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

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REPORT

TO THE DUTCH GOVERNMENT ON THE CPT VISIT TO THE NETHERLANDS CARRIED OUT

FROM 6 TO 17 OCTOBER 2025

Adopted on 10 March 2026

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PRIORITY TOPICS

- Increase the current level of mental healthcare provision at Rotterdam DC to ensure regular, adequate assessment and treatment of acute mental health disorders and addiction/substance misuse disorders.

- Custodial staff working with foreign nationals in immigration detention to receive regular training on mental health issues relevant to their work.

- Strengthened the effectiveness, confidentiality and independence of the complaints system, including complaints involving unit staff, not be referred to unit-level mediation and the complaint procedures to be adapted to the specific circumstances of short-term immigration detention.

- Reduce the use of solitary confinement with a view to abolishing its application altogether as a disciplinary punishment in facilities for administrative immigration detention and its use as an *ultimum remedium* in prisons, including by developing the vision on the use of solitary confinement into a policy applicable in all prisons and immigrant detention facilities in the Netherlands.

CHRONIC ISSUES

- Territorial detention to be removed from the scope of the Penitentiary Principles Act and a distinct legal basis for territorial detention to be introduced.

- Administrative detention centres for foreign nationals to introduce an appropriate daily regime, including a structured programme of organised and purposeful activities.

GOOD PRACTICES

- At both Rotterdam DC and Schiphol DC, a medical screening by a nurse within four hours after admission, with the outcome of the screening reviewed by a doctor the next working day, leading to further assessments if needed.

- At Rotterdam DC, the recruitment of dedicated interpreters for *inter alia* the medical intake process.

- In all places of detention visited, detained foreign nationals had access to a telephone in their cell.

EXECUTIVE SUMMARY

During the October 2025 visit to the Netherlands, the CPT assessed the treatment and conditions of deprivation of liberty in facilities specific to foreign nationals. To this end, the CPT visited two administrative immigrant detention facilities (Schiphol and Rotterdam Detention Centers) and one penal facility (Ter Apel Prison), all designated for the detention of foreign nationals without legal status in the Netherlands.

Dutch immigration legislation distinguishes between two types of administrative detention of foreign nationals: border detention and territorial detention. Specific regulation exists for border detention. However, since 2007, the CPT has been advocating for immigration facilities for territorial detention to be removed from the scope of the Penitentiary Principles Act. The Dutch authorities agree with this position and as far back as 2014 the "Return and Detention of Foreign Nationals" Bill (*Wet terugkeer en vreemdelingenbewaring*), which creates a single legal base for administrative immigration detention, was introduced for discussion in Parliament.

In its 2025 report, the CPT expresses several concerns as to the current draft of the Bill. Namely, the regime to be applied to border detention is potentially more restrictive than the regime currently in place in terms of access to the outdoor exercise yard and out-of-cell time. Further, not only does the draft legislation maintain solitary confinement as a disciplinary punishment for territorial detention, but it also introduces solitary confinement in the context of border detention. The CPT is against the imposition of solitary confinement as a disciplinary punishment in the context of immigration detention. Further, by expanding the use of solitary confinement to border detention, it appears that the draft legislation moves in a direction different from the Dutch prison service, which in its 2024 vision on the use of solitary confinement makes cautious attempts to restrict the use of solitary confinement due to its proven harmful effect on prisoners.

Although additional territorial detention capacity has been created in 2025, the overall trend amounts to a decrease in resort to immigration detention. The approach of prioritising the reduction of nuisance caused by asylum seekers appears to have had a tangible impact on the nature of the population detained at Rotterdam DC, where the CPT observed the prevalence of foreign nationals with complex needs, including physical and mental health conditions as well as substance use disorders. Many foreign nationals detained in Rotterdam DC had experienced homelessness prior to detention and/ or had lacked access to medical care, including mental health care.

The CPT considers that, where the authorities pursue a policy of detaining individuals with such vulnerabilities, they are under a heightened duty of care to ensure that support and suitable treatment are in place. At present, the level of care the facility can provide does not match the needs. Further, the profile of the population detained combined with the insufficient care available may be correlated with the observed high incidence of inter-detainee violence and the subsequent frequent interventions by the Emergency Response Team (*Intern Bijstandteam*).

As to criminal detention, the CPT visited Ter Apel Prison, which primarily accommodates sentenced foreign nationals to be removed from the Netherlands. The Committee was positively impressed with the offer of activities, education and work available. However, it found a high prevalence of prisoners with mental and addiction disorders, many of whom were accommodated on the Extra Care Unit. In the CPT's view, this unit is not fit for purpose due to its size, location and the lack of suitably qualified staff members.

The Netherlands has a longstanding and well-established complaints system, which with some differences applies to both prisons and places of administrative immigration detention. In recent years, the increasing volume of complaints has placed the system under considerable strain with often several months between the lodging of a complaint and a final decision.

The Dutch authorities should strengthen the effectiveness and safeguard the confidentiality and independence of the complaints system, including that it should be made explicit that complaints of a certain nature, especially those involving unit staff, should not be referred to unit-level mediation. Particular attention should be given to adapting complaint procedures to the specific circumstances of short-term immigration detention, especially in Article 6 cases, to ensure that the right to complain remains a practical and effective remedy.

More in general, in the case of the imposition of solitary confinement, a complaint system may not be an effective remedy. Due to the significant delays in decision-making as to complaints at present, cases are usually decided only after the person concerned has been released from solitary confinement, and at times, may already have left the country. While maintaining that in the Netherlands solitary confinement be phased out as a disciplinary sanction in immigration detention, the CPT reiterates it recommendations that the procedure for imposing solitary confinement as a security measure or disciplinary sanction ensures that detained persons have the right to be heard in person by the decision-making authority in a procedure where their account will be recorded; where necessary, to be granted interpretation services in a language they can understand with the presence of an interpreter marked in the decision; to be provided as soon as possible with a copy of the decision concerning them and with information on their rights, in a language they can understand, to inform them both of the reasons for the decision and the modalities for lodging an appeal, and to confirm in writing that they have received a copy of the decision.

INTRODUCTION

A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as "the Convention"), a delegation of the CPT carried out a visit to the Netherlands from 6 to 17 October 2025. The visit was considered by the Committee "to be required in the circumstances" (cf. Article 7, paragraph 1, of the Convention) and its objective was to assess the treatment and conditions of deprivation of liberty in facilities specific to foreign nationals (administrative and penal). It was the Committee's 14th visit to the Netherlands.[1]

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

- Gunda Wössner, 2nd Vice-President of the CPT (Head of delegation)
- Tom Daems
- Nikola Kovačević

They were supported by Marco Leidekker (Head of Division) and Ella Dodd of the CPT Secretariat, and assisted by an expert, James Hard, General Practitioner working in prisons (United Kingdom).

3. The report on the visit was adopted by the CPT at its 119th meeting, held from 9 to 13 March 2026, and transmitted to the authorities of the Netherlands on 25 March 2026. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the authorities of the Netherlands provide within three months a response containing a full account of action taken by them to implement the Committee's recommendations, along with replies to the comments and requests for information formulated in this report.

B. Consultations held by the delegation and cooperation encountered

4. In the course of the visit, the delegation met David van Weel, Minister of Foreign Affairs and of Asylum and Migration, and Arno Rutte, Minister for Legal Protection, as well as with senior officials from the Ministry of Asylum and Migration and the Ministry of Justice and Security.

5. The CPT delegation received excellent cooperation during the visit by the Dutch authorities at all levels. The delegation had rapid access to all places of detention it wished to visit, was able to meet in private with those persons with whom it wanted to speak and was provided with access to the information, including medical files, required to carry out its task.

The Committee wishes to express its appreciation for the assistance provided to its delegation during the visit by the management and staff in the establishments visited, as well for the support offered before, during and after the visit by its liaison officer from the Ministry of Justice and Security, Nelleke Koffeman and her team.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

6. The CPT visited two administrative facilities (Schiphol and Rotterdam Detention Centres)[2] and one penal facility (Ter Apel prison) all of which were designated for the detention of foreign nationals without legal status in the Netherlands.[3]

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1. The visit reports and the responses of the Dutch authorities on all previous visits are available on the CPT website: https://www.coe.int/en/web/cpt.
2. The third immigration detention facility in the Netherlands, the Closed Family Facility (GGV) at Zeist Detention Centre, was not visited by the delegation.
3. The CPT also carried out a visit to the holding cells of the Royal Dutch Constabulary (*Koninklijke Marechaussee* - KMar) at Schiphol airport to conduct interviews with the KMar to understand the arrival procedure for persons who claim asylum at the Netherlands' external Schengen borders.

The facilities visited shared several characteristics relevant to the CPT, in particular as regards the complaints system and the use of solitary confinement as a disciplinary sanction or a security measure. These topics are therefore systematically examined in dedicated chapters.

A. Immigration detention

1. Preliminary remarks

7. The applicable legal framework for immigration detention in the European part of the Kingdom of the Netherlands has not undergone any major changes since the CPT examined this issue in 2011 and 2022. It is set out in the Aliens Act (*Vreemdelingenwet 2000*) and its implementing regulation, the Aliens Decree (*Vreemdelingenbesluit*), as amended.

8. Dutch immigration legislation distinguishes between two types of detention of foreign nationals:

(i) According to Article 6 (1) and (2) of the Aliens Act, foreign nationals who have been denied access to the territory upon arrival at the Schengen borders of the Netherlands can be placed in *border detention*. Persons placed in border detention are not considered to have formally entered the Netherlands. This type of detention may last for up to six months, which can be extended by an additional period of 12 months. The detention of asylum seekers can last for up to four weeks, or six weeks in Dublin cases. During this time, if a request for asylum is made, the Immigration and Naturalisation Service (*Immigratie- en Naturalisatiedienst* - IND) must issue a first-instance asylum decision. However, where an asylum application is rejected on the merits and entry is refused, border detention may be prolonged for the duration of the appeal proceedings.

(ii) Under Articles 59 and 59a of the Aliens Act, foreign nationals who do not have lawful residence in the Netherlands, including asylum seekers whose asylum application has been rejected with a final decision and who are no longer permitted to remain, may be placed in immigration detention with a view to expulsion (*territorial detention*).[4] Detention may be ordered where there is a risk of absconding or where the foreign national avoids or obstructs the preparation of return or the removal procedure, and only if less coercive measures are insufficient. Detention shall be for as short a period as possible and may not exceed six months, unless it is extended by a maximum of a further 12 months where, despite all reasonable efforts, removal is likely to take longer due to a lack of cooperation by the foreign national or delays in obtaining the necessary documentation from third countries.

9. Immigration detention is subject to automatic judicial review.[5] Pursuant to Article 94 of the Aliens Act, the authorities must notify the court within 28 days of the detention order.[6] The hearing takes place within 14 days of the notification, and the court decides on the continuation of detention within seven days.[7] Following rulings of the Court of Justice of the European Union (ECJ), courts are required to assess *ex officio* whether the grounds for detention under EU law are fulfilled and to review detention at reasonable intervals.[8] Several Dutch courts have established that, after three months, continued detention must be reviewed; accordingly, the Minister must notify the court of the continuation of detention within 75 days. The initial judicial review examines whether the legal conditions for detention are met, while subsequent reviews assess the lawfulness of its continuation. Detention must be waived or terminated where less coercive measures would suffice or where detention is no longer necessary for its stated purpose, following an assessment of the individual's interests. Detained foreign nationals must be informed in writing of the reasons for their detention, as provided for in the Aliens Decree and further detailed in the Aliens Circular.[9]

4. Exceptionally, a foreign national awaiting a decision as the right to remain in the Netherlands maybe detained under the conditions listed in Article 59b of the Aliens Act.
5. Under Article 93 of the Aliens Act, an asylum applicant may lodge an appeal against detention at any time.
6. Unless the person in question has already applied for judicial review.
7. Articles 94(2) and 94(5) Aliens Act.
8. CJEU, Staatssecretaris van Justitie en Veiligheid v C, B (C-704/20), and X v Staatssecretaris van Justitie en Veiligheid (C-39/21), 8 November 2022, Judgment of the Court (Grand Chamber) of 8 November 2022
9. Article 5.3 Aliens Decree and paragraph A5/6.6 Aliens Circular.

10. Data collected by the Dutch authorities indicates that, in 2024, the average length of detention for persons detained under Article 59 of the Aliens Act was 46 days, while for persons detained under Article 6 of the Act, the average length of detention was 30 days.[10]

11. Data available to the CPT suggests that the Dutch authorities have made efforts to reduce the resort to immigration detention. In 2010, a total of 7 812 foreign nationals were detained under Articles 6 or 59 of the Aliens Act.[11] In 2024, 4 400 foreign nationals were detained under immigration legislation, a reduction of 44%.[12] Between January and the end of August 2025, 2 850 foreign nationals had been detained.[13] **The CPT welcomes the decreasing resort to immigration detention in the Netherlands**.

At the same time, the CPT notes that recourse to detention for foreign nationals expressing their intention to lodge an asylum application with the Royal Dutch Constabulary (Kmar) at Schiphol Airport is largely automatic. As set out above, the legal framework prescribes detention as a default measure for persons seeking asylum at the external border, with exemptions to this rule only possible when specific vulnerability criteria are met.[14] In practice, the CPT observed that unaccompanied and separated children (UASC) and families with children were not transferred to Schiphol Detention Centre (DC) whereas, with very few exceptions, adult asylum applicants were systematically transferred to Schiphol DC. It is at Schiphol DC that a medical examination, including an assessment of vulnerability, is carried out. As a result, deprivation of liberty precedes the vulnerability assessment. The CPT recalls that immigration detention should be a measure of last resort, imposed only after an individual consideration of alternatives to detention. In this context, **the CPT would like to receive information on the number of persons who, following the medical and vulnerability assessment at Schiphol DC, are subsequently exempted from detention.**

12. For several years, the Dutch authorities have prioritised the reduction of "nuisance" caused by certain asylum seekers. This policy objective includes an accelerated processing of their asylum application and a focus on their return in the event that the asylum application is rejected.[15]

In this context, the Minister for Asylum and Migration expressed the intention to increase territorial detention capacity which, according to the Dutch authorities, "creates the preconditions to speed up departure processes and to detain failed asylum seekers who cause "nuisance".[16] To this end, 90 places of the border detention capacity available at Schiphol DC were designated for territorial detention. At the time of the visit, 45 such places had already been assigned, with the remaining 45 places to follow on 1 November 2025. The CPT also understands that additional Article 6 capacity will be created at Schiphol airport.

