed with a spiral fracture of the right humerus. The injuries necessitated the application of a plaster cast, regular analgesics, and surgical intervention which took place on 5 September 2024.

144. In the CPT's view, the custody and care of children and young persons deprived of their liberty is a particularly challenging task. The staff called upon to fulfil that task should be carefully selected and undergo continuous targeted training to safeguard the well-being and meet the special needs of this age group. Further, any physical force used to bring juveniles under control which it is deemed necessary to avoid harm to the juveniles themselves or to others, should be applied with the requisite skills and in a proportionate manner, by custodial staff ensuring that it does not result in the infliction of unnecessary pain. Lastly, priority should be given to alternative individual measures to identify triggers of violent behaviors, de-escalate conflicts, prevent agitation and calm juveniles.

Clearly it is unacceptable that the intervention of the security staff to control an agitated juvenile should result in the boy's arm being broken. It demonstrates that the security staff appear not to be trained properly to engage with juveniles nor to safely apply physical holds on the boy. In light of this incident, the authorities should review both the manual control techniques that security staff are authorised to apply, to ensure that they are appropriate for juveniles and ensure that all security staff are trained in their application, including with refresher training.

The CPT recommends that the Catalan regional authorities and notably its Justice Department increases its oversight over the selection and in-service training of private security staff working at educational centers to ensure that they safely apply de-escalation measures and non-pain compliant manual control techniques, taking into account the particular vulnerabilities of juveniles. Further, the Committee would like to be informed of how many interventions by security staff have resulted in injuries to juveniles at the Els Tillers Centre between January 2021 and June 2025.

3. Living conditions

a. material conditions

145. The TU was divided into two units: Unit 1, located on the first floor of a dedicated two-storey building, comprising 12 single occupancy bedrooms, and Unit 2, located on the ground floor of the same building, including eight bedrooms, two of which were of double occupancy. Juveniles were accommodated in individual rooms, with the exception of two double occupancy rooms located on the TU's ground floor.

The girls' unit, situated on the second floor of a separate two storey building, consisted of 24 double rooms for single use, one individual room, and two isolation rooms.¹⁵²

146. Bedrooms at the TU and the girls' unit were of a good size (measuring around 10 m²) and equipped with a bed with a mattress and bedding, a table, a chair, a lockable wardrobe, a TV set and partitioned sanitary facilities (toilet, shower and basin). Further, the two units had a communal area equipped with several sofas, chairs, tables and TV sets.

¹⁵¹ Small doses of Ibuprofen, Metamizole, Paracetamol, Diazepam and Quetiapine.

¹⁵² Equipped with a bed fixed to the floor and two CCTV cameras (there is no toilet inside given juveniles' short stay in these rooms).

147. The centre offered overall good conditions in terms of maintenance, cleanliness and access to natural light. Further, the delegation positively assessed the centre's spacious and well-equipped outdoor exercise yards and green spaces, as well as its small scale, which makes it more conducive to juveniles' rehabilitation.

Nonetheless, cognisant of security-related concerns, the Committee considers that the metal bars on the windows of the residential units' should be replaced by alternative solutions, such as safety glass and semi-opening windows, which would engender a less carceral environment, more conducive to the rehabilitation and social reintegration of juveniles.



The CPT recommends that the Catalan regional authorities give due consideration to the above-mentioned suggestions with a view to rendering the environment in the residential living units less carceral and more child friendly.

b. regime

148. The CPT gained a positive impression of the diversified range of activities and remunerated work provided to juveniles throughout the day, which should facilitate their reintegration into society upon release.¹⁵³

Children and young persons spent most of the day outside their rooms, which were locked at night and opened during daytime. They were involved in educational and recreational activities (including pilates, theatre and craft workshops), vocational training (including on hospitality management and gardening), workshops (including assembling of electric scooters and house painting) and sports (volleyball, basketball, football and table tennis).

As regards education including vocational training, this was provided by professional teachers and trainers. Children and young persons were offered the same opportunities to obtain a primary school certificate after successfully completing their education at the centre as they would have in the community. They could also follow online university courses and training.

Furthermore, juveniles had access to remunerated work, including outside the centre when serving their remand detention or imprisonment measure in semi-open and open regimes. This initiative was supported by the Justice Department's centre CIRE (*Centro de Iniciativas para la Reinserción*) to promote the reintegration of juveniles into society. Indeed, the majority of juveniles interviewed by the delegation acknowledged the positive impact of their involvement in activities, vocational training and work.

