RESPONSE OF THE DUTCH GOVERNMENT TO THE REPORT OF THE EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE (CPT)

19 June 2026

Introduction

The Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter: CPT) paid an ad hoc visit to the Netherlands from 6 to 17 October 2025 pursuant to Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment.

The government of the Netherlands (hereinafter: the Government) highly appreciates the work of the CPT on improving the standards that apply to the functioning of state institutions where persons are deprived of their liberty. The Government would therefore like thank the CPT for the findings and recommendations detailed in its report.

This document sets out the Government's response to the recommendations, comments and requests for information contained in the CPT's report on its visit to the Netherlands.

Immigration detention

1. *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.*

In 2024 and 2025 an assessment of fitness for detention was requested for two persons at Schiphol DC. Both were found to be medically fit for detention. Such assessments are carried out by the medical adviser of the Netherlands Institute of Forensic Psychiatry and Psychology (NIFP). No exemptions from detention were thus made in 2024 and 2025 on the basis of the medical and vulnerability assessment.

2. *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*

The second unit at Schiphol DC has not been taken into use for immigration detention within the meaning of section 59 (1) Aliens Act. This unit is currently being used by the prison system as a remand centre. At present there are no plans to create extra capacity for border detention at Schiphol DC or anywhere else.

3. *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.*

The Aliens Act (section 59 (1)) and the Aliens Decree (article 5 (1) b) stipulate the grounds for detention for persons without a right of residence. This implements article 15 of the Return Directive (2008/115/EC). On the basis of section 61 Aliens Act persons without a right of residence must leave the territory of the Netherlands and other EU member states 'of their own accord'. Third-country nationals are encouraged to return voluntarily. Where necessary, the Government, the International Organization for Migration (IOM) or a non-governmental organisation can provide return and/or reintegration support. If a third-country national does not return voluntarily, the Government can enforce the return decision. The return of persons who cause nuisance is a priority for the Government. If a third-country national who fails to comply with their obligation to return is apprehended at Dutch territory by the National Police or the Royal Netherlands Marechaussee (Royal

Military and Border Police) the options for enforcing the return decision are examined and their file is transferred to the Repatriation and Departure Service. In certain cases, where a legal ground for detention exists, these agencies can detain the third-country national. The Government emphasises that nuisance behaviour in itself is not a ground for detention with a view to return.

At the same time, nuisance behaviour by asylum seekers in public spaces cannot be tolerated and needs to be addressed. The Government takes strict measures against asylum seekers who cause nuisance. One such measure is expediting the asylum procedure. Immigration detention in itself is not part of these measures.

Detention pending the asylum proceedings serves the underlying objective to ensure that the third country national remains available for the asylum proceedings. This of course needs to be proportionate. Persons may not be detained solely for the reason of having lodged an application. therefore, certain grounds must apply that have been codified in EU and legislation, to provide statutory grounds where detention to ensure availability is proportionate. Nuisance behaviour is not listed as a statutory ground for detention under the Aliens Act. Danger to public order is however such a statutory ground (section 59b, subsection 1 (d), Aliens Act) and some cases of nuisance behaviour can meet the threshold of danger to public order. In such cases, immigration detention is compatible with the purpose and legal basis of immigration detention. Of course, this also involves a further assessment of the conditions laid down in article 5.1 b and article 5.1 c of the Aliens Decree. Lastly, as required by Article 5 of the European Convention on Human Rights, a sufficiently close connection with the aim of the detention, i.e. preventing their unauthorised entry or taking action with a view to deportation or extradition, must also exist.

In other cases, nuisance behaviour may be a reason to assess whether one or more of the other statutory grounds in section 59b of the Aliens Act may be met. For example, authorities may assess whether detention is necessary to obtain information that is needed for the assessment of an asylum application, in particular if there is a risk of absconding (section 59b, subsection 1 (b), Aliens Act). If this is the case and a further assessment shows that the conditions in articles 5.1b and 5.1c of the Aliens Decree have been satisfied, then immigration detention is compatible with its purpose and legal basis. Addressing nuisance would in those circumstances be an indirect reason for immigration detention. However the underlying ground for detention remains the underlying need to assure availability for the asylum procedure.

4. *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.*

The Return and Immigration Detention Bill harmonises the various immigration detention regimes based on the Reception Conditions Directive, the Dublin Regulation (IV) and the Return Directive. The Government takes note of the CPT's recommendation but does not foresee a deterioration of the conditions applicable to persons held in border detention. The Government observes and will observe the minimum conditions laid down in international, European and national law.