The CPT would like to be informed whether the second unit in Schiphol DC has been converted to Article 59 detention capacity. Further, the Committee would like to be informed of the state of affairs of the plans to create additional border detention capacity at Schiphol airport and elsewhere.

10. Vreemdelingenbewaring in getal 2020-2024, Dienst Justitiële Inrichtingen, Ministerie van Justitie en Veiligheid, May 2025.
11. Dienst Justitiële Inrichtingen, Vreemdelingenbewaring in getal 2006-2010, May 2011.
12. 3 650 under Article 59, territorial detention and 790 under Article 6, border detention.
13. 2 460 under Article 59 and 380 under Article 6. According to data of the Return and Departure Service of the Ministry of Asylum and Migration, in the period from 1 January 2020 until 30 September 2025, a total of 17 390 foreign nationals were detained for the purpose of forcible removal.
14. Including unaccompanied and separated children (UASC), families with children, foreign nationals for whom exceptional individual circumstances would render detention disproportionately onerous, and persons requiring special procedural guarantees, such as survivors of torture, rape or other forms of psychological, physical or sexual violence.
15. See for instance, the 5 September 2025 letter by the Minister for Asylum and Migration to the chairperson of the House of Representatives concerning *Voortgang aanpak overlastgevende asielzoekers* (Progress on tackling nuisance causing asylum seekers).
16. Letter of 21 March 2025 addressed to the Chair of the House of Representatives.

13. The Committee is unclear by the decision to allocate additional capacity to territorial detention. Reportedly, in 2025 Rotterdam DC had sufficient capacity to accommodate additional persons.[17] Further, it notes that "nuisance" is not listed among the statutory grounds for detention under the Aliens Act.[18] In this regard, **the CPT would like to be informed how, in the view of the Dutch authorities, the objective of addressing nuisance behaviour in the public sphere is compatible with the purpose and legal basis of immigration detention as laid down in the Aliens Act and in Article 5(1)b of the Aliens Decree.**

14. The approach of prioritising the reduction of nuisance caused by asylum seekers appears to have had a tangible impact on the nature of the population detained at Rotterdam DC, where the CPT observed a prevalence of foreign nationals with complex needs, including physical and mental health conditions as well as substance use disorders. Many detained persons had experienced homelessness prior to detention and/or had lacked access to medical care, including mental healthcare. The CPT considers that, where the authorities pursue a policy of detaining individuals with such vulnerabilities, they are under a heightened duty of care to ensure that support and suitable treatment are in place.

15. On the rules applicable, border detention (Article 6) is governed by the Border Holding Area Regime Regulations (*Reglement regime grenslogies*), while the Penitentiary Principles Act (*Penitentiaire beginselenwet* - Pwb) covers territorial detention (Article 59).

The Border Holding Area Regime Regulations have been in force since 2001 and the CPT continues to consider these Regulations as broadly appropriate given the administrative nature of border detention due, *inter alia* to the absence of provisions on disciplinary sanctions.

16. On territorial detention, already in its report on the 2007 periodic visit to the Netherlands, the CPT criticised the governing of territorial immigration detention by the Penitentiary Principles Act and not by specific rules reflecting the administrative nature of immigration detention.[19] At the time of the 2025 visit, over a decade and a half later, the Penitentiary Principles Act continued to regulate all aspects of territorial detention, notably when it comes to the applicable regime, disciplinary solitary confinement and complaints.

17. Nevertheless, the Dutch authorities agree with the need for a dedicated legal framework governing immigration detention.[20] A bill on the proposed Return and Detention of Foreign Nationals Act (*Wet terugkeer en vreemdelingenbewaring* - Wtvb) was tabled before Parliament in 2015. The bill seeks to introduce a separate and "new regime for the detention of foreign nationals that is in line with the objective of detention and is based on the principle of minimum restrictions in relation to that objective".[21] The law is intended to apply to both Article 6 (border detention) and Article 59 (territorial detention) of the Aliens Act.

In June 2018, the bill was adopted by the House of Representatives and submitted to the Senate. Following a Senate debate in 2020, the legislative process was halted, and the Government undertook to revise the bill. In April 2022, the Government informed Parliament that the revised legislation would be tabled before the end of the year. In 2023, an amendment to the bill, was submitted to the Council of State for advice and published for public consultation. In 2025, the amendment was submitted to the House of Representatives.

18. While the CPT welcomes the efforts undertaken to establish a distinct legal framework for immigration detention, it considers that several elements of the proposed law may dilute fundamental safeguards of persons deprived of their liberty in facilities for administrative immigration detention.

17. Data provided by the Dutch authorities suggests that this was also the case in 2024 and 2023. With a capacity of 418, in 2024, there was an average occupation of 371 foreign nationals. In 2023, there were on average 329 foreign nationals detained in Rotterdam DC.
18. See Article 5 (1) b Aliens Decree.
19. See CPT/Inf (2008) 2; paragraphs 61 and 62.
20. The explanatory memorandum to the 2015 Return and Detention of Foreign Nationals Bill cites the CPT 2011 Report to the Government of the Netherlands and details that the CPT "has issued several reports recommending that immigration detention be given its own appropriate regime", page 5, unofficial translation.
21. Explanatory memorandum to 2015 Return and Detention of Foreign Nationals Bill, page 7.

19. The proposed law introduces two detention regimes: a residence regime and a management regime.[22] The distinction between the two regimes lies in the degree of freedom and autonomy afforded to the detained foreign national. Under the residence regime, foreign nationals may be confined in their cells for a maximum of 12 hours per day and are entitled to at least two hours of outdoor exercise daily. Under the management regime, cell confinement may extend up to 17 hours per day, with a minimum entitlement of one hour of outdoor exercise.

20. The CPT has two observations regarding the regimes envisioned in the proposed law. Firstly, as the Border Holding Area Regime Regulations do not permit the application of a more restrictive regime to persons detained under Article 6, all such persons at Schiphol DC were, at the time of the delegation's visit, confined to their cells for 10.5 hours per day. The introduction of the residence regime, under which persons may be confined to their cells for up to 12 hours per day, as envisaged in the proposed Act, could therefore result in an increase in the time spent in cell for persons held in border detention. Together with the creation of a legal basis for placing persons in border detention under an even more restrictive management regime, allowing for confinement of up to 17 hours per day, the bill risks a serious levelling down of detention standards for those held under Article 6. More generally, the CPT notes that, at the time of the 2025 visit, most persons detained at Schiphol and Rotterdam DCs were entitled to more time spent out of cell than envisioned in the proposed law (see paragraph 40). **The CPT recommends that the Dutch authorities ensure that the implementation of the proposed regimes does not lead to a deterioration of the conditions applicable to persons held in border detention.**

Secondly, the CPT is concerned about the limited access to outdoor exercise provided for under the management regime. In the CPT's view, foreign nationals deprived of their liberty for more than 24 hours should, in principle, have free access to outdoor exercise throughout the day, as is currently foreseen in the house rules for those held under Article 6.[23] Where unrestricted access cannot be ensured, detained persons should be guaranteed at least two hours of outdoor exercise per day, including at weekends, with a view to increasing this minimum entitlement wherever feasible.[24] **The CPT recommends that the Dutch authorities revise the proposed legal framework and its practical application to guarantee foreign nationals deprived of their liberty a minimum of two hours of outdoor exercise per day, irrespective of the detention regime to which they are assigned.**

21. Apart from its observations as regards the regimes envisioned in the proposed law, the CPT wishes to share three more issues of concern of a more general nature:

22. Firstly, the proposed law not only retains solitary confinement as a disciplinary sanction for territorial detention but extends its application to persons held under Article 6 of the Aliens Act. It is the CPT view that solitary confinement should be phased out in the context of immigration detention, as it is a harmful practice with alternative approaches available.[25] Moreover, under the proposed provisions, persons placed in solitary confinement are to be excluded from participation in activities for the duration of the sanction. This approach stands in contrast to the 2024 vision on solitary confinement drawn up by a working group led by the director of Ter Apel prison and supported by other prison directors (see paragraphs 133 to 138). **The CPT recommends that the Dutch authorities review the proposed disciplinary framework for immigration detention and, in particular, cease applying solitary confinement as a disciplinary measure.**

23. Secondly, the 2025 amendment to Article 22 of the bill introduces a deviation clause which, in "exceptional circumstances" and by means of a ministerial regulation, allows for derogations from several rights of detained foreign nationals. These include limits on time out of cell, access to daytime activities, visits, physical exercise and sport, and recreational activities.

22. In addition, a specific family regime applies in the closed family facility at Zeist DC.
23. See Schiphol DC house rules, chapter 3.1.
24. In this respect, the CPT would like to clarify that the CPT standards on outdoor exercise mentioned in, *inter alia* the "Nota naar aanleiding van het nader verslag" - the written answers to questions by members of the House of Representatives in September 2025, concern prison, not immigration detention, establishments.
25. See CPT/Inf (2023) 12; paragraph 92.

Such derogations may be imposed for an initial period of up to two months and may be renewed by the Minister for successive two-month periods, without an overall maximum duration. The regulation must be repealed once the exceptional circumstances cease to exist.

The CPT recalls that the bill already provides directors of detention facilities with a broad range of powers to maintain order and security. For example, foreign nationals may be placed in the management regime, and their freedom of movement and access to daytime activities may be restricted in the interests of order and safety. Further, detained persons may be excluded from activities under specific conditions, including on health grounds. They may also be placed in solitary confinement for their own protection and their contact with the outside world, including visits, may be limited. In addition, the bill provides the director of a detention facility power to impose a lockdown of the entire institution, or parts thereof, for reasons of order and safety, for a maximum duration of four weeks.

Given the breadth of restrictions envisaged, the deviation clause risks creating an additional mechanism for imposing prolonged lockdowns across the immigration detention estate. While the CPT recognises that the Covid-19 pandemic prompted the Netherlands to consider contingency measures for exceptional situations, it is concerned that the deviation clause lacks adequate safeguards. In particular, there is no requirement for periodic review by an independent body, and the amendment includes the possibility of indefinite renewal. **The CPT recommends that, should the deviation clause be introduced, it should be circumscribed by clear and robust safeguards, including strict limitations on duration, precise and legally defined criteria for activation, and effective independent oversight**.

24. Thirdly, the CPT notes that the draft law may risk raising the threshold for exempting vulnerable persons from detention, replacing the test that detention would be "onerous"[26] with the requirement that detention "would seriously endanger physical and mental health".

Due to an anticipated increase in requests for medical assessment of a foreign national's fitness for detention being submitted to independent medical advisors, Article 25(3)(c) of the bill has been amended to introduce an admissibility stage conducted by the institution's treating physician, prior to referrals for suitability for detention assessments.[27] Under the proposed procedure, the institution's physician would determine whether a foreign national's request for an assessment of detention suitability is manifestly unfounded; if so, the request would not be forwarded to the external medical advisor for further assessment. The CPT is very concerned that this arrangement risks placing detention centre healthcare staff in a dual role which may be incompatible with their therapeutic function. Healthcare professionals caring for detained foreign nationals should not be involved in medical decision-making that serves administrative or custodial objectives.

The CPT recommends that the amendment be reviewed to avoid healthcare professionals caring for detained foreign nationals becoming involved in medical decision-making which serves administrative or custodial objectives. Further, the CPT would like to be informed about the reason for the change in wording on the exemption of vulnerable persons from detention and invites the Dutch authorities' comments on whether its effect could be to heighten the threshold for exempting vulnerable persons from detention.

25. In the course of the visit, the CPT carried out follow-up visits to the Schiphol and Rotterdam DCs. The centres were visited by the CPT in 2012 and 2022. Both immigration facilities are part of larger complexes which also contain pre-trial and penal facilities.[28] The CPT visited only the migration facilities of each complex.

26. Article 5(1) a (3) Aliens Decree.
27. Article 25(3)(c) Wtvb is amended to include "If the request is made by the foreign national, the doctor of the institution will assess whether the request is clearly unfounded. If the request is clearly unfounded, the request will not be forwarded to a doctor". Nota van wijziging bij de *Wet terugkeer en vreemdelingenbewaring* - Wtvb (TK 35501).
28. The Schiphol Judicial Complex also contained a larger prison section, for remand and short-term sentenced prisoners. At the time of the visit, the Article 6, Article 59, and the prison sections were subject to three distinct regimes. Rotterdam DC also contained another remand centre (*Huis van bewaring – HvB*).

26. Schiphol DC detained men and women under Article 6 of the Aliens Act (border detention). In addition, since August 2025, one unit of the Article 6 capacity had been designated to detain adult men under Article 59 (territorial detention), with a further unit estimated to be converted to Article 59 detention capacity in November 2025. At the time of the visit, the centre had an immigration detention capacity of 231 places and was holding a total of 95 detained persons (71 under Article 6 and 24 under Article 59) across three operational units.[29]

Most foreign nationals present at the time of the visit had been held in Schiphol DC for a period lasting between several days and several months. Eleven persons had been detained for more than two months, including four for over three months and one person for over seven months.