149. The juveniles were also entitled to leave the centre upon authorisation by the juvenile judge, either to spend time with their families (ordinary leave), or to take part in therapeutic psycho-social recreational activities with accompanying staff.

4. Use of means of restraint and security related issues

150. The Organic Law 8/2021, of 4 June, on the protection of children and young adults against violence, has introduced amendments to Article 59 of the Organic Law 5/2000 on the criminal responsibility of juveniles, abolishing the use of medical mechanical restraints (fixation to a bed or another fixed object) other than in the TU of the Els Tillers Center therapeutic (and similar units that may be set up in the future). Subsequently, the General Directorate for penal enforcement in the community and juvenile justice (GDJJ) adopted the Protocol for the use of means of restraint in juvenile justice centres, which came into force on 25 June 2021 (2021 Protocol).¹⁵⁴

The 2021 Protocol requires that the GDJJ adopts, in cooperation with the relevant Health Department, updated protocols to manage violent and risky behaviours (*protocolos de intervencion en conductas de*

¹⁵³ See Article 55 of Organic Law 5/2000 on the principle of resocialisation and the need to promote juveniles' social contacts, particularly with families, and their reintegration back into society, including through leave entitlements.

¹⁵⁴ See Instruction 2/2021, of 11 June 2021.

riesgo auto/heteroagresivas) at the therapeutic units of juvenile detention centres. In this respect, the Els Tillers Centre currently applies the protocol issued by the Sant Joan de Deu Hospital in June 2019 (2019 Protocol).

Pursuant to the 2019 protocol, the mechanical fixation of juveniles at the TU must be used in exceptional circumstances, as last resort, subsequent to the gradual application of de-escalation techniques, the placement of juveniles in the time out padded room or temporary segregation, as alternative measures to the use of means of restraint.¹⁵⁵

151. The recourse to mechanical restraints must be authorised by either the TU's psychiatrist or by a doctor. The Director of the center must be informed immediately, who in turn must inform the competent juvenile judge and prosecutor as well as the GDJJ, within a maximum of 24 hours, providing them with the relevant medical report.

Juveniles in the TU may be fixated to a bed in a dedicated room located on the first floor of the TU, equipped with a bed fitted with metal handles along its sides for attaching straps, two CCTV cameras and an interphone which was not accessible from the bed.

152. The delegation examined recordings of approximately 45 young persons who were restrained to a bed between 1 January and 30 November 2024, which showed that medical staff at the TU attempted to verbally engage with the young persons in an empathetic and professional manner in order to calm them down before taking them to the restraint room. In instances of persistent aggression and/or risk of self-harm, security personnel were called upon, with authorisation from either the psychiatrist or a doctor, to manually restrain and fixate the young person to the bed by four points (most commonly) or five points, under the supervision of healthcare staff.¹⁵⁶ In the event that the young person persisted in agitation, they would be forcibly medicated while restrained by medical staff, usually a nurse injecting the (PRN) medication prescribed by the psychiatrist.

In terms of supervision, a member of the medical staff visited the fixated juvenile every thirty minutes, and fixation was permanently monitored by nurses available in the two control rooms, who would communicate with the young adult through the interphone.

As far as the CPT could assess, the measure of fixation to a bed was used as a last resort in situations of serious and imminent risk, lasting a maximum of two hours. Further, juveniles were debriefed at the end of the measure.

153. The potentially traumatising and adverse effects of mechanical fixation on the juveniles concerned as well as on juveniles accommodated at the TU (who could hear the screams of the person being fixated), were evident from the interviews carried out by the delegation with juveniles. Some of them had been repeatedly fixated for periods of time of up to 2.5 hours maximum each time¹⁵⁷. Moreover, fixation was preceded by manual restraint and (on occasion) handcuffing lasting minutes according to the information in the relevant registers.