5. *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.*

The Government takes note of the CPT's recommendation. Detained third-country nationals to whom the general residence regime applies are entitled to a minimum of two hours of outdoor time/outdoor exercise per day. Third-country nationals to whom the restrictive regime applies are entitled to at least one hour a day of outdoor time or outdoor exercise per day (in conformity with the minimum required under article 27.1 of the European Prison Rules). This is thus one hour less than recommended by the CPT. The Government notes, however, that in practice more than one hour a day may be made possible (see also the response to recommendation no. 17 below). Also, placement

under the restrictive regime is temporary and the authorities will work with the third-country nationals to whom the restrictive regime applies to enable a transfer to the general residence regime.

6. *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.*

The Government takes note of the CPT's recommendation. In this matter the Government emphasises that solitary confinement is a last resort within the array of disciplinary measures. It is only applied to persons for whom milder interventions were unsuccessful and/or who pose a (potential) danger to themselves or others (including Government staff). In addition to its application as a punitive measure (e.g. as punishment in response to the use of physical violence), solitary confinement can be applied if a person needs to mentally stabilise, or if medical quarantine is necessary. If the measure of solitary confinement is applied, medical staff monitor the situation of the person concerned daily and assess whether the person can (gradually) be placed back under the general residence regime. The Government's view is that the disciplinary measure is necessary to preserve order within the detention centre and to create a safe working space for Government staff,[1] and will therefore not review or cease applying solitary confinement as a disciplinary measure.

7. *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.*

The Government takes note of the CPT's recommendation. The COVID-19 pandemic taught us that unanticipated exceptional circumstances can arise and can have an enormous impact on daily activities in detention facilities. This could also be the case if detention facilities are seriously damaged or otherwise inoperable. In such circumstances it may be impossible to guarantee that third-country nationals will be able to exercise certain rights provided for by law. For example, it may not be possible to offer a daily activity programme due to a lack of staff or because activity areas are temporarily unavailable. The deviation clause was designed and introduced for such unanticipated exceptional circumstances. Due to the nature of such circumstances, the Government cannot determine in advance the precise criteria for activating the deviation clause. Nevertheless, when invoking the deviation clause the Government must always assure that the least intrusive restrictive measures are applied.

The Government would however emphasise that recommendations similar to the CPT's by Dutch (branches of) advisory bodies, agencies and non-governmental organisations have resulted in limitations to the deviation clause. The deviation period of three months has been reduced to two months, as has the extension period.[2] In addition, the measure must be lifted once the unanticipated exceptional circumstances cease to exist. The Government also stresses that this measure cannot be used to restrict the right to spend time outdoors or the right to participate in religious activities. Lastly, a third-country national can challenge the activation/extension of the measure before a civil court. When deciding whether to extend the measure, the authorities must revisit its necessity and proportionality. With these measures, the Government aims to reduce the impact on detained third-country nationals as much as possible.

8. *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.*

[1] Explanatory Memorandum to the Act on Return and alien detention (*Wet terugkeer en vreemdelingenbewaring*), Parliamentary Proceedings 2015–2016, 34 309, no. 3, p. 65 and 113.
[2] Parliamentary Papers, House of Representatives, 2024-2025, 35 501, no. 9 p. 20, 25.

1: The Government agrees with the CPT's recommendation to certain extent. When the proposed amendments to the legislation concerned were drafted, the procedure for having third-country nationals' fitness to stay in a detention facility assessed by a medical adviser was altered. The NIFP, responsible for conducting assessments, has determined that the number of requests, assessments and objection and appeal procedures will increase when the legislation enters into force, requiring additional trained staff. The NIFP expects that a number of requests will lack sufficient substantiation. To ensure that available resources are dedicated to assessing claims that are sufficiently substantiated, the Government has decided that first the facility physician will examine whether the third-country national's claim is warranted and whether the required care is available within the facility or can be obtained outside the facility. If the facility physician considers a request unsubstantiated or determines that the necessary care is available, the request will not be forwarded to the medical adviser of the NIFP. Legal remedies are available against such a decision, including internal mediation and mediation by the medical physician, as well as the possibility of appeal to the Council for the Administration of Criminal Justice and Child & Youth Protection (*Raad voor de Strafrechtstoepassing en Jeugdbescherming*, RSJ). To avoid health care professionals from mediating in cases concerning complaints against their own decisions/advice (e.g. when the physician is of the view that the third-country national's medical situation does not prevent the stay in a detention facility) the third-country national can, according to section 91 of the Aliens Act, appeal the decision directly at the RSJ. This approach ensures that healthcare professionals' decision-making relates to diagnosis, care and medical treatment and not to administrative or custodial objectives.