27. At the time of writing, two requests for preliminary rulings were pending before the Court of Justice of the European Union concerning whether Schiphol DC qualifies as a "specialised detention facility" under Article 16 of the Return Directive (2008/115/EC).[30] Given the potential implications of the Court of Justice's interpretation for the legal framework governing immigration detention in the Netherlands, **the CPT would like to be kept informed of the potential follow-up measures to the outcome of the proceedings before the Court of Justice of the European Union.**

28. Rotterdam DC detained adult men under Article 59 of the Aliens Act (territorial detention). The centre had an immigration detention capacity of 416 places.[31] At the time of the 2025 visit, the immigration detention section at the centre was holding a total of 341 detained persons across seven units. [32]

Most foreign nationals present at the time of the visit had been held at Rotterdam DC for a period lasting between several weeks and several months. 33 persons had been detained for more than five months, including five people who had been detained for over nine months (two of them having been detained for over one year). The delegation noted that some foreign nationals had experienced repeated periods of immigration detention.

2. Ill-treatment

29. The CPT received no allegations of ill-treatment of detained foreign nationals by staff in the establishments visited. In contrast, the delegation was encouraged by the generally positive feedback from detained foreign nationals on the treatment received. Indeed, the delegation encountered motivated staff members and witnessed the good relations between staff and foreign nationals which was led by the supportive approach of the management of the facilities.

30. However, the CPT did receive a few allegations of unprofessional language, including remarks expressed by staff members at Rotterdam DC. The delegation was also informed of one case in Rotterdam DC in which disciplinary proceedings were lodged against a member of staff for inappropriate language about a detained foreign national. **The CPT recommends that the Dutch authorities remain vigilant in ensuring that detained foreign nationals continue to be treated with respect.**

29. A fourth unit was empty at the time of the visit.
30. Cases C-217/25 (Wajir) and C-218/25 (Wompou) concern preliminary references from the Hague District Court asking whether detention at Schiphol DC satisfies the requirement that immigration detention occur in a "specialised detention facility". The referring court seeks clarification, *inter alia* on the interpretation of Article 16 of Directive 2008/115/EC (Return Directive), the relationship between the standards under the Return Directive and the Reception Conditions Directive, and whether a facility that also accommodates persons detained under criminal law (albeit separately) can qualify as "specialised" within the meaning of EU law.
31. The establishment also contained a remand centre comprising of three departments. The whole complex had a total capacity of 640 places.
32. The delegation welcomed the ambitious plan "*DCR 2.0: de Staat van de uitvoering van de Vreemdelingenbewaring*" presented by management to address a number of concerns that the management, in consultation with members of staff at Rotterdam DC had identified. The plan includes 35 proposals for reform, including areas relevant to the CPT's mandate, including solitary confinement, regime and safety.

31. Records examined by the CPT in the course of the visit, including medical records as well as interviews with staff, suggest a high incidence of inter-detainee violence. The incidents often stemmed from tensions related to cell-sharing arrangements and interpersonal disputes.

According to the CPT interlocutors, the high prevalence of inter-detainee violence may very well correlate with the presence of many foreign nationals with complex needs (see paragraph 14 above). Therefore, in the CPT view, an emphasis on discipline and punishment is unlikely to reduce inter-detainee violence. Such reduction would be better achieved by adopting a more structured and purposeful daily regime, with increased emphasis on the mental health needs of the current population. **The CPT recommends that the Dutch authorities strengthen measures to reduce inter-detainee violence at Rotterdam DC, including by developing a more structured and purposeful daily regime (see recommendations in Section 4.). In addition, increased attention should be paid to detainees with mental health needs, including through increased mental health staffing and support at Rotterdam DC (see recommendations in Section 5.).**

3. Legal safeguards

32. The implementation of legal safeguards remained much the same as described in the 2022 visit report.[33] The CPT positively notes that all detained foreign nationals were provided with an individual detention order, could notify a close relative or another person of their choice of their detention, had access to a lawyer[34] and to a doctor, and to the asylum procedure. Yet the CPT remains concerned regarding foreign nationals being informed of their rights, as well as their access to interpretation.

33. At Rotterdam DC, detained foreign nationals received a printed summary of the house rules, containing their rights and obligations, upon admission. Detained persons generally confirmed that staff explained their rights and obligations. By contrast, at Schiphol DC, detained foreign nationals were only informed verbally of the house rules upon induction to their accommodation unit, with no written information provided.[35] Unit staff were also unable to provide written copies of the house rules when requested by the delegation. Following feedback to the facility's management, the CPT found that the information brochure containing these rights was under revision and, for that reason, had been withdrawn from circulation. Until the new brochure was available the older brochure would be distributed amongst the detained foreign nationals. **The CPT would like to receive confirmation that all foreign nationals detained at Schiphol DC receive a document setting out their rights and the house rules; the document should be available in the languages most commonly spoken by those concerned and should contain, in simple language, information on persons' rights, the internal rules and applicable procedures. For individuals who cannot understand the brochure, appropriate assistance should be provided, including through alternative communication methods and the provision of accessible formats.**

34. Interpretation services were available either by phone or through in-person interpretation. Rotterdam DC had recently engaged three interpreters available for interviews with the Repatriation and Departure Service (DT&V)[36] and healthcare services. Foreign nationals could benefit from these services, if required, during appointments and official interviews.
However, at both facilities, staff who did not share a language with detained foreign nationals generally relied on detained persons to act as interpreters for day-to-day communication on the unit. The delegation also found that fellow detained foreign nationals were occasionally required to act as interpreters in healthcare appointments (see paragraph 60 below). **The CPT recommends that detained foreign nationals have recourse to interpretation services when required, including for important or sensitive communication, particularly in cases where detainees may not wish to disclose information to other detained persons.**

33. CPT/Inf (2023) 12; paragraphs 70 to 75.
34. Legal aid lawyers were present on a daily basis at the facilities visited and undertook legal representation of detained persons. The Dutch Refugee Council (*VluchtelingenWerk Nederland*) had a daily presence at Schiphol DC and provided legal information to asylum seekers.
35. This may well be a violation of Article 9b Border Holding Area Regime Regulations.
36. The service within the Ministry of Justice and Security responsible for organising the removal of foreign nationals.

4. Conditions of detention

a. material conditions

35. Material conditions at Schiphol and Rotterdam DCs were good and remained broadly in line with the findings of the CPT 2022 periodic visit.[37]

36. The section at Schiphol DC used for border detention consisted of three units: two men's units[38] and one mixed-gender unit,[39] each with a capacity of 45 beds, in predominantly double-occupancy cells. One additional unit was operational for territorial detention with the same layout and material conditions as the other units. The detention areas were clean, and cells designed for double occupancy were of sufficient size (approximately 14 m^2, including a partitioned sanitary annexe) and adequately lit and ventilated. Cells were furnished with basic furniture and appliances.[40] Communal areas were spacious and well-equipped, and outdoor exercise yards were appropriately equipped with sports and recreational equipment, means of rest, and shelter from the rain or sun.

37. At Rotterdam DC, foreign nationals were housed in seven units with capacities ranging from 52 to 64 beds, mostly in double-occupancy cells. The Extra Care Unit[41] and Unit A (which operated an enhanced regime for persons with good behaviour) were double storey. The remaining five units, including the reception and control departments (Units D and H, which both operated under a management regime) were comprised of single-storey corridors. Cells were of comparable size and equipment to those at Schiphol DC and were clean, adequately ventilated and lit. Communal spaces were functional and the outdoor exercise yards were adequate in terms of space and facilities.

38. As described in the 2022 report, across both facilities, the design and layout remained austere.[42] With the exception of the mixed-gender unit at Schiphol DC and the Extra Care Unit and Unit A at Rotterdam DC (where some effort had been made to render them more inviting by decorating the walls), communal areas lacked individualisation and decoration. **The CPT recommends that the Dutch authorities make efforts to decorate other units at Schiphol and Rotterdam DCs to avoid as far as possible the impression of a carceral environment.**

39. The delegation received numerous complaints by detained persons in the two centres about the poor quality and insufficient quantity of the food provided. The delegation itself observed the unpleasant appearance and smell of food provided in microwaveable black plastic boxes.
While foreign nationals could supplement the food provided by ordering additional items through the centres' electronic-card-based shop system, many persons reported that they could not afford to buy enough additional food.[43] **The CPT recommends that the Dutch authorities ensure that all detained foreign nationals receive food of adequate quality, irrespective of their financial means.**

37. See CPT/Inf (2023) 12; paragraphs 61 to 66.
38. One of the male units was empty at the time of the visit.
39. At the time of the visit, the mixed-gender ward accommodated women who sought asylum without being accompanied by men, a transgender woman, and male foreign nationals who were in a vulnerable situation or who travelled with their spouses. The women accommodated in this mixed gender unit expressed positive views about the unit and its atmosphere. There was also a room that was wheelchair accessible with a spacious, separated and wheelchair accessible bathroom. At the time of the visit, a transgender woman was offered accommodation in this room. She also spoke favorably about being accommodated in the mixed-gender ward where she was able to move about freely.
40. Including bunk beds, lockable storage space, a desk with a television, a microwave, an electric kettle, a fridge, a phone and a call bell system.
41. Given the vulnerabilities of the persons detained at Rotterdam DC, the presence of an Extra Care Unit is commendable.
42. See CPT/Inf (2023) 12; paragraph 61.
43. Each detained foreign national was provided with an internal bank account linked to an electronic card. A weekly allowance of €21 was credited to this account, which could be supplemented by detained persons' own funds and/or funds from outside. The electronic card could be used to purchase additional food items as well as cigarettes, toiletries and other basic items. The credit on the card was also used to cover the costs of telephone calls made by detained persons.

b. regime

40. The regime at both DCs remained largely the same as that found by the CPT in 2022.[44] At Schiphol DC, the introduction of territorial detention meant that two different regimes applied in the facility: persons detained under Article 6 (border detention) benefited from an open-door regime from 08:00 to 21:30, whereas those held under Article 59 spent more time locked in their cells, with doors open only from 08:00 to 17:00. A similar regime for persons detained under Article 59 operated at Rotterdam DC, with persons subject to 15 hours a day locked-in in two-person cells.

41. In both facilities, no evening programme for persons detained under Article 59 was in place.

At Schiphol DC, the delegation was informed by management of the facility about plans to introduce an evening programme for persons detained under Article 59 of the Aliens Act.

At Rotterdam DC, the CPT understands that the lack of an evening programme was due to a combination of staff shortages and safety concerns dating back to 2023, requiring a redeployment of staff from the evening to the day. On the reinstatement of the evening programme, the CPT heard contradictory accounts. The management at Rotterdam DC informed the delegation that the evening programme would be reintroduced in the course of 2026, starting with unit A in January. However, various staff members and others involved in the day-to-day operation of the Centre either denied or were unaware of the existence of these plans.

42. The CPT understands that safety concerns can justify temporary adjustments of regime, but such restrictions should be regularly reviewed and should only remain in place for the time necessary to reestablish a safe environment. When security concerns have been addressed (for example, by increasing staffing levels or reducing the number of persons detained in the units concerned) then the regular regime should be promptly reinstated. Such adaptations should only be an exceptional measure, and this is especially so when people are detained for administrative purposes.

In this context, the CPT notes that the Dutch authorities themselves have expressed concerns that the suspension of the evening programme at Rotterdam DC could call into question the classification of the facility as a "specialised detention facility" within the meaning of Article 16 of the Return Directive (2008/115/EC).[45] In particular, the relevant service within the Ministry of Justice and Security considered that the prolonged confinement of foreign nationals in their cells, resulting from the absence of an evening programme, exposed the facility to legal challenges which could lead a court to conclude that it no longer meets the required standards, potentially resulting in the forced closure of Rotterdam DC. In the CPT's view, such concerns should be regarded as a strong incentive to ensure that an evening programme is in place at both Schiphol and Rotterdam, if this is not already the case.

The CPT recommends that the Dutch authorities ensure the (re)introduction of the evening programme at both DCs and would like receive confirmation that an evening programme has been (re)introduced at both facilities.

43. At both centres, persons detained under Article 59 were entitled to two daily outdoor periods totalling two hours.

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44. See CPT/Inf (2023) 12; paragraphs 67 to 69.

45. As the delegation learnt from "*DCR 2.0: de Staat van de uitvoering van de Vreemdelingenbewaring*", 2023, at page 21, writing to management of Rotterdam DC, the department responsible at the Ministry of Justice and Security flagged "[…] a risk that legal proceedings by a foreign national concerning the extended detention period could lead to a judge ruling that DCR is no longer a special facility, leading to the forced closure of DCR (which is highly undesirable) […] You were advised to jointly develop a framework of action to enable DCR staff to run the regular programme so that DCR complies with the European standard for a special facility for the detention of foreigners […] Since April 2023, DCR has no longer offered evening programmes to inmates due to limited capacity (this shortage is even greater during the summer months). Foreign nationals are therefore detained in cells for longer periods. This is highly problematic from a legal perspective. The Immigration and Naturalisation Service (IND), DT&V, and DMB have expressed various concerns about this." (unofficial translation).

At Schiphol DC, although persons detained under Article 6 could, in theory, access the outdoor yards throughout the day, in practice access had to be requested, as the doors to the yards were locked. The CPT found that, in the past, the doors to the yards were open throughout the day, but that seemed to require the need for staff supervision in the yards, which in turn made access to outdoor exercise dependent on staff availability.

The CPT recommends that foreign nationals detained in both centres have free access to outdoor exercise throughout the day. When unrestricted access is temporarily not possible, foreign nationals should be guaranteed at least two hours of outdoor access each day with a view to increasing this entitlement wherever feasible.