The Committee considers that fixating juveniles to a bed is a measure which is incompatible with the core aims of a therapeutic unit namely, to treat and support juveniles with serious mental and substance use disorders and support their re-integration into their families and the community. The Committee therefore considers that the resort to mechanical fixation on children and young adults should be abolished forthwith.¹⁵⁸

¹⁵⁵ Juveniles may be placed at the padded time-out room on a voluntary or involuntary basis, alone or accompanied. The duration of placement in the room is limited to a maximum of a few hours and is subject to recording by video surveillance cameras, and monitored by the TU healthcare staff. In case a young person is placed at the padded time-out room against their will, the center's director and the competent juvenile court must be informed. The room is fully padded, including the walls, the floor and the door and it does not contain any furniture, or sanitary facilities.

¹⁵⁶ Juveniles were fixated to the bed face up, with their wrists and ankles (and sometimes the torso) attached to the bed with straps and their legs open.

¹⁵⁷ A 17-year-old girl with serious behavioural problems under very intense care and treatment at the TU, was fixated 20 times and segregated 49 times, to prevent that she would harm herself or others, from January to 30 November 2024, mostly from January to April 2024.

¹⁵⁸ See CPT report 2016 visit to Spain, paragraphs 130 and 131.

Whilst the CPT welcomes the abolition of mechanical restraint of children and young people in non-therapeutic units as from 2021, it recommends that the Catalan regional authorities also abolish the measure of restraint of children and young people in therapeutic settings. The Catalan regional authorities are encouraged to consider alternative methods (preventive, educational and therapeutic) to calm and manage agitated and violent juveniles.

154. As regards other means of restraint, Organic Law 5/2000 on juveniles' criminal responsibility, Law 27/2001 on juvenile justice and the 2021 Protocol, regulate the use of manual physical restraints, segregation, and handcuffing, to be applied gradually in order to prevent acts of violence, escape, damage to the facilities, and to counter active resistance to instructions given by staff. Means of restraint must only be used as a last resort, for the shortest time possible to reestablish the "normality" and with full respect of the person's dignity, physical and mental integrity. Lastly, the use of means of restraint must be proportionate to the intended purpose, and they may not be used as a "concealed punishment."¹⁵⁹

155. Additional safeguards envisaged in the applicable legislation and the 2021 Protocol include recording the use of means of restraint through CCTV and registering it in juveniles' files as well as in a dedicated incidents' register; a mandatory medical examination within 48 hours after discontinuing the restraint; using only standardised equipment and facilities; prior authorisation by the centre's Director; informing the competent juvenile judge and prosecutor as well as the DGJJ of the application of the measure within a maximum of 24 hours; and a debriefing session upon its completion.

156. According to the records consulted by the delegation, from 1 January to 30 November 2024, there were 92 instances of use of manual physical restraint applied by the security staff at the TU and 80 at the girls' unit, lasting a maximum of several minutes. The CPT recognises that staff may exceptionally have to resort to the use force to manually control young persons who are acting violently. The Committee however considers that the use of physical force should be proportionate to the risk posed by the person being brought under control. In addition, it must be skillfully applied by staff so that it does not inflict pain (see recommendation made in paragraph 144 above).

During the same period, juveniles were temporarily segregated for security or safety reasons, namely, to manage agitated and/or juveniles' behaviour posing a threat to others or themselves, on 94 occasions at the TU and on 63 at the girls' unit. Juveniles were regularly segregated in their rooms for a few hours, while maintaining in contact with the centre's staff.

In instances where juveniles exhibited signs of agitation and/or violent behaviour subsequent to the implementation of de-escalation techniques, physical restraint, and segregation, the centre's director would instruct private security personnel to restrain juveniles displaying active resistance and secure them with handcuffs. This procedure was implemented subsequent to their placement in a prone position on the floor prior to their transfer within the centre. Furthermore, juveniles offering active resistance to staff's orders could also be handcuffed in their rooms under the constant surveillance of staff members. This measure was implemented to prevent episodes of self-harming and damage to the facility. The delegation observed that in the initial eleven months of 2024, handcuffs had been utilised in 19 instances in the TU and in 27 instances in the girls' unit, with each instance lasting a few minutes.

157. The CPT considers that in educational centres, the use of mechanical fixation and of handcuffing as a means of restraint of violent and/or agitated juveniles should be ended forthwith. Instead, alternative methods of managing violent incidents, such as verbal de-escalation techniques and manual control, should be employed; this will require staff, especially custodial officers, to be properly trained and certified at regular intervals on their use (such as the preventive measures provided for in the 2019 and 2021 protocols). Further, individual alternative measures to prevent agitation and to calm down juveniles should be developed. It is axiomatic that any force used to bring juveniles under control should be kept to the minimum required by the circumstances and should in no circumstances be an occasion for inflicting pain, whether deliberate or due to staff being inadequately trained.