2: The change in wording regarding 'vulnerable persons' is motivated by the desire to align with the terms and definitions used in the recast Reception Conditions Directive. The recast Reception Conditions Directive (EU) 2024/1346 has replaced the term 'vulnerable persons', used in the current Reception Conditions Directive 2013/33/EU, with the term 'applicants with special reception needs'. The Government has no intention of changing the threshold for exempting vulnerable persons from detention, nor does it expect that the change in terminology will result in a higher threshold for exempting vulnerable persons from detention.

9. *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.*

The Government will keep the CPT informed.

10. *The CPT recommends that the Dutch authorities remain vigilant in ensuring that detained foreign nationals continue to be treated with respect.*

The Government appreciates the CPT's support for its current policy and stresses that detained foreign nationals must be treated with respect. Inappropriate language should be avoided when talking to or about detained foreign nationals as the use of such language is unacceptable in professional interactions.

11. *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.).*

Rotterdam DC promotes a safe living environment by, for example, differentiating between regimes so that detainees who display problematic behaviour can be housed in units other than the residential units. In addition, Rotterdam DC offers extra daytime activities for motivated detainees. Each unit has a daily programme which, in addition to time outside and visits, offers recreation, sport and other activities. There are also extra activities for detainees who display good behaviour (e.g. an electrical skills project) .

Detainees with psychological vulnerabilities are placed in a protective unit, the Extra Care Unit. Rotterdam DC is working to recruit medical staff so that the medical service has a full complement

of staff. However, due to labour market shortages it is, unfortunately, difficult to find qualified staff, especially general and healthcare psychologists. Naturally, the mental health of detainees at Rotterdam DC remains under continuous attention.

12. *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.*

The Government confirms that each detainee receives a copy of the house rules. The house rules also set out detainees' rights and the statutory basis for those rights. This manner of informing detainees is based on Section 56 of the Penitentiary Principles Act (*Penitentiaire beginselenwet* (Pbw)), which provides for the director's obligation to inform detainees. Implicit in this obligation is that the director must ensure that the detainee is informed in writing of their rights and obligations in a manner comprehensible to them. The house rules have been translated into the most common languages. Due to the increasing numbers of Russian-speaking and Turkish-speaking detainees, Schiphol DC will have the house rules translated into those languages when the next version is issued.

13. *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.*

The Government considers this recommendation an expression of support for existing policy of the Custodial Institutions Agency (DJI). Important or sensitive conversations are conducted with the assistance of a sworn interpreter, either by telephone or in person. At Rotterdam DC a sworn Arabic/Berber interpreter is available during the day for consultations between detainees and the medical service. In addition, officers can communicate with detainees using a telephone-based translation service that works with sworn interpreters in various languages. If necessary, a translation app that is available in the custodial institutions can be used for informal interactions.

14. *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.*

The Government agrees that decoration and use of colour can have a positive effect on the living environment in the institutions and applies this recommendation, where possible, in all institutions. However, the Government would emphasise that the enforcement of a deprivation of liberty measure must be organised and carried out in such a way that the detainee is unable to abscond. This means that it is impossible to avoid the visual characteristics of a custodial institution that inevitably go hand in hand with the necessary security and control measures.

15. *The CPT recommends that the Dutch authorities ensure that all detained foreign nationals receive food of adequate quality, irrespective of their financial means.*

This recommendation supports existing policy. In 2022 a new contact was concluded for daily nutrition, with the objective of offering all detainees sufficient, varied and healthy food every day. DJI provides wholesome and nutritious meals designed by dieticians, and takes account of detainees' special diets, allergies and religious convictions.

16. *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.*

An evening programme is offered in the border holding area. Due to staff shortages it is unfortunately not feasible at this time to do the same in the immigration detention units. Consequently neither Rotterdam DC nor Schiphol DC currently offers an evening programme. Staff recruitment efforts are, however, aimed at making this possible and in the coming period decisions will be made about offering an evening programme and how this can be achieved.

17. *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.*

At Rotterdam DC it is unfortunately not possible to give detainees continuous access to the exercise yard because the daily programme in combination with the set-up of the building preclude this. Most exercise yards are used by more than one unit, which means it is necessary to adhere to a schedule of use. Each residential unit has at least two hours' access to an outdoor area. Depending on their behaviour, detainees in the control unit also have at least two hours' access to an outdoor area.

At Schiphol DC detainees are asked twice a day – at 9.00 and at 16.00 – whether they wish to spend some time outdoors. In addition, every detainee is told when they first arrive that they can go outdoors themselves between 8.00 and 17.00 (20.00 in the summer).