44. At both facilities, a mandatory two-person cell occupancy regime was in place. This policy was applied even though, at Schiphol DC, some cells were empty on operational units and Unit C A2 was entirely empty. The mandatory two-person cell policy was a source of tension and conflict, a point corroborated by unit staff and medical and solitary confinement records.

At both facilities refusal to share a cell could result in disciplinary sanctions. For instance, at Rotterdam DC, at the time of the delegation's visit a man was placed in solitary confinement for seven days followed by a further seven days, as a punishment for refusing to be placed in a multi-occupancy cell. According to the disciplinary decision he was free to leave the punishment cell if he accepted to share a cell.

Given that many persons remain in immigration detention for weeks or months, the mandatory two-person cell policy risks contributing to tensions on the units. **The CPT recommends that the Dutch authorities consider a more flexible approach, which would better support safety, privacy and the overall atmosphere on the units, to the benefit of detained persons and staff alike**

45. Basic activities were available at Schiphol DC, including access to reading and painting material, television and table tennis. While this is suitable for persons detained for a few days, it is insufficient for those held for several weeks or months. The authorities maintain that no structured activity programme can be provided for persons detained under Article 6 as asylum seekers "must remain constantly available" for procedures related to their application by the IND. The CPT is unconvinced by this justification: contact with the IND is generally arranged for two key moments, which are clearly scheduled and, therefore, predictable. Moreover, detained persons should be required to excuse themselves from activities when called.[46]

Those detained under Article 59 had, in addition to the activities available to those detained under Article 6, one hour of access to a library, fitness and sport activities a week (a total of three hours), as well as one hour of creative activities daily, during weekdays. Beyond this, the programme of activities remained basic.

46. Although Rotterdam DC possessed extensive sports and activity facilities, including two fitness rooms, two sports halls and a multimedia room, this did not translate into a sufficient range of meaningful activities for persons detained for extended periods. Several persons interviewed stated they had too little to do.

47. The CPT's long-standing recommendation to introduce a structured daily programme for immigration detention is founded on concerns about the mental health of detained foreign nationals resulting from prolonged inactivity[47], as well as on considerations relating to staff moral and security.[48] Staff in both facilities expressed their wish to offer a broader range of activities to the population, while at the same time pointing to a lack of adequate resources.

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46. The Committee notes that asylum seekers are already under a clear obligation to make themselves available to the asylum authorities and to participate in the procedure, including attending interviews.
47. See also Recommendation CM/Rec(2025)2 of the Committee of Ministers to member States regarding the promotion of the mental health of prisoners and probationers and the management of their mental disorders (Adopted by the Committee of Ministers on 26 February 2025 at the 1520th meeting of the Ministers' Deputies).
48. The need for more meaningful activities was emphasised by the psychologists at both establishments (see Section 5, Healthcare services).

In the CPT's view, introducing a daily activity programme at both DCs would be in the best interests of both the foreign nationals and the facilities' dedicated staff.

A structured programme of activities could help improve not only the well-being of detained persons but also contribute to a calmer and safer environment for both staff and detained persons alike. **The CPT reiterates its long-standing recommendation that the Dutch authorities take the necessary measures to ensure that all administrative detention centres for foreign nationals provide an appropriate daily regime, including a structured programme of organised and purposeful activities.**

48. During its visit to Rotterdam DC, the delegation interviewed a transgender woman who was accommodated in the Extra Care Unit, who reported feeling unsafe and therefore spent most of her time confined to her cell. She had been wearing the same clothes for a week, which were visibly unclean. **The CPT recommends that proactive measures be taken to ensure transgender persons' safety and dignity, and that the Dutch authorities ensure that a stock of appropriate clothing be maintained corresponding to the needs of the foreign nationals.**

5. Healthcare services

49. At Schiphol DC, for both the administrative and penal detention sections, five medical doctors attended every day other than Sunday during working hours. For out of office hours and Sundays, a consortium of general practitioners and nurses was reachable in case of an emergency. On average, the consortium was called upon 10 times a month. One nurse was on duty each night. A psychiatrist was present two to three days a week and available on-call. Overall, the CPT gained a positive impression of the healthcare services. The levels of nursing, medical and psychological provision appeared generally sufficient to meet the needs of the population.

50. At Rotterdam DC, for both the administrative and penal detention sections, medical doctors were on duty from 08:00 to 17:00 from Monday to Friday. They also covered an additional four hours on each day of the weekend. At night, a general practitioner was on call. 17.5 FTE nurses were on duty between 07:30 and 22:30 for seven days, but there was no nurse present overnight. Given the size and profile of the population, the absence of nursing cover at night was a matter of concern. **The CPT recommends that in the light of the capacity of Rotterdam DC nursing cover be increased to cover the overnight period between 22:30 and 07:30 to ensure that detained foreign nationals with urgent physical health issues can be seen and assessed.**

51. The facility also employed two full time psychologists and sub-contracted two part-time psychologists (one for 32 hours a week and another for 18 hours a week) and a psychiatric nurse was also subcontracted three days a week. One psychiatrist, associated with the NIFP (National Institute of Forensic Psychiatrists) was present for two days per week (Tuesday and Thursday) and a further psychiatrist was available on-call in case of crisis. At the time of the visit there was a vacancy for two nurses, one of them a specialised nurse for psychiatric care. Given the complexity and severity of the Rotterdam DC population's mental health issues (see the mental healthcare sub-section below), the level of mental health provision at Rotterdam DC was clearly insufficient for the mental health needs. Moreover, given the significant proportion of persons with substance use disorders, the CPT is concerned about the absence of specialised addiction-treatment provision at Rotterdam DC. While acknowledging the recruitment challenges faced by the authorities, **the CPT recommends that the current level of mental healthcare provision at Rotterdam DC be increased to ensure regular adequate availability for assessment and treatment of acute mental health disorders and addiction/substance misuse disorders.**

Further, in view of the frequency of serious mental health conditions and substance use disorders, **the CPT recommends that the Dutch authorities ensure that medical services in both Schiphol DC and Rotterdam DC systematically collect and analyse relevant data, including data on incidents of self-harm and related injuries, in order to improve monitoring of trends and to assess more effectively the adequacy of interventions.**

52. At Schiphol DC, between two and 25 foreign nationals arrived each day. If admitted during the day they were seen by a nurse within four hours for a screening, including for infectious-diseases, addictions and an evaluation of mental-health needs, as well as an assessment of gender specific needs.[49] The outcome of the screening was reviewed by a doctor the next working day, leading to further assessments if needed. Persons with identified vulnerabilities could be referred to the medical doctor, psychologist or psychiatrist and, when necessary, information was shared with the IND to support consideration of placement in a less restrictive setting, which was done via the SIGMA case management system (see paragraph 53 below).

At Rotterdam DC, approximately 10 foreign nationals were admitted daily. Immediately upon admission, the nurse conducts a broad medical assessment, including issues related to somatic and mental health as well as addiction-related matters, the results of which were transmitted to the medical doctor for validation. When the foreign national arrives in the evening or at night, the medical assessment may amount to a quick scan, to be completed the following day. The screening could lead to refusal of admission on medical grounds, and transfer to hospital where required.

53. As part of the admission process and throughout detention, the SIGMA and TULP electronic databases were used. These interoperable systems were accessible to various actors within the immigration chain, including the Custodial Institutions Agency (*Dienst Justitiële Inrichtingen* - DJI), the Royal Dutch Constabulary, the police, the Central Agency for the Reception of Asylum Seekers (*Centraal Orgaan opvang asielzoekers* - COA), the Repatriation and Departure Service, and the Immigration and Naturalisation Service. SIGMA was used to record information relevant to the assessment of foreign nationals upon arrival and throughout their stay, including basic personal data, health-related information and risk indicators such as suicidal behaviour, substance use, mental and physical health issues, food and/or fluid refusal and criminal history.

54. TULP complements SIGMA by providing a personal registration record for each detained person, containing general personal details, legal grounds for detention, alerts such as suicide risk, records of temporary absences and reports on incidents and disciplinary measures. At Rotterdam DC, information from SIGMA was consulted by the intake board when determining the applicable regime, and by administrative staff when allocating accommodation, including decisions on cell sharing and single-cell placement.

55. The CPT welcomes the use of TULP and SIGMA to follow and to disseminate information amongst the different services involved in the detention of foreign nationals, including as regards their observed vulnerabilities. However, the CPT observed that entries could be scant and sketchy, thereby rendering the systems less effective in following up on individual foreign nationals and their vulnerabilities. **The CPT recommends this to be remedied.**

56. Neither facility maintained a dedicated register for the recording of injuries. Further, due to many foreign nationals reportedly complaining at having been handled roughly by law enforcement officers, as observed in individual medical files at Rotterdam DC, nurses would routinely ask about injuries upon (re)admission, but the registration of reported injuries varied in quality: generally, body charts were not used, and photographs were rarely taken.

57. Immigration detention healthcare services play a central role in preventing and combatting instances of ill-treatment (by centre staff, or prior to admission by, for example, border guards, escort officers or immigration enforcement officers) and of inter-detainee violence, through the detection and systematic, methodical recording of injuries and, where appropriate, the provision of information to the relevant authorities. **The CPT reiterates its recommendation that the Dutch authorities ensure that, in the context of the medical screening upon admission, a detailed record be established, including documentation of any signs of injury. The same procedure should be followed after any violent incident, including the use of force by staff, within the facility. Such screening should also occur when a detained person is returned to the facility after a transfer to an external location, including following an aborted return operation, or if a person wishes to be examined.**

49. See Manual for conducting the medical intake ("*Handleiding bij het afnemen van de medische intake*") Custodial Institutions Agency, 2025.

Whenever injuries are observed during the above-mentioned medical examination, the healthcare professional should draw up a record which contains:

- **(i) an account of statements made by the person which are relevant to the medical examination (including the person's description of their state of health and any allegations of ill-treatment),**
- **(ii) a full account of the objective medical findings based on a thorough examination (supported by a "body chart" for marking traumatic injuries and colour photographs of injuries), and**
- **(iii) the healthcare professional's observations 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 any specialised consultations carried out, a description of treatment given for injuries and of any further procedures conducted.
Recording of the medical examination in cases of traumatic injury should be made on a special form provided for this purpose and kept in the person's medical file.

The results of every medical examination, including the above-mentioned statements and the healthcare professional's observations, should be made available to the person concerned and their lawyer upon request.

Procedures should be in place to ensure that whenever recorded injuries are consistent with allegations of ill-treatment – or which, even in the absence of an allegation, are clearly indicative of ill-treatment – the record is immediately and systematically brought to the attention of the relevant independent investigative authority. Healthcare professionals should advise the person concerned that the writing of such a record – and forwarding it to the competent investigative authority – falls within the framework of a system to prevent ill-treatment and that such reporting procedure is not a substitute for the lodging of a formal complaint.

A special trauma register should be kept in which all types of injury observed should be systematically recorded.

Healthcare professionals should be provided with special training on the recording, interpreting and reporting of injuries, as well as on interviewing persons who may have been subjected to violence or other potentially traumatic experiences.

58. The CPT understands that the follow-up to the recording of injuries was mainly complaint driven, as had been the case during the CPT 2022 visit to the Netherlands.[50] From discussions with management in Rotterdam DC, the CPT was informed of the intention to take a more proactive approach on the determination of the origins of these injuries, including by asking the detained foreign national concerned about the cause of the injury and, in case of an allegation of ill-treatment, by a medical assessment of the consistency of the injuries with that allegation. The CPT welcomes this approach. In its view, requesting detained foreign nationals to file a complaint when they have sustained injuries requires them to have both an understanding of the working of the judicial system and trust in its independence and impartiality. In the CPT's experience, many may have neither. **The CPT would like to be informed how this approach is being developed in practise at Rotterdam DC**.

59. At both establishments, the use of the electronic MicroHIS system, made that the individual medical files were comprehensive, well-maintained and organised. At Rotterdam DC, medical files were printed and handed to the person upon departure, promoting continuity of care following transfer or release. **The CPT welcomes this good practice and encourages the Dutch authorities to introduce this procedure in other migration detention facilities, if not already the case.**

50. See CPT/Inf (2023) 13; page 22.

60. At both facilities, medical consultations were conducted out of the hearing and sight of custodial staff, and at Rotterdam DC interpreters had been recruited. However, at times, at both facilities other detained foreign nationals acted as interpreters. This was despite the presence of dedicated interpreters for the medical intake process (see paragraph 34). In the CPT view, the reliance on other detained persons to interpret during medical consultations, even when occasional and when the person is described as "trusted", poses risks to confidentiality and accuracy. **The CPT reiterates that interpretation by other detained persons is not appropriate for clinical encounters and recommends that the practice of relying on fellow detained foreign nationals as interpreters for medical consultations be brought to an end.**

Mental healthcare

61. The CPT found a prevalence of mental healthcare needs among detained foreign nationals at Schiphol and Rotterdam DCs, evidenced by the clinical observations of the delegation's healthcare experts, medical records, interviews with detained persons, interviews with medical and custodial staff, and institutional records including incident reports and solitary confinement records.

62. At Schiphol DC, the facility's psychologists informed the CPT about the presence of several foreign nationals with depression, psychosis or trauma-related disorders as illustrated by the regular use of observation cells for psycho-medical reasons (see footnote 85 below). The CPT found that the effectiveness of treatment was undermined by the conditions of detention, in particular the lack of meaningful activities and physical exercise. This was also reiterated by healthcare staff during interviews with the delegation.