¹⁵⁹. See Article 59 of Organic Law 5/2000 of 12 January 2000, on juveniles' criminal responsibility, and Article 35 of Law 27/2001 of 31 December 2001, on juvenile justice.

In the event of a juvenile acting in a highly agitated or violent manner, the person concerned should be kept under close supervision in an appropriate setting (e.g. a time-out room). In the case of agitation brought about by the state of health of a juvenile, staff should request medical assistance and follow the instructions of the health-care professional (including, if necessary, the transfer of the juvenile concerned to an appropriate health-care setting).



The CPT calls upon the Catalan regional authorities to review the application of mechanical fixation and handcuffing of juveniles at Els Tillers Centre and other educational centres in the light of the above remarks.

5. Healthcare

158. The health-care staff complement of Els Tillers Centre was provided by the Sant Joan de Deu hospital and by the Catalan public health care department (ICS), including a multidisciplinary team supporting both the TU and the girls' unit. It consisted of a part time (14 hours per week) general practitioner (GP) and a nurse (morning hours) available for the two units Monday to Friday, as well as a midwife (there was a pregnant girl at the girls' unit at the time of the visit¹⁶⁰), available once a month, all under the authority of the Catalan Public Health Department.

The TU's mental health and addictions multidisciplinary team further included eight nurses, two psychologists, three psychiatrists (2.5 at the time of the visit)¹⁶¹, 15 social workers, eight educators, one psychological educator and one doctor specialized in addictions.

On a positive note, there was close coordination between the health care and other staff (social workers, educators, tutors, and teachers) involved in medico-psycho-social multidisciplinary teams, including in the framework of the *ESMIA* programme.¹⁶² The Committee welcomes this comprehensive approach, which is designed to address the individual needs of juveniles within a secure educational and socio-therapeutic environment.¹⁶³

159. All newly admitted juveniles were medically screened by a nurse reporting to a GP within 24 hours from admission which included a physical examination, recording injuries,¹⁶⁴ blood tests, screening for HCV, HBV, HIV, syphilis and TB. If requested by health-care staff, a psychiatric assessment was also carried out by the psychiatrist. In addition, an individual vaccination plan was set up for each young adult and regular gynecological examinations and sexuality preventive education, were provided for girls.

Moreover, in the TU, which combines more intensive treatment for mental, and substance use disorders, with targeted socio-educational and group therapeutic activities, juveniles must upon admission adhere to individualised intervention programmes (*modelos individualizados de intervenció*) which are regularly reviewed¹⁶⁵ by specialised staff reporting to the competent juvenile judge.

160. From the findings of the visit, it appeared that the access to health care, the continuity and equivalence of care, including regular treatments and emergency care in nearby hospitals and clinics providing specialised treatment, was ensured.

External consultations (TU and girls' unit)¹⁶⁶ take place either at a nearby primary health care center (*Centro de atención primaria*) or at a hospital. There were no waiting lists for external consultations at the time of the visit, nor were any programmed, or urgent ones.

¹⁶⁰ A 19-year-old girl six-month pregnant receiving regular follow-up care from her GP and midwife as well as at the maternity hospital.

¹⁶¹ Available for the whole center, including the girls' unit, and occasionally supporting other educational centers as well.

¹⁶² Adopted in 2008, the *ESMIA* programme provides support to juveniles suffering from severe mental disorders and substance abuse/addiction, either on the basis of a medical diagnosis or a court order. The programme involves a diagnostic evaluation of all admissions to the centre, as well as the development of an individualised treatment plan that may include psychopharmacological, psychotherapeutic, and psychosocial interventions. Furthermore, the centre has a monitoring and prevention unit (*Centro de Atención y Seguimiento de las Adicciones / CAS*), which can also assist young people in semi-open regimes in order to prepare them for the transition to an open regime.

¹⁶³ See the CPT 9th General Report including a chapter on juveniles deprived of their liberty.

¹⁶⁴ Injury reports were transmitted to the director of the establishment and to the competent juvenile courts.