18. *The CPT recommends that the Dutch authorities consider a more flexible approach [to the mandatory two-person cell policy], which would better support safety, privacy and the overall atmosphere on the units, to the benefit of detained persons and staff alike*

The Government will not follow this recommendation. The Government is of the opinion that multi-person cell use is an appropriate method of enforcing immigration detention. Rotterdam DC and Schiphol DC were constructed and fitted out for multi-person cell use. The Government sees no reason to deviate from this standpoint. Placement in a multi-occupancy cell is subject to specific criteria (Section 19(2) Penitentiary Principles Act in conjunction with Article 11a of the Regulation on the Selection, Placement and Transfer of Detainees (*Regeling selectie, plaatsing en overplaatsing van gedetineerden* (Rspog)). A detainee's suitability for placement in a multi-occupancy cell is assessed on the basis of the contraindications listed in Article 11a (2) Rspog. Possible contraindications include mental health, addiction problems, health status, and behavioural problems. The detainee's background may also be taken into account (and for criminally detained foreign nationals, the offence and any restrictions). The starting point is that every detainee qualifies for placement in a multi-occupancy cell unless a contraindication exists. Contraindications are not absolute exclusion grounds; the weight to be accorded to these indications depends on the circumstances of the case.

19. *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.*

Apart from incidental educational activities such as literacy training and housekeeping tasks, immigration detention centres do not offer the same structured work and education programmes for adults as provided in custodial institutions. Unaccompanied minors are of compulsory school age and are offered education. Children in family units in the closed family facility (not visited by the CPT during this visit) can participate in educational activities; given the short stay, this is an adapted programme.

This is a deliberate choice made by the Government. The Government takes the view that immigration detention is not an appropriate setting for education in the form of diploma or certificate programmes or structured and/or paid forms of work. In custodial institutions, work and education are geared towards learning new skills or maintaining existing skills with a view to social reintegration, particularly for people serving longer custodial sentences. By contrast, the goal of immigration detention is to ensure foreign nationals remain available for the asylum procedure, extradition or removal. Elements aimed at social reintegration such as work, education or standard leave are not compatible with the nature of the measure. Nor does the average duration of immigration detention make it feasible to offer such programmes, which tend to have long running times. Detainees can opt for self-education as a worthwhile daytime activity. The daytime activities on offer in immigration detention are based on an activity programme that is designed to match the interests of detainees and the possibilities available within the detention centre. The main aim is to offer meaningful activities that stimulate and activate the detainees. Examples include library visits, sports, drawing and painting, and activities organised by the spiritual care service.

20. *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.*

In principle, the DJI places detainees on the basis of their sex as specified in their passport or identity document. If an individual is known to be a transgender person and/or to be transitioning, an individualised approach is taken. The most suitable place for that person is sought. This process always entails a careful assessment in which the safety of all those involved is paramount. Multiple factors are taken into account in this assessment, such as physical characteristics, the safety of the detainee concerned, the staff and other detainees, the person's care needs, and, insofar as compatible with security interests, the person's own preference. After placement, the DJI continues to monitor the attitude and behaviour of detainees to determine whether the placement is suitable, consults with the person, and makes changes if necessary.

Like other detainees, transgender persons wear the clothing that they bring to the institution. They are thus able to decide for themselves what clothes they wear. If necessary, the institutions will make an effort to provide detainees with appropriate clothing.

21. *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.*

The Government will not follow this recommendation. Rotterdam DC has access to a physician who is reachable and available during the night between 22.30 and 7.30. This physician can be physically present at the institution within one hour. If the situation is more urgent, an ambulance will be called. In contrast to, for example, Schiphol DC, Rotterdam DC does not house arrestees or drugs couriers who have ingested or packed drugs in their body and sometimes require additional care at night. In addition, each institution has emergency response officers (*bedrijfshulpverlening* (BHV)) present at all times, including the night. DJI operates on the basis of the Operational BHV Handbook, which requires every institution to have local, adequate BHV teams, consisting of trained staff that is annually certified.

22. *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.*

The Government endorses this recommendation. Rotterdam DC is actively recruiting in order to fully staff the medical service.

23. *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.*

Patient care is recorded in the electronic patient records (*Elektronisch Patiëntdossier*, EPD). The DJI's EPD comprises specialised IT systems for primary care, dental care, medication and mental healthcare. Each treatment that a patient receives is recorded in these systems individually. For privacy reasons, care professionals at the DJI have only limited access to the systems outside their care domain. The systems are not designed to systematically collect and analyse aggregated medical data.

Every detainee at Rotterdam DC and Schiphol DC receives the care they need. Care is provided on the basis of placement documents or the medical intake assessment or at the request of the individual. Even if a person does not report any care needs, a need for care may be identified and care can be offered, for example after signs of self-harm in an individual are discussed during a mental healthcare team meeting (PMO). The general practitioner, nurse, psychologist and psychiatrist are all present at the PMO.