63. At Rotterdam DC, the delegation noted a prevalence of foreign nationals with serious mental health and substance use disorders.[51] While this was particularly the case for foreign nationals who were accommodated on the Extra Care Unit (see paragraph 64), through interviews with healthcare staff, the delegation was informed that an estimated 90% of new arrivals presented mental health needs and/or substance-related disorders (see paragraph 14 above). A review of the facility's incident reports found that 30 Emergency Response Team (*Intern Bijstandteam* - IBT) interventions recorded in 2024 and 2025 were classified as involving self-harm and/or confused behaviour. Further, on the reason for imposing a security measure in 2024, 394 of the 421 security measures imposed, were qualified as 'medical' (94%), of which 380 security measures (90%) appear to be mental health related.[52]

64. At Rotterdam DC, many foreign nationals with health-related issues, including psychological needs, physical disabilities, and learning or intellectual difficulties, were accommodated in the Extra Care Unit (*Extra Zorg Afdeling* - EZA). Many of the individuals interviewed by the delegation on the unit exhibited psychiatric disorders, intellectual disabilities, and/or signs of self-harm. The unit offered improved material conditions compared to other units of the facility, including a two-storey layout with higher ceilings, a more spacious and airy recreational area, warmer decoration and access to a dedicated yard. Persons interviewed on the unit generally spoke favourably of staff. Custodial staff themselves expressed positive views about working on the Extra Care Unit and reported that they appreciated having received additional training, including instruction in basic psychiatric knowledge, aimed at supporting people with mental health needs.

65. Foreign nationals detained for longer periods are at a heightened risk of deterioration of their mental health. **The CPT recommends that, for foreign nationals held for several weeks or months, greater emphasis be placed on enhanced psycho-social support and increased purposeful and meaningful activities. Further, the Committee recommends that custodial staff working with foreign nationals in immigration detention should receive regular training on mental health issues relevant to their work.**

51. See, "Rapportage Ordemaatregelen en Disciplinaire Straffen. Vreemdelingenbewaring 2024 t.o.v. 2023, Dienst Justitiële Inrichtingen, Ministerie van Justitie en Veiligheid, May 2025.
52. DCR, Stand van zaken ordemaatregelen & disciplinaire straffen, Juliette Ampt & Machteld van de Haar, Afdeling Beleid, Dienst Justitiële Inrichtingen, Ministerie van Justitie en Veiligheid, 30 september 2025.

66. The legal status of the foreign nationals detained at both establishments meant that they could only be transferred to the Centre for Transcultural Psychiatry Veldzicht in Balkbrug. At the time of the visit, the Centre had four beds available for foreign nationals in administrative immigration detention and could thus accepted a limited number of referrals from Schiphol, Rotterdam and Zeist DCs,[53] a figure which at times did not appear to sufficiently meet the psychiatric need of the facilities. As a result, staff across both centres were required to care for a population with a high presentation of complex mental health needs.

The CPT is concerned to learn of plans to discontinue the treatment of foreign nationals in immigration detention at Veldzicht,[54] as this would further restrict access to psychiatric care for persons detained in the Detention Centres of Rotterdam, Schiphol and Zeist. **The CPT urges the Dutch authorities to ensure the continued availability of appropriate external psychiatric treatment for foreign nationals in immigration detention. In this context, the CPT would like to receive clarification regarding the plans for the Centre for Transcultural Psychiatry Veldzicht.**

6. Other issues

a. staff

67. There were no significant staff shortages in either facility. At Schiphol DC, the recruitment of up to 30 custodial officers in the three months before the visit had filled most of the vacancies. Most of the newly recruited staff already had some experience in work similar to that of a custodial officer.

68. At both DCs visited the delegation met members of staff with relevant language skills. The Committee positively notes the equal gender split of staff across the facilities, which enhanced a degree of normalcy within the centres. At Rotterdam DC, most custodial staff was educated at Vocational College level.[55] There appeared to be a proper mix of custodial and non-custodial staff working in the facilities.

69. In both facilities, the provision of inter-cultural training was perceived positively by staff.

b. contact with the outside world

70. Foreign nationals at both facilities were able to receive in-person visits from family and friends. Visits took place in appropriate premises, including child-friendly visiting rooms, which provided a suitable environment.

71. It is positive that all detained persons had access to a telephone in their cell, as well as additional phones on the units, via the electronic-card system. However, the use of personal mobile phones remained prohibited in both centres: supervised access was only granted for persons to retrieve evidence needed for their asylum applications. **The CPT reiterates its recommendation that detained foreign nationals be permitted to retain or at least have regular access to mobile phones, subject to appropriate safeguards.**

53. From interviews with staff of the medical service at Schiphol DC, the CPT understands that, on average, each month one or two foreign nationals are transferred to Veldzicht; at Rotterdam DC, this figure is on average five to six persons per year. However, in the six months prior to the CPT visit, five persons had already been transferred to Veldzicht.
54. *Veldzicht neemt geen asielzoekers met psychiatrische problemen meer op*, Nationale Zorggids, 26 September 2024 available here and *Veldzicht stopt met opnemen van asielzoekers met psychische problemen*, De Toren, Hardenberg, 27 September 2024 available here.
55. Middelbaar Beroepsonderwijs (MBO), richting 'veiligheid'.

72. Despite being available in the past, Voice over Internet Protocol (VOIP) contact was not possible at the DCs visited, contrary to what was stated in the response of the Dutch authorities to the report on the CPT 2022 visit to the Netherlands.[56] The CPT notes that, in February 2025, the Council of State found that "limited access to the internet is a point of concern, for which the Minister must devise a solution within a reasonable period".[57] The CPT was informed by officials from the Custodial Institutions Agency that steps would be taken to reinstate computer and internet access. **The CPT would like to receive an update on the measures taken in this regard and reiterates its recommendation to reintroduce internet access, including VoIP and video-call options, at immigration detention centres as soon as possible.**

c. strip-searches

73. The Committee welcomes the use of body-scanners at both immigration detention facilities. Their introduction meant that systematic recourse to strip-searches upon arrival had been replaced by scans, which reduced embarrassment while promoting security in the establishment.

Nevertheless, despite the availability of scanners, strip-searches continued to be conducted, particularly when persons were placed in solitary confinement. Men were required to remove all clothing at once, lift their genitals, turn and then perform three squats with their back facing the searching staff. The Committee considers that persons who are searched should not normally be required to remove all their clothes at the same time, that is, a person should be allowed to remove clothing above the waist and put it back on before removing further clothing. Further, the CPT must stress that such a systematic and routine procedure, not based on an individual risk assessment, is disproportionate, unnecessary and degrading for both the foreign nationals and the staff.

The CPT reiterates its recommendation that the Dutch authorities take the necessary steps to ensure compliance with the above-mentioned requirements in respect of strip-searches. Request to squat and/or bend forward during a strip-search should be exceptional and based on an individual assessment. Further, considering the presence of body-scanners in both facilities, body-scanners should be used whenever possible in place of strip-searches. Also, the Committee recommends that the systematic strip-searches for persons to be placed in solitary confinement be abolished and replaced by strip-searches on the basis of an individual risk assessment.

74. The CPT also received allegations from foreign nationals of female staff being present during strip-searches of men. The delegation observed this practice for itself during the review of CCTV footage of the strip search of a man in an observation cell; a female officer stood in the doorway observing the search, though her presence was not recorded in the official report. **The CPT reiterates that strip searches should be performed by persons of the same gender.**

B. Criminal detention

1. Preliminary remarks

75. Ter Apel prison is situated in the north of the Netherlands, around 60 kilometres east of the city of Groningen, near the German border. It was the first time the CPT had visited Ter Apel prison, where the delegation focused on prisoners who had already been sentenced.

76. Ter Apel prison is a so-called "VRIS" establishment,[58] a prison dedicated to the detention of adult men who are foreign nationals without legal residence in the Netherlands. Over the years, the capacity of Ter Apel prison has been increased gradually by placing an additional bed in the cells, thus turning single-occupancy cells into double-occupancy cells, reaching a capacity of 456 places. At the time of the visit, the prison was accommodating 427 foreign nationals, an occupation rate of 94%.

56. See CPT/Inf (2023) 13; page 27.
57. Raad van State (Council of State), ECLI:NL: RVS:2025:789, 26 February 2025 (appeal decision tribunal Den Haag, zittingsplaats Amsterdam, 31 January 2025 in zaak nr. NL25.511), § 3.5.3.
58. VRIS stands for *Vreemdelingen in de Strafrechtketen* (Foreign nationals in the Criminal Justice Chain).

Given that a prison requires some spare capacity to create a margin for transferring prisoners from one unit to another or to receive additional prisoners, in the CPT's view a prison filled at more than 90% of its capacity, as is the case in Ter Apel, is at risk of prison overcrowding.[59] **The CPT trusts that the Dutch authorities will remain vigilant to the risk of overcrowding at Ter Apel prison.**

77. Foreign nationals were usually transferred to Ter Apel prison from other Dutch prisons after the loss of their right to reside in the Netherlands, with the objective of preparing them for their departure from the Netherlands. As estimated by the director of Ter Apel prison, 50 to 60% of the foreign nationals placed in Ter Apel prison will leave the country. In most of these cases, departure takes place: (1) voluntarily during the execution of a prison sentence; (2) through administrative removal under Article 59 of the Alien's Act after completion of the sentence; or (3) by means of extradition or a transfer of sentence.

78. If foreign nationals refuse to leave the Netherlands voluntarily during the execution of their sentence, after completion of their prison sentence they may be detained under Article 59 of the 2000 Aliens Act in either Schiphol DC or Rotterdam DC.

However, a foreign national who refuses to leave voluntarily, and who cannot be extradited or administratively removed, for example when the identity of the person is unknown or is contested, will be released after completion of the sentence, with an order to leave the country.

79. Contrary to other categories of prisoner held in Dutch prisons, for foreign nationals without a residence status, the granting of suspension of a sentence is conditional upon their willingness to leave the Netherlands.

In case of a custodial sentence of up to three years, a permanent suspension of the sentence (*strafonderbreking*) may be granted after at least half of the sentence has been served. For a custodial sentence of more than three years, a permanent suspension may be granted after at least two-thirds of the sentence has been served. The suspension decision is taken by the Minister of Justice and Security upon advice from the Director of Ter Apel prison and may be appealed with the Council for the Administration of Criminal Justice and Youth Protection (*Raad voor de Strafrechtstoepassing* -RSJ). A suspension is not a right and may be withheld, for example, in the interests of the victim(s) or due to ongoing investigations by the police. The suspension enters into effect when the foreign national has left the Netherlands and is subject to the condition that they do not return. If the foreign national does not comply with the condition, the execution of the sentence will be resumed.[60] **The CPT would like to receive data on the number of prisoners who leave the Netherlands on a voluntary basis from Ter Apel prison during the execution of their sentence.**

80. The CPT understands that a small proportion of foreign nationals are protected by the principle of *non-refoulement*. The CPT further understands that, even where the authorities accept that removal is not possible on *non-refoulement* grounds, such persons are not eligible for a suspension of their sentence after having served at least two-thirds of it. **The CPT would like to receive information on whether this is the approach taken by the Minister in *non-refoulement* cases and it wishes to be informed of the number of detained foreign nationals to whom this applies in Ter Apel prison.**

2. Ill-treatment

81. The delegation did not receive a single allegation of ill-treatment of foreign nationals by staff. Further, the rate of inter-prisoner violence was low, and custodial staff were able to respond and intervene in cases of physical conflict.

59. See the Council of Europe's 2016 White Paper on Prison Overcrowding.
60. Regulation as to Temporary Leaving of the Institution (*Regeling tijdelijk verlaten van de inrichting*); chapter 5a.

3. Conditions of detention

a. material conditions

82. Material conditions in Ter Apel prison were very good. The prison had three residential entities which were divided in two sections (sections A to F), each comprising two floors, with one unit each (A0, A1, B0, B1 etc). The sections C, D, E and a part of F (unit F1) accommodated sentenced prisoners; Section A was designated for prisoners on remand, and section B was the admissions unit. Unit F0 functioned as the Extra Care Unit.

Each unit had 32 single- or double-occupancy cells, including a time-out cell on the regular units and a CCTV-observation cell on the Extra Care Unit. Each cell had sufficient access to natural light and artificial lightning, and the cells were generally clean. All cells, both single- and double-occupancy, were 10.2 m^2, excluding the 1 m^2 sanitary annex with a toilet and a sink. In the double-occupancy cells the sanitary annexes were well partitioned. The single cells were equipped with a bed, table, chair, television, microwave, fridge, fan, storage arrangement, call bell and a telephone.
The double-occupancy cells had similar equipment with an additional bed, chair, television, fan, microwave and lockable storage space. There were clean and well-kept showers on each unit, which were available during association time.

83. On the ground floor of each section, there was equipment for recreation and exercise, including a pool table, table tennis and a rowing machine.

84. Each unit was equipped with a kitchen, enabling prisoners to prepare their own meals. The CPT welcomes the fact that approximately 85% of prisoners made use of this opportunity.[61] Allowing detained persons to cook for themselves introduces a sense of normalcy into daily life, contributing to a sense of community on the units, and allowing persons to prepare meals reflecting their cultural preferences as well as reducing food waste. This possibility to cook for themselves was particularly welcomed by the prisoners.

85. The outdoor exercise yards were spacious and well equipped, offering various opportunities for physical exercise and sport. The yards included areas for rest, shelters providing protection from the weather, and football pitches. In addition, the facilities included a fitness gym, spin bicycles, and a sports hall.

86. The isolation unit consisted of eight cells, each measuring 8.5 m^2. One of the cells was equipped with a touchscreen television. During the day, the only permitted furniture was a padded chair, while in the evening prisoners were provided with a mattress. Each cell contained a round window and a metal toilet, overlooked a grassy area, and had a clock mounted on the opposite wall. Once a day, persons on the unit were taken for up to one hour to one of six small outdoor areas, which provided limited shelter and were equipped with a stool, a CCTV camera, and an intercom system. In addition, Ter Apel prison had several transit cells. Prisoners arriving after 16:00, as well as those awaiting transfer to other locations, spent the night in these transit cells.

b. regime

87. From the CPT's perspective, the absence of a reintegration perspective due to prisoners being removed or extradited should not serve as a justification for offering an inadequate regime. In contrast, to mitigate the risk of hopelessness and despair, which may in turn lead to a deterioration in mental health or an increase in incidents of violence, establishments for foreign nationals to be removed or extradited should provide a comprehensive regime with purposeful activities.