¹⁶⁵ A month upon arrival and thereafter on a quarterly basis

¹⁶⁶ 67 consultations took place in 2023 and 56 in 2024, as of 4 December, at the girls' unit, as well as 32 consultations in 2023, and 34 in 2024, as of 4 December, at the TU.

161. The delegation examined the medication administered to juveniles at the TU. All of them were under *pro-re-nata* (PRN) treatment for anxiety, agitation or refusal to be orally medicated. In addition, all juveniles other than three were under other pharmacological treatments (medication). That said, the delegation did not observe any signs of overmedication.

The delegation had misgivings about the systematic prescription by the psychiatrist of PRN medication to the juvenile detainees. The CPT considers that the prescription of PRN medication to the juveniles and young persons detained at Els Tillers Educational Center should be subject to a thorough assessment the juvenile's physical status and should only be valid for a limited time (i.e., days rather than weeks or months) and should be re-assessed each time it is used or where there is a change in the resident's medication or mental state.

III The Committee recommends that the Catalan regional authorities ensure that the above-mentioned precepts are effectively implemented in practice.

162. In terms of medical confidentiality, it transpired that the *Mossos d'Esquadra* either stayed by the consultation room's door, or were present inside, when escorting juveniles for external medical examinations. In the Committee's view, the presence of the *Mossos d'Esquadra* inside the consultation room is detrimental to the establishment of a proper doctor-patient relationship and usually unnecessary from a security point of view (Cf. paragraph 22 above). Moreover, the presence of non-medical staff during medical examinations/consultations may discourage the person concerned from disclosing sensitive information to the healthcare professional (for example, that they have been ill-treated, information about drug use or contagious diseases etc).

163. The CPT must stress that there can be no justification for police officers being systematically present during medical examinations/consultations of young persons held in external medical facilities. Their presence is detrimental to the establishment of a trustful doctor-patient relationship and usually unnecessary from a security point of view. Moreover, the presence of non-medical staff during medical examinations/consultations may discourage the person concerned from disclosing sensitive information to the healthcare professional (e. g. that he or she has been ill-treated, information about drug use or contagious diseases).

Therefore, the CPT considers that, *as a general rule*, all medical examinations/consultations of juveniles in external medical facilities should be conducted out of the sight and hearing of police officers, under conditions fully guaranteeing medical confidentiality. However, the Committee recognises that the presence of non-medical staff at the request of the healthcare professional may be warranted in exceptional cases.

Such exceptions should be specified in the relevant regulations and should be limited to those cases in which, based on an individual risk assessment, the presence of police officers of the same sex as the person being examined is considered absolutely necessary, to ensure the safety of the healthcare professional. Moreover, an exception should only be permissible if other, less intrusive security measures are considered not to fully contain the perceived risks posed by the juveniles. As a possible alternative, consideration should be given to the setting up of a secure room or ensuring the presence in the room of additional healthcare personnel. Another possibility may be the installation of a call system, whereby healthcare professionals would be in a position to rapidly alert police officers in those exceptional cases when a juvenile becomes agitated or threatening during a medical examination. The healthcare professionals concerned should be duly informed of any relevant prior behaviour on the part of the juvenile, the applicable rules and how to react in high-risk situations.

III The CPT recommends that the Catalan regional authorities take measures, including by amending the relevant regulations, to ensure that the above-mentioned precepts are fully implemented in practice. In particular, as a general rule, all medical examinations/consultations of persons held in juvenile detention centres should be conducted out of the sight and hearing of police officers, under conditions fully guaranteeing medical confidentiality.

6. Discipline and security measures

164. Disciplinary offences are classified as minor, serious or very serious and the sanctions that may be imposed include reprimand, prohibition of home leave or participation in recreational activities for up to two months, deprivation of weekend home leave for up to one month, separation from other juveniles during weekends (for up to five weekends) and segregation in the juvenile's room or in a dedicated isolation room, up to two days for serious offences and between three and seven days for very serious offences.¹⁶⁷

The Committee welcome the priority afforded to restorative conflict resolution as opposed to formal disciplinary procedures and sanctions in the TU, given its therapeutic and educational approach with a focus on treating, rather than sanctioning, the mental health issues and substance abuse problems of male and female juveniles placed therein. Disciplinary sanctions are therefore only applied at the girls' unit.