The identification of trends and possible measures to improve mental healthcare at the DJI falls under the purview of the policy PMO, where care professional discuss the quality of care and relevant policy issues with the senior and middle management of the institution.

24. *The CPT observed that entries in TULP and SIGMA 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.*

The Government agrees that use of these systems could, in some instances, be more efficient. This recommendation is therefore being given attention.

25. *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.*

This recommendation is partially followed. Within 24 hours of a detainee's arrival, an extensive medical intake assessment is carried out. A note is made in the medical record of every complaint, including injuries. In addition, the detainee is examined and a healthcare plan is agreed (treatment or no treatment, medication, further diagnostic testing etc.).

There is no separate register for recording wounds or injuries and not every detainee is examined after returning to the facility, as this would, in the Government's view, be needlessly time consuming. An appointment is made with the detainee if they have symptoms or on referral.

Every detainee can consult with the general practitioner (judicial physician) on request.

26. *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.

This recommendation is not followed as such, for the following reasons. A forensic physician can draw up an injury report at the request of the police after a criminal complaint is filed. A forensic physician examines, describes and interprets any externally visible injuries. The physician also assesses whether an observed injury is consistent with the incident reported.

An important principle is that the injury report is carried out by a specialised and independent physician who is not involved in the treatment. The attending physician is asked only to provide factual medical information about the injury and is exempted from answering questions of an interpretive nature. This is laid down in the guidance on doctor-patient privilege and law enforcement (*Handreiking Beroepsgeheim en politie/justitie*) issued by the Royal Dutch Medical Association (KNMG).

The CPT recommends establishing a register to record all types of injuries that occur in custodial institutions and, regardless of the wishes of the person concerned, ensuring that the findings of the medical examination carried out as a result of a violent incident are brought to the attention of investigation and prosecution authorities. The latter, however, is not permitted under the applicable law, without the consent of the person concerned. In the Netherlands, medical information is considered sensitive personal data. The processing of this special category of personal data is subject to stricter conditions. It is for the detainee to decide whether or not to authorise the attending physician to furnish this information to the relevant authorities is a decision.

With the consent of the detainee, the attending physician can make medical information about the injury available to the investigative authorities using a standard form provided by the KNMG. The KNMG developed this form in collaboration with the Ministry of Justice and Security for the purpose of reporting objectively observable injuries, without drawing conclusions. The attending physician may not be expected to answer questions of an interpretive nature. The form is known colloquially as the '*poppetjesformulier*', which is a reference to the body diagram on which the injury can be easily indicated.

In the light of the foregoing, there is, in the Government's view, little added value to establishing a register to systematically record all injuries in a medical file alongside the existing patient file that is available at the institution and in the registration system used by forensic physicians.

> *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.*

In the Netherlands, forensic medicine is recognised as a speciality within social medicine. The forensic medicine study programme includes training on the forensic examination of injuries sustained by victims and perpetrators of violent offences. Forensic physicians therefore have the requisite expertise and skills. This serves to ensure the forensic examination of any injury and evidence is of the highest possible quality.

27. *The CPT would like to be informed how this approach [re. the follow-up to the recording of injuries] is being developed in practise at Rotterdam DC*

Rotterdam DC follows the procedure described above in response to recommendations 25/26.

28. *[the use of the electronic MicroHIS system] The CPT welcomes [the] good practice [of using the electronic MicroHIS system] and encourages the Dutch authorities to introduce this procedure in other migration detention facilities, if not already the case.*

The Government notes that this is standard procedure in administrative immigration detention. It is standard practice to issue a medical passport to detainees when their detention ends.

29. *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.*

The Government agrees with this recommendation and would refer to its response at recommendation 13 concerning interpretation services.

30. *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.*

Detainees themselves have a great deal of influence over the duration of their stay in immigration detention and bear personal responsibility in that respect. In order to avoid measures that would encourage a longer stay, the Government has decided not to offer extra services that are dependent on the length of stay. No amendment of this official policy is foreseen.

The Government would emphasize that psychopathology is part of the DJI curriculum. Staff thus receive relevant training.

31. *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.*

Beds are and will remain available to detainees at custodial psychiatric centres. Regarding CTP Veldzicht in particular, the Government would refer the CPT to the letter of 20 March 2026 from the

Minister of Asylum and Migration and the State Secretary for Justice and Security to the House of Representatives.[3]

32. *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.*

The DJI will examine the scope for allowing detainees in immigration detention centres to use mobile phones, subject to certain conditions, and will assess the associated risks.