61. Other prisoners received microwaveable food.

88. At Ter Apel prison, sentenced prisoners could benefit from 42.5 hours out of cell time a week. Prisoners who are cooperative as regards their return would be offered a "plus programme" with more out of cell time, including an evening programme on Tuesday and Wednesday, bringing the total out of cell time to 59 hours.[62] None of the prisoners interviewed complained about the daily programme or that they had less out of cell time than their entitlement.

89. In this context, the CPT welcomes the efforts made at Ter Apel prison to offer a full daily programme with work, recreation and education.

90. To provide work for as many detained persons as possible, the sewing, packaging and woodwork workshops were open for six days (Monday to Saturday), with foreign nationals either working in the mornings (07:45 – 11:45) or in the afternoons (12:45 to 16:45). Further, several "plus jobs" were available including department cleaner, library assistant, sports assistant, building maintenance, site maintenance and spiritual care assistant. Prisoners could apply for these jobs and the criteria for eligibility for the roles was transparent and clearly explained in different languages. At Ter Apel prison almost every foreign national was involved in some kind of work activity. This was corroborated by the foreign nationals the delegation spoke with and by prison management and staff.

91. As prisoners were permitted to have a maximum of €250 on their prison account, the extra money earned could be saved and would be handed over to them upon release.

92. Besides work, Ter Apel prison offered a wide range of recreational activities, including access to a library with books in numerous languages, one hour of time in the yard, organised physical exercise and sports activities under the supervision of sports instructors, as well as meditation and yoga. During the visit, the delegation observed sports activities taking place on the large outdoor sports fields.[63] Spiritual support was also available, with the presence of spiritual leaders and prayer groups for a variety of denominations, including Christianity, Judaism, Islam, Hinduism, Buddhism and other faiths.

93. For those wishing to pursue education, several options were available, including language courses or university-level education. 117 detained persons participated in some kind of educational measure, most of which were language classes but could also include school leaving degrees. Educational activities were supported by a quiet study room equipped with computers, desks, chairs and books. Further, some of the vocational training available was aimed at enhancing the chance of finding employment in the destination country. In this context, it was certainly helpful that diplomas or certificates obtained did not indicate that the course had been completed in prison. The CPT understands that, under certain conditions, persons engaged in education could benefit from the advantages of the plus programme, even if they were not in work. The CPT welcomes the emphasis at Ter Apel prison on work, recreation and education, as well as the resources made available.

94. Although all foreign nationals received verbal information about the rules applicable in the prison once placed on the unit, such information was not given in writing. The CPT appreciates the rationale underlying this approach, namely the preference that staff sit down with the prisoner and explain what is expected, thereby avoiding a purely formal distribution of rules without proper interaction or explanation. Nevertheless, in the CPT's view, providing a written version of the house rules for future reference should not preclude officers from engaging in such explanatory discussions. Moreover, the availability of written house rules enhances transparency within the institution and may contribute to building trust between prisoners and custodial staff. **The CPT recommends that the house rules be supplied to all prisoners upon their arrival, describing in a straightforward manner the main features of the prison's regime, prisoners' rights and duties, complaints procedures, basic legal information etc. This brochure should be translated into an appropriate range of foreign languages.**
For individuals who cannot understand the brochure, appropriate assistance should be provided, including through alternative communication methods and the provision of accessible formats.

62. In conformity with Article 3 (2) Penitentiary Measure.
63. According to the house rules, the entitlement to physical exercise and sports was at least two times a week for 45 minutes per session.

4. Healthcare services

95. The healthcare service included two general practitioners providing cover five days per week, with doctors from an external consortium on call during evenings and weekends. The nursing team comprised 7.5 full-time equivalent nurses, providing cover from 07:30 to 17:00, Monday to Friday. Three full-time psychologists were employed by the prison and there was a vacancy for a nurse specialised in psychiatry. A psychiatrist was present at the establishment two days per week. The CPT positively notes the regular visits by a physiotherapist, a podiatrist, dentists and an optician.

96. The three psychologists, the general practitioner on duty, a nurse and the psychiatrist meet once a week at a psycho-medical meeting (*Psycho-Medisch Overleg*) to discuss the mental health condition of the prisoners of most concern.

97. In the view of the CPT, the levels of nursing and medical provision in Ter Apel prison generally appeared to meet the needs of the population, as did the quality of the medical care offered. However, despite the prison employing three full-time psychologists, in the CPT's view additional psychological support would be desirable.[64] **The CPT recommends the recruitment of an additional psychologist.**

98. Medical files were well-kept and integrated with the common prison service medical database (MicroHIS) and there appeared to be no obstacles to referring prisoners to a hospital to receive acute or specialist care.[65]

99. The delegation observed through reviews of medical records, the results of drug tests and through interviews with medical and custodial staff that there is a considerable number of prisoners with substance use disorders. Against this backdrop, the one day a week presence of a doctor specialised in addiction care together with a psychologist, both employed by an external organisation (*Verslavingszorg Noord Nederland*) seemed insufficient. **The CPT recommends that the Dutch authorities ensure that support for prisoners with substance use disorders be increased.**

100. Prisoners' medication, including psychotropic medication, was prepared by nurses on duty and was distributed by custodial staff, four times a day. Consequently, the prescribed medication and its dosage were clearly visible to custodial staff. As already mentioned in the report on the 2022 visit to the Netherlands[66], such a practice could compromise medical confidentiality requirements. From the response of the Dutch authorities, the CPT understands that in the Netherlands prison officers have their own professional duty of confidentiality under the terms of the Individual Healthcare Professions Act (*Wet op de beroepen in de individuele gezondheidszorg* – Wet BIG).[67] The CPT is not in a position to analyse the scope of confidentiality required from prison officers as compared to the confidentiality of nurses. However, the CPT remains concerned that custodial staff will not be sufficiently knowledgeable of the (side) effects of the medication distributed and moreover considers that the distribution of certain medication by a prison officer may trigger the assumption that the prisoner therefore is affected by a certain disease or disorder. Without a profound medical knowledge of the disease or disorder, this may unnecessarily alter the approach of the prison officer towards the prisoner concerned. For these reasons, the CPT remains of the view that it is not within the competence of prison officers to dispense prescription medication and that dispensing medication should in principle only fall to healthcare staff.[68]

Further, as the last distribution round took place at 21:00, the cells were closed for the night, thereby requiring custodial staff to distribute medication through the cell door hatch. This made it challenging for staff to observe whether the detained person had indeed swallowed the dose, thereby enhancing the risk of drug diversion.[69]

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64. During the visit it remained unclear whether there was a vacancy for a psychologist.
65. Between January and October 2025, there were six transfers to Scheveningen prison hospital and on average five patients a month were transferred to the hospital in the nearby city of Emmen.
66. CPT/Inf (2023) 12 ; paragraph 148.
67. CPT/Inf (2023) 13 ; page 39.
68. https://www.coe.int/en/web/cpt/standards.
69. The outcome of urine tests over 2023, 2024 and 2025, indicate that in approximately 65% of the cases of a prisoner testing positive on illicit drug use, this concerned benzodiazepines.

The CPT reiterates its recommendation that in Ter Apel prison as well as, if applicable, in other detention facilities under the responsibility of the Custodial Institution Agency, medication should in principle be distributed by healthcare staff. When, exceptionally, no healthcare staff are present, they should give prior guidance on the safe and confidential administration of medication by non-healthcare staff to ensure that prisoners receive necessary treatment in their absence. In any case, the relevant health authorities should draw up a list of medication which should only be distributed by healthcare professionals (such as anti-psychotics, medication for opioid use disorders, and antiretroviral drugs, etc.). Further, the Committee recommends that supervision of the administration medication is strengthened in order to reduce the risk of diversion of prescribed medication.

101. An additional point of concern for the CPT related to the prevalence of mental health needs at Ter Apel prison, including a high rate of prisoners with psychosis or other psychiatric conditions, or prisoners who would self-harm. This was observed through reviews of medical records, the clinical observations of the delegations' medical experts, interviews with detained foreign nationals, and in interviews with medical and custodial staff. As an illustration, as had been the case in the two centres for administrative immigration detention visited, a considerable number of interventions by the IBT concerned prisoners in an acute mental health crisis. For 2024 and 2025, 19 of the 47 IBT interventions were qualified by the institution as 'psychological', meaning that they concerned prisoners harming themselves or decompensating.

102. Many of the vulnerable prisoners, including with mental health issues, were placed on the Extra Care Unit (*Extra Zorgvoorziening* - EZV)), which was situated on the ground floor of section F, below a regular unit (F1). At the time of the visit, 32 prisoners were accommodated on the unit. The CPT is of the view that the unit does not provide an appropriate environment for the vulnerable population accommodate there. The delegation could observe for itself the tense atmosphere in the unit, which appeared to be more volatile and louder than the other units in the prison. From interviews with prisoners and custodial staff alike, the delegation learned that those on the Extra Care Unit were often mocked by those who were accommodated on the unit above. Through interviews, the CPT was informed that at times drugs were exchanged between the regular prisoners in the upper gallery and the Extra Care Unit prisoners below (either those on F1 selling drugs to the lower prisoners, or *vice versa*). Moreover, despite their dedication to supporting persons on the unit, custodial staff allocated to the Extra Care Unit lacked the relevant training. While a nurse and psychologist were allocated as contact points for the unit, they did not routinely attend the unit. At the time of the delegation's visit, the post for a psychiatric nurse was vacant. **The CPT recommends that, as regards the Extra Care Unit, the Dutch authorities:**

- **ensure a clear physical separation between the Extra Care Unit and units accommodating regular prisoners, or in case of constraints due to the physical features of the building, a more careful selection of prisoners placed on the F1 unit;**
- **subdivide the physical size of the Extra Care Unit into smaller entities;**
- **ensure that the unit is staffed with an adequate number of suitably qualified staff members at all times;**
- **provide specialised training for custodial staff working on the Extra Care Unit; and**
- **fill the vacant post for a psychiatric nurse.**

5. Other issues

a. prison staff

103. In line with Recommendation of the Committee of Ministers on foreign prisoners (CM/Rec (2012)) 12 [70], in the CPT's view staff working in an establishment for foreign nationals to be removed or extradited should respect cultural diversity and, at a minimum, possess strong intercultural competencies, and ideally, linguistic skills. Furthermore, staff should be in a position to develop constructive and meaningful professional relationships with prisoners. This may be undermined where custodial staff who have daily contact with the detained foreign nationals are also responsible for their removal. In the CPT's view, such functions should be clearly separated.

70. Recommendation of the Committee of Ministers on foreign prisoners (CM/Rec (2012)) 12

104. The CPT welcomes the fact that Ter Apel prison had few staff vacancies, with none amongst the custodial staff. Further, the Committee also welcomes the efforts made to train staff in direct contact with prisoners in intercultural skills. All newly recruited staff were obliged to attend regularly organised intercultural training sessions, which were also open to staff already working in Ter Apel. Various relevant languages were spoken amongst the staff members at Ter Apel.

The CPT also noted the separation in tasks between the *Dienst Terugkeer en Vertrek* (Return and Departure Service), which facilitates the removal of foreign nationals, and the regular custodial staff. The CPT was pleased to note that fit-to-fly assessments were not conducted by the prison's treating doctors, but by external doctors who are not involved in the prisoners' regular care.

b. contact with the outside world

105. Owing to the fact that Ter Apel prison detains foreign nationals and is located in a relatively remote area, according to the director of the establishment the number of in-person visits was lower than in other prisons. It was also the experience of the prisoners that distance was an obstacle for family and friends to visit them. Nevertheless, the facilities available for visits were of a very good standard. The establishment had a large visiting area with 10 visiting places and a vending machine. In addition, there were eight video-call booths, allowing prisoners to make free calls of up to 45 minutes per person per week. Furthermore, three well-decorated rooms were available for unsupervised visits of up to two hours; these rooms were furnished with a sofa, a table and two chairs, and were equipped with a shower and toilet facilities. **The CPT recommends that the Dutch authorities reflect on a proper alternative for in-person visits, as a compensation for the lower number of in-person visits received by detained foreign nationals due to the relatively remote location of Ter Apel prison.**

106. Once a month, there is a father-child-day, when six fathers could spend the day with their children. There was also a pleasantly decorated father-child room in another building on the prison premisses which was supposed to be opened in due time. **The CPT would like to receive confirmation that prisoners in Ter Apel can now benefit from this father-child-room.**

107. All prisoners have a telephone in their cell. Several prisoners complained to the delegation about malfunctioning telephones, an issue known to the management of Ter Apel prison, but which was reportedly difficult to resolve. **The CPT recommends that the phones be repaired or replaced.**

C. Complaints

108. The Netherlands has a longstanding and well-established prison complaints procedure which, with some adaptations, also applies to immigration detention. Despite being considered in the past as a leading complaints system, in recent years the increasing volume of complaints across the detention estate has placed the system under considerable strain and has led to growing concerns regarding its functioning and effectiveness.[71] The facilities visited by the delegation, Schiphol DC, Rotterdam DC, and Ter Apel prison, were no exception to this broader national trend.

109. Persons deprived of their liberty in the Netherlands have the right to lodge a complaint against any decision taken by, or on behalf of, the director, including in relation to alleged ill-treatment.[72] Each detention centre has a Complaints Committee (*beklagcommissie*) composed of three members of the Supervisory Committee (*Commissie van Toezicht*). Complaints may be submitted via confidential mailboxes located on accommodation units. Most detained persons interviewed by the delegation indicated that they were aware of the existence of the complaints mechanism and had a basic understanding of how to use it.