165. With regard to the conduct of disciplinary proceedings, the files consulted by the delegation indicate that the fundamental safeguards advocated by the CPT were being adhered to. In particular, the centre's Director appoints an independent instructor who is not involved in the treatment activities of the juvenile concerned. This instructor informs the relevant young person about the charges against them and their right to be heard in person and submit related evidence (orally and in writing). After hearing the juvenile concerned and other interested parties, including possibly the juvenile's legal representative,¹⁶⁸ the instructor submits a draft decision to either the Centre's Director or the Disciplinary Board. Finally, juveniles are notified of the disciplinary decision in writing, as well as of their right to appeal it to the relevant juvenile judge within 24 hours.¹⁶⁹

166. The delegation was concerned by the high number of segregations, as a disciplinary sanction, imposed at the centre's girls' unit: over 130 times in the first eleven months of 2024, sometimes on the same girl repeatedly on an almost monthly basis. Juveniles were segregated either in one of the two isolation rooms available in the girls' unit, or in their rooms.

In terms of duration, according to the information gathered from juveniles and the records checked by the delegation, from 1 January to 30 November 2024, two-thirds of the segregations lasted less than three days.¹⁷⁰ Juveniles continued to have access to daily outdoor exercise alone three times per day. Further, they were in regular contact with an educator and continued to receive visits and communicate over the telephone without restrictions. Subject to good behaviour, juveniles were also allowed to resume their classes at the school as well as to join sports and other activities after the second or third day of segregation. Lastly, a debriefing with an educator took place at the end of the measure.

167. The CPT takes the view that any form of isolation may have an even more detrimental effect on the physical and/or mental well-being of children and young persons. In this regard, the Committee observes an increasing trend at the international level to promote the abolition of solitary confinement as a disciplinary sanction in respect of juveniles. Particular reference should be made to the United Nations Standard Minimum Rules on the Treatment of Prisoners, which explicitly stipulate that solitary confinement shall not be imposed on children. The CPT fully endorses this approach.¹⁷¹

The Committee acknowledges that juveniles at the Els Tillers Center were allowed contact with their families while segregated, and that they were able to gradually re-engage in educational and recreational activities, subject to good behaviour. Nevertheless, the Committee considers that girls under the age of 18 should not be subjected to a disciplinary sanction of isolation as that is not conducive to their wellbeing. A temporary time-out measure for agitated girls who are a threat to themselves or to others might be envisaged but not as a disciplinary punishment.

¹⁶⁷ See Article 60 of Organic Law 5/2000 on juveniles' criminal responsibility and articles 36 to 42 of Law 27/2001 on juvenile justice.

¹⁶⁸ Juveniles may be represented by a lawyer and have the right to be assisted by an interpreter if they do not understand the Catalan or Spanish language.

¹⁶⁹ See Articles 71 to 84 of Royal Decree 1774/2004

¹⁷⁰ 24 segregations lasted one day; 37 lasted two days and 29 lasted three days.

¹⁷¹ See Rule 60.6.a of the European Prison Rules (as revised in 2020), Rule 45 (2) of the United Nations Standard Minimum Rules on the Treatment of Prisoners (*Nelson Mandela Rules*) and Rule 67 of the UN Rules for the protection of Juveniles deprived of their liberty.

The CPT recommends that the Catalan regional authorities end the application of the measure of segregation to all girls under the age of 18 years. Further, they should take steps to reduce significantly, the recourse to the segregation of young persons above the age of 18 years as a disciplinary punishment. The ongoing efforts to identify triggers of violence and put in place preventive measures, should be pursued.

The Committee further invites the management of Els Tillers Educational Centre to amend the center's internal regulations in order to immediately discontinue the application of segregation to girls under the age of 18 years, as a disciplinary punishment, pending the amendment of the applicable legislation.

168. The delegation also identified cases of aggression by juveniles against staff. While it is incumbent upon the centre's management to denounce serious incidents resulting in physical injuries of members of staff to the competent juvenile's prosecutorial authorities (*Fiscalia de menores*) or to the duty judge/court (*Juzgado de guardia*), the delegation noted positively that priority was given to restorative justice and the recourse to dialogue and mediation.