33. *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.*

In the recent past, detainees had limited access to the internet via computers in the unit. When those computers were rendered unusable, they were not replaced. The DJI examines the possibilities for reintroducing this option.

34. *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.*

It is standard procedure to use body-scanners in the detention centres. As the CPT recommends, this practice is deviated from only in individual cases and after a careful assessment. Section 29 Penitentiary Principles Act precludes systematic strip-searching: searches may not last longer than necessary and must be limited to situations where it is deemed necessary for the safety of the detainee, fellow detainees and/or staff.

35. *The CPT reiterates that strip searches should be performed by persons of the same gender.*

The Government notes that this recommendation supports current policy.

Criminal detention

36. *The CPT trusts that the Dutch authorities will remain vigilant to the risk of overcrowding at Ter Apel prison.*

The Government notes that at present overcrowding is not an issue, and the Government will remain vigilant to the risk of overcrowding.

37. *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.*

No record is made in the systems of the DJI and the Repatriation and Departure Service (DT&V) of whether an individual's departure is voluntary of forced. An estimated 50-60% cooperate in their departure.

38. *The CPT would like to receive information on whether [it] is the approach taken by the Minister in non-refoulement cases [that even where the authorities accept that removal is not possible on non-refoulement grounds, such persons are not eligible for a suspension of*

[3] Parliamentary Papers, House of Representatives, 2025-2026, 24 587, no. 1092.

their sentence after having served at least two thirds of it] and it wishes to be informed of the number of detained foreign nationals to whom this applies in Ter Apel prison

The Government confirms that this is indeed the approach in non-refoulement cases. The law excludes conditional release in cases of unlawful residence, as reintegration into Dutch society is not at issue. The possibility of conditional release is contingent upon actually leaving the Netherlands and, where applicable, the European Union. If that does not succeed, for whatever reason, the full sentence is served. The DJI does not keep records of this, so the requested statistical information is not available.

39. *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.*

The house rules are available in more than 10 languages in the library. If there are specific questions, unit staff will provide for a translation of the relevant passages of the house rules. In addition, the house rules are addressed during the various intakes that are held with detainees.

40. *The CPT recommends the recruitment of an additional psychologist.*

The Government endorses this recommendation. Ter Apel prison (PI Ter Apel) is working hard to fully staff its medical service. This is the case at all DJI custodial institutions, as stated above.

41. *The CPT recommends that the Dutch authorities ensure that support for prisoners with substance use disorders be increased.*

The Government endorses this recommendation. A guide on addiction care in detention for prison staff (*Handreiking verslavingszorg in detentie*) is currently being developed. It will be completed in 2026. The focus of the guidance is a comprehensive approach to tackling addiction among detainees. This means that the entire prison system and all staff need to play their part in providing effective addiction care. The guide presents a vision, an operational framework and enabling conditions for organising and implementing this comprehensive approach. Another objective of the approach is to strengthen cooperation with civil society organisations involved in addiction care.

42. *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.*

Distributing medication is not a restricted activity under sections 35, 36 and 38 of the Dutch Healthcare Professions Act (BIG). In care institutions outside the prison system there are also people who are not nurses but are nonetheless permitted to distribute medication. Staff who carry out this task are required to be capable of doing so responsibly.

A training programme has been developed for this purpose. Staff who distribute medication at DJI facilities are required to have completed an e-learning course on handling medication safely. Following this e-learning course is mandatory for staff who administer medication and it is part of the basic vocational training programme. This programme is for new DJI security staff and must be repeated every year. After successfully completing the e-learning course and the test, staff members are considered qualified to distribute medication. There is a process description for prescribing, storing and dispensing medicines that sets out how the task of distributing medication is to be carried out.

This process is a national framework, ensuring that all detention facilities apply the same working method and comply with the relevant legislation. The process description is translated into location-specific work instructions for each detention facility.

The pharmacy makes preparations in advance to ensure that the process of distributing medication in the residential units proceeds as smoothly as possible. The pharmacy packages each detainee's medication separately, and orders medication according to the time at which it is to be taken and the sequence in which they are to be distributed in the unit. Pharmacies are required to carry out an extra check before the medication is delivered to a detention centre.

The medication, which is delivered daily, is accompanied by a daily medication list for each detainee which is signed after the medication has been dispensed. The detainee also initials the list to confirm receipt of the medication. This makes it possible to trace who has distributed the medication and when, and whether there were any noteworthy particulars.

The medication lists are returned to the medical service every day. The nurse checks them and records any particulars in the medical records and, if necessary, consults with the physician.