71. See, for example, Raad voor Strafrechtstoepassing en Jeugdbescherming. 2019. *Spanning in detentie*. Den Haag: Raad voor Strafrechtstoepassing en Jeugdbescherming; Van der Rijst, T. and P. Jacobs. 2022. The Dutch Complaint Procedure: A "Picture-Perfect" Procedure? Utrecht Law Review, 2022, 18: 1–13; S. Meijer and M. Jansen, "The Dutch Complaint Procedure for Prisoners Under Pressure", T. Daems and E. Larrauri (eds.), Just Prisons, Palgrave Studies in Prisons and Penology, 2024, 11-48.
72. Articles 60 and 61 of the Penitentiary Principles Act and Article 14 of the Border Accommodation Regime Regulation.

110. Two distinct complaint procedures apply in the detention facilities visited, reflecting the different legal status of the detained population.

For persons detained under Article 59 of the Aliens Act (territorial detention), as well as for persons detained under criminal law (including those held at Ter Apel prison), the Penitentiary Principles Act applies.[73] For persons detained under Article 6 of the Aliens Act (border detention), the Border Holding Area Regime Regulations apply.

The two procedures differ in several important respects. Under the Penitentiary Principles Act, complaints must be lodged within seven days, whereas persons detained under Article 6 of the Aliens Act have 14 days to submit a complaint.[74] Decisions under the Penitentiary Principles Act may be appealed to the Council for the Administration of Criminal Justice and Youth Protection, while decisions under the Border Holding Area Regime Regulations are not subject to appeal. In addition, the Penitentiary Principles Act requires complaints to be examined and decided within four weeks,[75] whereas the Border Holding Area Regime Regulations does not set a timeframe for decisions.

In practice, under both procedures, considerable periods of time often elapse between the lodging of a complaint and a final decision, often extending over several months. One explanation for these delays is the high and increasing volume of complaints nationwide, the majority of which relate to criminal detention.[76] In response, detention facilities have introduced a range of measures aimed at managing caseloads, in particular by promoting informal resolution.

111. The Penitentiary Principles Act provides for mediation through the Supervisory Committee, including via the monthly commissioner (*maandcommissaris*), a member of the Supervisory Committee whose role is to visit the institution regularly, engage directly with detained persons, and collect or discuss complaints, often in order to resolve issues through mediation before they are formally lodged with the Complaints Committee. Detained persons may request a meeting with the monthly commissioner by submitting a written request (*sprekersbriefje*).

Further, at Ter Apel prison, following a request from the Supervisory Committee, for several years already, certain prison officers had been designated as complaint officers (*klachtenfunctionarissen*), tasked with discussing complaints with detained persons and exploring possible solutions; at Rotterdam DC, this role was fulfilled by a Head of Unit. At both facilities, detained foreign nationals were encouraged to first raise issues with complaint officers or Head of Unit before contacting the monthly commissioner.[77] Internal procedures at Rotterdam DC and Ter Apel prison also allow the complaint officers or Head of Unit to discuss complaints with detained persons after they have been lodged, which may lead to withdrawal of the complaint. A form for such withdrawal of complaints (*Formulier Intrekking beklag*) is then filled out and sent to the legal department of the centre. However, the withdrawal forms do not include a designated space to record how or why the issue was resolved.

112. The CPT is of the view that complaints procedures should be available, accessible, confidential and safe, effective, and traceable, so that detained persons can complain without fear of reprisals and obtain timely and meaningful redress.[78] The CPT has concerns regarding the effectiveness, confidentiality and perceived independence of the current functioning of the Dutch complaints system.

73. See Huisregels Detentiecentrum Schiphol. Article 59 Vreemdelingenwet 2000, page 47 f.f.
74. Article 16(2) Border Holding Area Regime Regulations.
75. Article 67 Penitentiary Principles Act.
76. For example, the complaints lodged at Ter Apel prison per calendar year were as follows: in 2025 (partial, January to early October), 570; in 2024, 1 124; in 2023, 879; in 2022, 846; in 2021, 773; and in 2020, 428. At Ter Apel prison, the delegation learnt of a man who submitted 368 complaints and appeals (260 complaints and 108 appeals) in 2024, which was about one third of the total number of complaints for Ter Apel that year. Most of these were declared inadmissible.
77. See for example, Huisregels Detentiecentrum Rotterdam. Article 59 Vreemdelingenwet 2000. June 2025, page 34.
78. See CPT/Inf (2018) 4-part, available at: Complaints mechanisms - CPT

113. Effective complaints mechanisms should process complaints promptly, thoroughly and expeditiously. They should also contribute to preventing further rights violations and, where appropriate, offer compensation.

114. The effectiveness of the current complaints system is of particular concern with respect to persons detained under Articles 6 and 59 of the Aliens Act, for several reasons.

First, the average time required to reach a decision is months, thus routinely surpassing the time limit set out in the Penitentiary Principles Act for persons detained under criminal law and Article 59 of the Aliens Act. For example, of the 13 Article 6 (border detention) cases shared with the delegation by the Complaint Committee of Schiphol DC and reviewed by the delegation, the average time between the lodging of a complaint and its decision was approximately 182 days (about six months). The shortest case was decided within 52 days, while the longest took 260 days.[79] Subsequently, in immigration detention cases, the complainant was no longer detained or could no longer be reached by the time a decision was issued. This situation arose most frequently in Article 6 cases where, with some exceptions, detention is generally of shorter duration. Persons detained under Article 6 were almost never present at the hearing of their complaint and even more rarely present when a decision was finally made.

In Article 6 cases reviewed by the delegation, substantial delays were frequently observed between the filing of a complaint and the submission of the response by the director at Schiphol DC. Based on 10 of the 13 cases for which complete data was available, the average time between the lodging of a complaint and the director's response was approximately 89 days (nearly three months). In some cases, this delay exceeded six months; for example, in one joint case in 2024 nearly 195 days (over six months) had elapsed before a response was submitted.

The delegation also observed delays of many months on behalf of the complaints committee at Schiphol DC in the handling of seemingly straightforward cases, such as complaints that were clearly inadmissible or repetitive. The fact that foreign nationals are frequently released or removed before their complaint is decided seriously risks undermining the effectiveness of the remedy.

Secondly, for persons detained under Article 6 of the Aliens Act, there is no possibility to appeal decisions of the Complaints Committee under the Border Holding Area Regime Regulations. The absence of an appeal mechanism further weakens the effectiveness of the complaint procedure for this group.

Finally, the CPT observes that the level of financial compensation awarded is modest. For instance, in one joint complaint reviewed, the maximum amount granted to an individual was €412.50 for a period of 55 days spent under a regime involving nearly 16 hours of daily lock-in (from 16:30 until 08:00 the following morning), amounting to €7.50 per day. In light of the duration and conditions of the regime, it is questionable whether such an amount can be considered compensatory in character.

115. The CPT also has concerns relating to confidentiality and the perceived independence of certain practices within the complaint mechanism. While the use of complaints officers is in principle[80] to be welcomed, as they may reduce the number of complaints and facilitate solutions for the individuals concerned, such mechanisms may undermine the perceived independence of the system. Unlike the monthly commissioner, who is a member of the independent Supervisory Committee, complaints officers who are part of daily life on the unit may be perceived as limiting the independence of the complaint procedure.

Further, in case of withdrawal of a complaint, it was unclear how and under what conditions this happened, as no feedback was provided to the Supervisory Committee.

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79. Two of the 13 cases were excluded from this calculation due to suspected typographical errors in the year of the decision date; if those dates were correct, the handling times would have been 454 and 507 days, respectively.

80. Cf also rule 70.2 European prison rules: "If an informal alternative method of resolving a request or complaint seems appropriate, this should be tried first". Recommendation Rec (2006)2-rev of the Committee of Ministers to member States on the European Prison Rules

As such, it cannot be ruled out that detained persons have been pressured, or feel pressured, to come to an agreement with the officer who is working on the unit in which they are accommodated. In Ter Apel the delegation learnt that, so far, no evaluation had taken place of the system of working with complaint officers and that the Supervisory Committee was in the process of drafting rules of procedure.

The CPT would like to receive more information on rules of procedure being drafted by the Ter Apel Supervisory Committee. Given the large and increasing number of complaints, the Committee also encourages the Dutch authorities to further explore alternative methods of dealing with complaints and to evaluate these accordingly.

116. **The CPT recommends that the Dutch authorities strengthen the effectiveness and safeguard the confidentiality and independence of the complaints system. It should be made explicit that complaints of a certain nature, especially those involving unit staff, should not be referred to unit-level mediation. The Complaints Committee should be systematically informed of the reasons for and outcomes of withdrawn complaints. Delays should be duly justified in writing, and detained persons should be informed within clearly defined time limits of the action taken in response to their complaint, or of the reasons for rejecting it. Particular attention should be given to adapting complaint procedures to the specific circumstances of short-term immigration detention, especially in Article 6 cases, to ensure that the right to complain remains a practical and effective remedy.**

D. Solitary confinement

117. The use of solitary confinement in detention, and in immigration detention in particular, has been subject to a longstanding debate in the Netherlands due to its manifest health risks,[81] as acknowledged in internal documents presented to the CPT during its visit.[82]

118. Due to this extremely damaging effect on the mental, somatic and social health of those concerned that the CPT has long advocated for solitary confinement to be phased out as a disciplinary sanction in immigration detention, including in the Netherlands.[83] Therefore, the Committee notes with concern that solitary confinement as a disciplinary sanction continues to be imposed on persons detained under Article 59 (territorial detention) and that, as highlighted at paragraph 22 above, the proposed future legislative framework retains disciplinary solitary confinement for territorial detention, and extends its applicability to persons detained under Article 6 (border detention).

119. The legal framework governing the use of solitary confinement distinguishes between different categories of detained foreign nationals.[84] Persons detained under Article 59 and those under criminal law are subject to the Penitentiary Principles Act, which allows for solitary confinement of detained persons both as a security measure (Articles 23 and 24 Pbw) and as a disciplinary sanction (Article 50 Pbw ff.) for a maximum length of two weeks in case of disciplinary punishment, extendable with maximum of 14 days each time, in case of a security measure. Persons detained under Article 6 of the Aliens Act fall under the Border Holding Area Regime Regulations, which permit solitary confinement as a security measure (Article 7 (2) and (3)) but do not permit the imposition of disciplinary sanctions (including solitary confinement as a disciplinary measure).[85]

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81. See for instance *Isolatie in vreemdelingendetentie*, Amnesty International, Dokters van de Wereld, Stichting Los, March 2015.
82. See *Werkinstructie Observatie Isolatie*, Rotterdam DC, February 2020.
83. See CPT/Inf (2023) 12; paragraph 93.
84. See CPT/Inf (2023) 12; paragraph 90.
85. For Rotterdam DC, data provided by the Dutch authorities indicate that in absolute terms the number of times solitary confinement, executed in an isolation cell, was imposed as a security measure, decreased from 309 in 2023 to 295 in 2024. However, the percentage of solitary confinement as a part the total volume of security measures increased between 2023 and 2024. Further, in absolute terms, the number of times solitary confinement, executed in an isolation cell, was imposed as a disciplinary punishment increased from 290 in 2023 to 367 in 2024. As to Schiphol DC, in 2024, solitary confinement as a security measure was imposed three times. In 2025, according to data provided by Schiphol DC between 1 January and 3 September, a total of 15 foreign nationals had been placed in an isolation cell. As to the duration of the placement, in Rotterdam

120. Across all facilities visited, the procedure for imposing solitary confinement, whether as a security measure or a disciplinary sanction, was broadly similar. When staff suspect that a detained person has violated the house rules, a staff member drafts a report setting out their observations. This report, together with a document proposing the measure to be imposed and its duration, is submitted to the director without delay or, at the latest, within 24 hours.[86]

Based on the report and, where relevant, additional sources such as video surveillance, the director is obliged to hear the person concerned and then may decide on the appropriate measure or sanction, which may be solitary confinement, as a measure or a punishment. Subsequently, the detained person is informed of the decision verbally, either directly by the director (in person or by phone) or through another member of staff. A paper copy of the decision is also given to the person concerned. However, the detained person does not sign for having received a copy of the decision.

121. Pending the director's decision, an acting custodial officer is authorised to impose isolation for up to 15 hours (*bewaardersarrest*).

122. In the three establishments visited, a foreign national placed in solitary confinement was seen by a nurse immediately and by a doctor within 24 hours. The nurse would continue to visit the foreign national daily, and more frequently if needed. The foreign national would also be seen by a psychologist or a psychiatrist.

123. In the three establishments visited, the CPT observed that an advisory consultation, a multidisciplinary meeting, took place each day, Monday to Friday, to review all persons in solitary confinement and to give advice to the director. For those foreign nationals whose detention was regulated by the Penitentiary Principles Act[87], such review included whether an imposed disciplinary punishment should be replaced by a protection measure or whether a measure is ended and the person is transferred to the Extra Care Unit.[88] For example, at Rotterdam DC, in the case of a man with psychiatric symptoms, the multidisciplinary meeting recommended that he be involved in activities and recreation on the ward and that the punishment be replaced by a measure.