169. With regard to body searches of juveniles, these were conducted in accordance with the applicable legislation¹⁷² and the standards advocated by the CPT and were performed by private security staff and an educator (both of the same sex as the person being searched) on arrival, after visits and when juveniles returned from leave. Juveniles were offered a robe or a towel to cover themselves. In instances where juveniles were accompanied by an educator during their leave and there was no suspicion that they might be in possession of drugs or other objects that might adversely impact the good order and security of the centre, they were subjected to a search only with a portable metal detector. Conversely, in instances where there was reasonable suspicion that the juvenile might be in possession of contraband, a full body search was conducted, with no requirement to squat, and this was reported to the relevant juvenile court judge and prosecutor. Furthermore, juveniles may be subjected to X-ray scans with the authorisation of the juvenile judge.

170. Lastly, the delegation observed that the *Mossos d'Esquadra*, following the protocol applied for the transport of adult prisoners, systematically handcuffed juveniles in the front throughout their transfers to external medical facilities or to the courts, until their return to the centre. Handcuffs were reportedly not removed during medical consultations/courts' attendance, as recounted by several children under 18 years of age who were interviewed by the delegation.

171. The CPT recommends that the practice of handcuffing juveniles during transportation should be based on an individual risk assessment. Similarly, in the CPT's view the handcuffing of juveniles at all times during medical consultations is not acceptable from the standpoint of medical ethics and human dignity and should therefore be discontinued.

7. Other issues

172. The Els Tillers Center's staff complement includes the management team (Director and Deputy Director), four administrative staff and over 30 educators, tutors and social workers. In terms of minimum staff coverage at nighttime, this was assured by an educator in the girls' unit. Weekends and non-working days were covered by two educators and four social workers.

The supervisory functions inside the centre were performed by 20 security staff, including seven women, from the private security company *Prosegur*. The daily shift includes four officers patrolling the centre's common areas outside the TU and girls' units, one located in the security CCTV room, one in the reception area and one in the school building. Reportedly, they only intervened inside the units upon the request of the medical or educational staff.

¹⁷² Article 54 para. 5 of Royal Decree 1774/2004

Given that the centre has a dedicated girls' unit and a mixed TU including boys and girls, the CPT recommends that the private security staff's gender balance be improved, notably in view of the need to conduct body searches by staff of the same sex as the one of the juvenile being searched.

173. Concerning contact with the outside world, the young persons were entitled to receive two family visits under open conditions lasting about one hour per week¹⁷³. The length of visits' duration could be extended in accordance with the incentive-based regime that applies at the girls' unit, according to which, progress is rewarded to juveniles who are cooperative, display good behaviour and show a positive evolution, while juveniles who display negative behaviour are demoted and subjected to various restrictions.¹⁷⁴

Further, juveniles could make two phone calls a week (for 10 minutes each)¹⁷⁵. As a good practice, the center envisages to pilot the project "*Viu en digital*" to further expand the use of online communications for juveniles.

174. The delegation had misgivings regarding the behavioural rewarding system mentioned in paragraph 173 above. While such an approach can be beneficial in encouraging juveniles to abide by the centre's cohabitation norms and pursue constructive paths of self-development, withdrawal of incentives due to non-compliance, for example by reducing the frequency of juveniles' contacts with the outside world, can quickly reach a level of deprivation incompatible with minimum requirements.

175. The CPT considers that the active promotion of good contact with the outside world can be especially beneficial for juveniles deprived of their liberty, many of whom may have behavioural problems related to emotional deprivation or a lack of social skills. Juveniles should therefore be allowed to maintain family ties to facilitate their rehabilitation and social reintegration, particularly if they are not entitled to leave, which should also be allowed to the fullest extent possible. The concept of family must be interpreted liberally, so as to include contact with persons with whom the young adult has established a relationship comparable to that of a family member, even if the relationship has not been formalised.

In this respect, the Committee recommends that the incentive-based rewarding system at the girls' unit should not restrict juveniles' right to communicate with their families and other persons with whom the young person has established a relationship.

176. Effective complaints and inspection procedures are basic safeguards against ill-treatment in juvenile establishments. Juveniles should have avenues of complaint open to them, both within and outside the establishments' administrative system, and be entitled to confidential access to an independent authority.

In this regard, the CPT noted positively that juveniles were aware of their right to complain to the centre's management although they normally addressed their complaints to juvenile judges in a confidential manner. Juvenile judges generally visited the centre every three months and also communicated with juveniles via videoconference, over the telephone and by email. However, some of the juveniles interviewed by the delegation indicated that they had never received a reply to their complaints.