In the Government's view, this process ensures that there is sufficient medical supervision of the administration of medication.

> *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.).*

Medication for detainees is delivered daily by a pharmacy in medication sachets (also referred to as 'Baxter sachets'). These sachets contain the dose that a single person is to take at a certain time. Working with this sachet system increases safety and simplifies the distribution process. Having nursing staff separate out certain medication and distribute it themselves is complex and, more importantly, in the Government's view, more prone to error than working with Baxter sachets. Therefore, the Government will not follow up on this recommendation.

> *Further, the Committee recommends that supervision of the administration medication is strengthened in order to reduce the risk of diversion of prescribed medication.*

Custodial institution staff supervise the intake of medication by each detainee. This is laid down in the process description for prescribing, storing and dispensing medication and in location-specific work instructions. Only specially trained custodial staff may distribute medication. There is additional supervision on administration of medication in that the nurses check the medication lists every day and make a note of any particulars in the EPD for the attending physician.

43. *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;*

Discussions concerning alterations to the building are ongoing. At present, an extra CCTV camera is being placed in the exercise yard. In addition, the fencing will be fitted with a 'skyline' canvas. The aim is to make the yard more appealing so that detainees in the Extra Care Unit (EZV) (EZV detainees), feel more at ease and are more motivated to spend some time outdoors.

In addition, PI Ter Apel is working with the facilities services department to find ways to enhance the physical separation between the EZV and the F1 Unit.

Attention is also being given to the selection of detainees placed in the (regular) F1 Unit, in proximity of the EZV. These detainees are selected in close consultation with the psychological service.

- *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;*

At the beginning of April 2026, the unit's staff completed the EZV training programme provided by DJI, complying with the CPT's recommendation that the EZV team is trained to work with the EZV target group.

In addition, a working group was established to improve the living and working conditions in the EZV. The EZV working group is currently developing a so-called phase model for EZV detainees. This model is intended to facilitate a more tailored approach to providing support, which will result in more one-on-one support and support in smaller groups.

- *fill the vacant post for a psychiatric nurse.*

The Government endorses this recommendation and PI Ter Apel is working on this.

44. *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.*

All detainees in immigration detention at PI Ter Apel can make up to 45 minutes of video calls each week to third parties – usually family members – abroad and in the Netherlands.

45. *The CPT would like to receive confirmation that prisoners in Ter Apel can now benefit from this father-child-room.*

The Government confirms that the father-child room is available. It has, however thus far gone largely unused. The situation is being studied to determine how the needs of fathers and children can be better met so that detainees are more likely to make use of the room.

46. *The CPT recommends that the phones be repaired or replaced.*

The telephones in the cells are currently operational, and any incidental malfunctions are dealt with as speedily as possible.

47. *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.*

As is the case for all Supervisory Committees, the tasks and responsibilities of the Ter Apel Supervisory Committee are laid down in law (e.g. in the Custodial Institutions Act (*Penitentiaire Beginselenwet*) and the Prison Rules (*Penitentiaire maatregel*)).

The Supervisory Committee is an independent body that supervises, advises, mediates and administers justice. Detainees can contact the Supervisory Committee in various ways, for example by speaking to the Supervisory Committee visiting officer (*maandcommissaris*), by posting a letter in the special postbox or through the Detainee Committee (*Gedetineerdencommissie*), a delegation of detainee representatives which is in contact with the Supervisory Committee.

The members of the Supervisory Committee serve as visiting officers on a monthly rota; over the course of the month they visit the institution regularly (at least once a month, often weekly) and work with detainees to resolve problems, for example through mediation. If a problem remains unresolved, a complaint can be filed.

Detainees can file complaints with the Complaints Committee. This committee is made up of members of the Supervisory Committee. Mediation is often attempted first. If mediation is unsuitable or fails, the complaint can be addressed at a hearing.

A detainee can withdraw a complaint at any time. This must be done in writing, to show that this is a conscious choice. The detainee need not give a reason for withdrawing a complaint. Sometimes complaints are withdrawn after mediation, and sometimes for other reasons. In 2025, 137 of the 652 complaints filed at PI Ter Apel were withdrawn without mediation. No other procedural requirements apply to withdrawing a complaint. If a detainee withdraws a complaint, they can refile the same complaint at a later date, as long as this happens in a timely manner.

In 2026 the Council for the Administration of Criminal Justice and Child & Youth Protection (RSJ) will review the Supervisory Committees and issue an advisory report. The RSJ is an independent body with a jurisdiction division and an advisory division. On the basis of this advisory report, the ministry will decide what improvements can be made in how the Supervisory Committees work and how complaints are dealt with. The CPT will be notified when the advisory report is published. The RSJ ensures that sentences and youth protection measures are carried out humanly and fairly. In doing so, the RSJ takes account of the legal position of detainees, the position of victims and next of kin, and public safety.