The CPT takes note of the above procedure. However, it was unclear to the Committee on what basis such a replacement takes place, as the law does not seem to permit the commutation of a disciplinary punishment into a protection measure.[89] Moreover, in the Committee's view certain foreign nationals, particularly those accommodated in an Extra Care Unit or those who are otherwise known to have serious mental health issues, should in case of a transgression *a priori* be given a protection measure rather than a disciplinary punishment.[90]

The CPT would like to receive the comments of the Dutch authorities on the above-mentioned procedure of replacing disciplinary punishments by protection measures as well as on the *a*

DC, in 2024 the average length of placement in an isolation cell following a disciplinary punishment was seven days, while solitary confinement as a security measure was 5.8 days. At Schiphol DC, none of the four security measures executed in an isolation cell lasted longer than four days. "Rapportage Ordemaatregelen en Disciplinaire Straffen. Vreemdelingenbewaring 2024 t.o.v. 2023, Dienst Justitiële Inrichtingen, Ministerie van Justitie en Veiligheid, May 2025).

There was no information available concerning Ter Apel prison.

86. See Article 23 (3) Pbw. If the director imposes solitary confinement, the time already spent segregated is counted into the length of time of the punishment/ measure imposed. In case the director decides not to impose solitary confinement, the *bewaardersarrest* is not counted as solitary confinement, and "disappears" statistically; it is however registered in the file of the person concerned.

87. That is foreign nationals detained in Ter Apel prison, Rotterdam DC and the section of territorial detention in Schiphol DC.

88. The team consisted of one GP, three psychologists one specialist doctor for addiction, one ZBIV (extra care custodial staff in plain clothes), two custodial staff.

89. See RSJ 05/1023/GA, 5 August 2005.

90. Data provided by the Dutch authorities as to IBT interventions in Rotterdam DC suggest that out of 30 interventions qualified as "for reasons of self-destructive/ confused behavior" in 2024 and 2025, a disciplinary punishment was imposed 10 times. A protection measure was imposed 17 times and in one case an imposed disciplinary punishment was commuted into a protection measure. In the two remaining cases, there was no information could be retrieved.

***priori* imposition of a protection measure to detained foreign nationals on an Extra Care Unit or those who are otherwise known to have serious mental health issues.**

124. At Schiphol DC, persons detained under Article 6 could be placed in an isolation cell, with or without CCTV, as a security measure. However, unlike the Penitentiary Principles Act, the Border Holding Area Regime Regulations contain no safeguards on the use, supervision, review or documentation of solitary confinement as a security measure, apart from the person concerned being heard by the director. Further, although a protocol was in place guiding the healthcare team on how to proceed when a person was placed in an isolation cell, there was no dedicated register for recording the interventions and observations of medical staff.

Following feedback to the management of Schiphol DC, the CPT was promised that a written procedure would be developed governing the placement of a foreign national in border detention in an isolation cell as a security measure. The CPT welcomes this initiative but is of the opinion that such local procedure should be replaced as soon as possible by formal regulation.

The Committee recommends that a formal procedure enshrined in law be established governing the placement of foreign nationals detained under Article 6 of the Aliens Act in an isolation cell as a security measure. Further, the CPT would like to receive confirmation that at Schiphol DC a written procedure governing the placement of a foreign national in border detention in an isolation cell as a security measure has been developed.

125. In its report on the 2022 visit to the Netherlands, the CPT made recommendations on the procedural safeguards which should surround the imposition of solitary confinement, both as a disciplinary punishment and as a security measure.[91] The CPT recommended for the detained foreign nationals to have access to legal aid throughout the adjudication procedure, if necessary to be granted interpretation services in a language that they can understand, and for a confirmation in writing to have received a copy of the decision concerning them, which should be provided expediently and in language they can understand, and contain the reasons for the decision, information on their rights, and the modalities for lodging a complaint.

126. The CPT findings during the 2025 visit indicate that indeed adjudicated foreign nationals are being heard, albeit briefly,[92] and that they were given a copy of the decision. The decisions seen by the Committee contain both the reasons for the decision and the modalities for lodging a complaint as well the right to request a suspension of the punishment or measure by addressing the RSJ.

However, although interpreters were often engaged during the hearing of a detained foreign national, the solitary confinement decisions were mostly provided in Dutch. Only a few decisions reviewed by the delegation had been supplemented with (machine) translation, usually in English or Arabic. Further, in all decisions reviewed by the delegation, information on the detained persons' right to complain or to request a suspension were only provided in Dutch.[93] Consequently, the adjudication process may be lacking transparency and equity for those foreign nationals who do not sufficiently master the Dutch language and cannot understand or make themselves understood in another language spoken by facility staff.

127. As to access to legal aid, in their response to the CPT's 2022 report, the Dutch authorities appeared to suggest that as Article 65 Pbw allows for the foreign national to be assisted by a legal representative during the complaint and appeal procedure, the adjudication process can do without.[94] The CPT disagrees. From its perspective, a complaint system is not an effective remedy, including as an appeal mechanism, for persons placed in solitary confinement, whether as a security measure or as a disciplinary punishment.

91. See CPT/Inf (2023) 12; paragraphs 90 to 97.
92. As far as the CPT could ascertain, meetings would generally take between 5 and 10 minutes.
93. While the right to complain against a solitary confinement decision is explicitly included in the house rules of Zeist DC, this is not the case in Rotterdam DC and Schiphol DC.
94. See CPT/Inf (2023) 13; page 25.

A complaint system responds to a wrongdoing by rectifying the situation and, possibly, awarding a (financial) compensation after the fact. At that point, harm to the physical, mental and social health of the person concerned inherent in the imposition of solitary confinement has already been done. Further, due to the significant delays in decision-making by the Complaint Committee at present[95] cases are usually decided only after the person concerned has been released from solitary confinement, and at times, as the CPT has been told, may already have left the country.

128. From the CPT perspective, the inherent physical and mental damage linked to solitary confinement, acknowledged by the Dutch authorities, merits an equitable adjudication process in which it is guaranteed that the perspective of the foreign national is properly considered. If not, the adjudication process risks becoming one-sided. For this reason, it should be surrounded by effective safeguards, including the effective right to legal aid and, if necessary, the service of an interpreter.

129. While maintaining that in the Netherlands solitary confinement be phased out as a disciplinary sanction in immigration detention, **the CPT reiterates it recommendations that the procedure for imposing solitary confinement as a security measure or disciplinary sanction ensures that detained persons have the right:**

- **to be heard in person by the decision-making authority in a procedure where their account will be recorded; where necessary, to be granted interpretation services in a language they can understand with the presence of an interpreter marked in the decision;**
- **to be provided as soon as possible with a copy of the decision concerning them and with information on their rights, in a language they can understand, to inform them both of the reasons for the decision and the modalities for lodging an appeal;**
- **to confirm in writing that they have received a copy of the decision.**

130. The CPT observed that in case of a contradiction as regards the course of an incident between staff and a detained person, in principle, more credence is given to the version of the prison officer. The reason presented to the CPT is that prison officers are bound by their statute as civil servants to be truthful.

Given the credence attached to staff reports in the application of disciplinary sanctions and security measures, the CPT was concerned to find omissions between video footage seen by the delegation and staff reporting in the case of an attempted suicide in an observation cell at Rotterdam DC. The individual concerned had been placed under video observation, with protocols requiring continuous monitoring via the observation camera. However, reports prepared by the security staff responsible for reviewing the footage did not accurately reflect the timing of events. In particular, there was a discrepancy of nearly one hour between the moment the individual covered the camera in his cell and the time at which this action was recorded in the observation log. Further, more than an hour elapsed between the camera being covered and the duty commander and staff attending the isolation cell. No justification was provided either for the failure to record promptly the covering of the camera or for the significant delay in staff intervention.

131. By email of 2 February 2026, the Rotterdam DC management acknowledged that the report could have been “drawn up in more detail on some points” and that it spoke to all staff involved individually to discuss how they could have improved the quality of the reporting in this case. It states that it continues to coach staff in this respect and that it will continue to discuss possible gaps in reporting with the Supervisory Committee and with the Legal Affairs department.

While the CPT welcomes the action taken by the management of Rotterdam DC, in its view more needs to be done, as concerns about the quality of reporting are not isolated to this case alone. The CPT made similar observations on the accuracy and completeness of reporting in closed juvenile

95. This concern is illustrated by a case reviewed at Schiphol DC, in which a complaint lodged on 12 May 2021 regarding solitary confinement was not decided until 5 November 2021, several months after the measure had ended. While the complaint was ultimately declared admissible and grounded in part, the delay deprived the applicant of an effective remedy. This case is not an exception among those reviewed by the delegation but rather reflects a pattern of delays observed in several similar proceedings.

institutions[96], and recently the Dutch National Preventive Mechanism (NPM) published similar findings in their report on penitentiary and forensic psychiatric centres.[97]
Further, in an internal review carried out at Rotterdam DC after a medical emergency on 1 July 2025, the quality of the incident report was noted as a point for improvement.

132. In the CPT's view, management should not only train and coach staff members into drafting good quality reports, but also regularly assess the quality of the reporting itself, including by comparing CCTV footage of a certain incident with the written reports. Further, given earlier findings by both the CPT and the NPM, the Dutch authorities should seriously consider regularly carrying out similar exercises in all facilities where persons deprived of their liberty may be held. **The CPT recommends that, both at the institutional and national levels, serious attention be paid at the quality of reporting by staff, including by carrying out checks after the fact.**

133. The above concerns notwithstanding, the CPT positively notes that encouraging, albeit cautious, efforts were undertaken to reform the concept and practice of solitary confinement. The reforms are based on the 'vision' that solitary confinement both as a punishment and as a security measure should only be imposed if there are no other feasible alternatives. In case, solitary confinement is imposed, the duration should be as short as possible, and it should be executed as humanely as possible.[98] The stated objectives behind the reform are to mitigate the detrimental effects of solitary confinement and to limit its use to a measure of last resort. The vision is based on a study[99] commissioned by the Dutch authorities after a critical report on solitary confinement by the RSJ.[100]

134. This vision is elaborated upon in the form of two information documents for staff[101] and a manual[102] which explains in a condensed form the new vision, as well as its coming into being.

135. In the new approach, solitary confinement, during which prisoners are alone in their cells for 22 hours or more per day, isolated from others and without meaningful contact with others, should no longer be applied in Dutch prisons. A prisoner in solitary confinement should be visited daily, including for an assessment as to the termination of solitary confinement.

Further, the principle of minimum restriction should apply: a prisoner should not be subjected to any restriction other than strictly necessary for the execution of the punishment or measure. As far as possible, the prisoner should follow a personal day programme.

Also, staff attached to the prisoner's unit of accommodation should remain in contact with the prisoner during solitary confinement and preparations should be made for the prisoner to return to the unit, including by a debriefing.

In addition, the imposition of solitary confinement in case of refusal to share a cell should be ceased and replaced by a policy of encouragement to accept sharing a cell.

96. See CPT/Inf (2025) 17; paragraph 97.
97. Afzonderen en separeren in penitentiaire en forensisch psychiatrische centra, Nationaal Preventie Mechanisme, 2026.
98. Informatieblad, Isoleren als (mogelijke) straf, Handvatten en stappenplan voor medewerkers, Custodial Institutions Agency, December 2024, page 1;
Informatieblad Afzonderen als (mogelijke) ordemaatregel Handvatten en stappenplan voor medewerkers, Custodial Institutions Agency, December 2024, page 1.
99. 'Iso' : perspectives on prison isolation (solitary confinement) practices in the Netherlands, Sharon Shalev, June 2023.
100. Disciplinair straffen en afzonderen in detentie, Council for the Administration of Criminal Justice and Youth Protection, 14 January 2022.
101. Informatieblad, Isoleren als (mogelijke) straf, Handvatten en stappenplan voor medewerkers, Custodial Institutions Agency, December 2024.
Informatieblad Afzonderen als (mogelijke) ordemaatregel Handvatten en stappenplan voor medewerkers, Custodial Institutions Agency, December 2024.
102. Afzondering - totstandkoming, visie en handreiking, September 2024.

136. More in general, there should be a clear distinction between solitary confinement as a disciplinary punishment and solitary confinement as a security measure: The cell used for solitary confinement in the context of a measure of order should differ physically from a punishment cell.

137. Reportedly, the vision and the implementation papers were adopted by the assembly of prison directors as guiding principles, rather than as an organisation wide policy. Given its status as a guiding principle, the implementation of the new vision across prisons and immigrant detention facilities in the Netherlands is likely to be inconsistent. However, the CPT saw some signs of the implementation of the vision in practice at both Rotterdam DC and Ter Apel prison. In particular, the introduction of a daily programme for persons placed in solitary confinement was commendable.[103] In both facilities this included access to recreational and sports materials such as books, jigsaw puzzles, and an exercise bike. One isolation cell in both facilities also contained a television. Further, in both establishments, the stated objective was to limit solitary confinement in the isolation block to a maximum of 24 hours, after which the foreign national would be returned to a stripped cell on the unit, where the foreign national could participate in certain unit activities.

138. The CPT welcomes the new approach to solitary confinement as a step towards its abolition as a disciplinary punishment in facilities for administrative immigration detention and its use as an *ultimum remedium* in prisons. However, despite the presence of sporting and recreation equipment in the isolation blocks visited and written internal policy, it remained unclear to the CPT to what extent the new vision had been implemented in practice. For instance, in both establishments a refusal to share a cell could still lead to solitary confinement (see paragraph 44 above). **The CPT recommends that the Dutch authorities introduce the vision as policy rather than as guidelines in all prisons and immigrant detention facilities in the Netherlands. Further, the Committee recommends the Dutch authorities to continue making steps to reduce the use of solitary confinement with a view to abolishing its application altogether as a disciplinary punishment in facilities for administrative immigration detention and its use as an *ultimum remedium* in prison**

103. At Ter Apel prison, the new approach to solitary confinement was laid down in a policy paper “Action plan; ISO policy PI Ter Apel, Solo but not alone”.

APPENDIX I – ESTABLISHMENTS VISITED

The delegation visited the following places of detention:

Immigration detention establishments

- Schiphol Immigration Detention Centre
- Rotterdam Immigration Detention Centre

Prisons

- Ter Apel prison