Further, representatives from the *Sindic de Gregues* regularly monitor places of deprivation of liberty, including juvenile detention centres.¹⁷⁶

¹⁷³ According to Article 40 of Royal Decree 1774/2004 and Article 43 of Law 27/2001, juveniles are entitled to receive two visits a week, each lasting 40 minutes, a family visit once a month (3 hours) and, under certain conditions (if they are not entitled to leave for longer than a month), an intimate visit once a month for one hour.

¹⁷⁴ It includes three levels of juveniles' compliance with the objectives jointly established by educators/tutors and juveniles (reviewed twice a month), level one being the more restrictive, and level three the most permissive. See Article 85 of Royal Decree 1774/2004.

¹⁷⁵ Juveniles receive a small allowance/pocket money that they mostly use to make telephone calls.

¹⁷⁶ The Catalan NPM visited the Els Tillers juvenile center most recently on 8 September 2021.

APPENDIX I – ESTABLISHMENTS VISITED

The delegation visited the following places of detention:

Police establishments

- *Mossos d'Esquadra* District Station "Les Corts", Barcelona
- *Mossos d'Esquadra* District Station, Ciutat Vella Barcelona
- *Mossos d'Esquadra* District Station, L'Hospitalet de Llobregat
- *Mossos d'Esquadra* District Station, Vilanova i la Geltrú
- *Mossos d'Esquadra* Detention Centre "Ciutat de la Justícia", Barcelona
- Headquarters of the National Police, Barcelona
- *Guardia Civil* Headquarters of Catalonia, Travessera de Gràcia, Barcelona

Penitentiary establishments

- Brians I Prison
- Brians II Prison
- Lledoners Prison
- Quatre Camins Prison
- Joves Prison
- Terrassa Prison Hospital
- Els Tillers Juvenile Educational Centre

APPENDIX II – List of the Authorities met during the visit

National authorities

- Fernando Grande Marlaska, Minister of the Interior of Spain
- Carlos Prieto Gomez, Delegate of the Spanish Government in Catalonia
- Angel Garcia Navarro, State Security Secretariat
- Juanma Jaime Ortea, Chief of Staff
- Juan Venegas, Delegation of the Spanish Government in Catalonia

Catalan regional authorities

Department of the Interior

- Nuria Parlon Gil, *Conseller* of the Department of the Interior
- Josep Lluís Trapero Álvarez, Director General of the *Mossos d'Esquadra*
- Intendent Antoni Verger Sans, Head General Commissariat of Institutional Relations, Prevention and Mediation (*Mossos d'Esquadra*)
- Intendent Pere Pau Guillén García, Head General Commissariat of Investigations and Disciplinary Affairs (*Mossos d'Esquadra*)
- General Pedro Antonio Pizarro de Medina, Head Civil Guard (*Guardia Civil*), Catalonia area
- Lieutenant Colonel Juan José Moreno Villalba Villalba, Acting Head Civil Guard, Catalonia área
- Patrick Montes Peris, Head Civil Guard's Judicial Police Unit
- Manuel Rodríguez Jiménez, Head National Police, Catalonia area
- José Dos Santos Gay, National Police - Regional Head of Operations

Department of Justice

- Ramon Espadaler Parcerisas, *Conseller* of the Department of Justice
- Elena Pérez Fernández, Secretary General for Penal Enforcement, Rehabilitation and Victims' Support, of the Department of Justice
- José M. Montero Gómez, General Director Penitentiary Affairs
- Marc Cerón Riera, Deputy Head Center of Legal Studies and Specialised Education
- Gemma Torres Ferrer, Deputy Director General of Rehabilitation Programmes and Health
- Pedro Domínguez Quinoya, Deputy Director General of Penitentiary Centers and Management
- Roser Galtés Pinos, Head Inspection Services
- Graciela García Vilà, Head of the Communications and External Relations Unit

Department of Health

- Elisabeth Turu Santigosa, Director Penitentiary Health Programme
- Andrés Marco Mouriño, Expert on transmissible diseases
- Enric Gil Tubella, general practitioner

Ombudsperson (*Síndic de Greuges*)

- Esther Giménez-Salinas i Colomer, Ombudsperson
- Jaume Saura, Deputy Ombudsperson

Non-governmental organisations

- Observatory of Penal Law and Human Rights, University of Barcelona

“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

ENG

www.coe.int

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