48. *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.*

The Complaints Committee, which is independent, distinguishes between complaints where mediation is suitable and those where it is not, and among the former distinguishes between practical matters and complaints about staff members. Complaints about practical matters are mediated by unit staff, complaints about staff members are always forwarded to the Supervisory Committee visiting officer (a member of the CvT; see the response to recommendation 47), who is independent. If a detainee wishes to withdraw a complaint, they must send a withdrawal form to the Supervisory Committee. If the Supervisory Committee visiting officer has successfully mediated the situation, the detainee does not need to fill in the withdrawal form. The visiting officer submits a report to the Supervisory Committee, stating the reason why the complaint has been withdrawn.

49. *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 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.*

Where appropriate, a disciplinary punishment can be terminated and a measure imposed instead. It is also possible to provide additional services and facilities while a detainee is subject to a disciplinary punishment. Detainees in the EZV are not categorically excluded from disciplinary punishment. They, too, can display culpable behaviour.

50. *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.*

The Government takes note of the CPT's recommendation. Schiphol DC aims to adopt this policy before summer 2026, and has sought to coordinate these efforts with Rotterdam DC in order to ensure uniformity in setting, formulating and implementing policy. Codification in law is part of the draft Return and Immigration Detention Bill, currently awaiting further parliamentary consideration.

51. *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.*

The principle of minimal restrictions is an important aspect of immigration detention. The aim is therefore to impose as few measures and disciplinary sanctions as possible on individuals placed in immigration detention. Such measures and sanctions are only imposed when a situation arises in which a detainee displays culpable behaviour that is so incompatible with order and/or safety in the institution or with the smooth implementation of immigration detention, that a measure or disciplinary sanction remains as the only solution. Solitary confinement as a security measure or disciplinary sanction is regarded as a last resort. Imposition of solitary confinement will only be contemplated after careful consideration of all other less intrusive options to ensure order, peace and safety in the institution.

Because of its intrusive nature, solitary confinement as a measure or sanction is imposed in strict accordance with and with due observance of all the safeguards laid down by law. One important legal safeguard is the legal obligation to ensure that communication with detainees about procedures, processes and their rights takes place in a way that they can understand. In that sense, the recommendations are consistent with the current legal framework, under which the current practice is that the governor speaks with the detainee if, as a result of an incident, a decision must be made about the imposition of solitary confinement. In order to ensure that detainees are able to exercise their right to be heard effectively, section 57, subsection 2 of the Custodial Institutions Act requires that, if necessary, an interpreter must be present to assist and that notes must be taken. The governor then takes a well-considered decision, taking the detainee's personal circumstances into account. The detainee receives a copy of this decision without delay, including the reasons for the decision. On the basis of section 58 of the Custodial Institutions Act, the detainee must receive a copy of the decision in a language that is as understandable to them as possible. The same section requires that the detainee be informed of their right to lodge a complaint against or an application for review of the decision. It is evident that under the same statutory provision this must be done in a language that is as understandable as possible to the person concerned. The recommendation to have the detainee sign the copy of the decision to confirm receipt will be followed up.

52. *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.*

Like the CPT, the DJI attaches importance to the quality of reporting by staff. This recommendation will be adopted and brought under the attention of the institutions.

53. *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*

On the basis of Section 5 (4) Penitentiary Principles Act, the governor has the authority to take all facts and circumstances of an individual case into account when making a decision on placement in solitary confinement. This authority rests solely with the director and cannot be delegated. On the basis of DJI's Information Sheet "Isolation as a (Potential) Punishment: Guidelines and Step-by-Step Plan for Staff", a detainee may be placed in solitary confinement (for the purpose of punishment or care) only if no other alternative is sufficient. If a detainee is placed in solitary confinement, this is done as humanely as possible and for the shortest possible time. Bearing in mind the need to be able to take account of individual circumstances and the differences between institutions, which can be considerable in terms of both building and organisation, a deliberate and emphatic decision was made not to translate the vision into national policy. Instead, the guidelines that have been developed leave scope for application within the institution's own practices. The detailed multi-step plan is meant to lend stability and a certain degree of uniformity to working procedures.

The need to apply solitary confinement as a punishment or measure is dependent on the individual detainee's behaviour. The nature of the legal grounds for detention does not alter that. The Government agrees with the CPT's view that solitary confinement should only be used as a last resort. However, the Government does not see why its use as a last resort should be limited to one form of detention, as the CPT recommends.