

Report

**to the Italian Government
on the visit to Italy
carried out by the European Committee
for the Prevention of Torture and Inhuman
or Degrading Treatment or Punishment (CPT)**

from 2 to 12 April 2024

The Government of Italy has requested the publication of this report and of its response. The Government's response is set out in document CPT/Inf (2024) 35.

Strasbourg, 13 December 2024

Note: In accordance with Article 11, paragraph 3, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, names of individuals have been deleted

Contents

I.	INTRODUCTION	5
A.	The visit, the report and follow-up.....	5
B.	Consultations held by the delegation and cooperation encountered	5
II.	FACTS FOUND DURING THE VISIT AND ACTION PROPOSED	7
A.	Closed Pre-removal Centres (Centri di Permanenza per il Rimpatrio or CPRs)	7
1.	Preliminary remarks	7
2.	Ill-treatment.....	11
3.	Conditions of detention	16
a.	introduction	16
b.	overview by CPR	17
c.	maintenance	18
d.	food	19
e.	hygiene and sanitation	20
4.	Regime	20
5.	Healthcare	22
a.	introduction	22
b.	staffing and interface with ASL	23
c.	fitness for detention	23
d.	medical screening on admission and recording of injuries	26
e.	confidentiality	27
f.	medical premises and medical records	27
g.	administration and distribution of medicines	28
h.	psychiatric care.....	28
i.	substance use	30
j.	age assessment	30
k.	prevention of self-harm and suicide, and hunger strike management	30
l.	deaths of detainees	31
m.	quality control and supervision.....	32
6.	Staffing and personnel.....	32
a.	introduction.....	32
b.	custodial staff complement	32
c.	contractors' staff complement	34
7.	Legal safeguards	34
a.	introduction.....	34
b.	<i>trattenimento</i>	35
c.	asylum application	37
d.	apprehension by law enforcement agencies and <i>locali idonei</i>	37
e.	forced removal	38
f.	information on rights at the CPR	39
g.	registers.....	39
8.	Vulnerable groups.....	39
9.	Contact with the outside world	40
10.	Searches	41
11.	Complaint mechanism	41
12.	Monitoring and inspection procedures	41
	APPENDIX I: LIST OF THE NATIONAL AND OTHER AUTHORITIES WITH WHICH THE DELEGATION HELD CONSULTATIONS	43

EXECUTIVE SUMMARY

During the 2024 ad hoc visit to Italy, the CPT examined the treatment and conditions of detention of foreign nationals held in four closed pre-removal centres (*Centri di permanenza per il rimpatrio* or CPRs). The visiting CPT delegation received excellent cooperation in terms of facilitating its visit, but regrettably it was not able to present its findings to the senior political leadership of the Ministry of the Interior at the end of the visit. It trusts that its recommendations will be seriously considered and fully implemented. In its report, the Committee also raises several questions relating to the detention of foreign nationals in immigration detention centres in Albania and requests the Italian authorities to ensure that foreign nationals detained overseas under Italian jurisdiction are provided with decent living conditions, treated with respect and afforded their fundamental safeguards (information on rights, notification of custody, access to a lawyer and access to a doctor).

The report describes several cases of physical ill-treatment and excessive use of force against detained persons by police staff in the CPRs visited. This notably concerned interventions in the detention modules of a CPR following a critical event and the CPT identifies several shortcomings such as the absence of any rigorous and independent monitoring of such interventions and the lack of an accurate recording of injuries sustained by detained persons or of any assessment as to their origin. The Committee is also critical of the widespread practice of the regular administration of unprescribed psychotropic drugs to the detained population at the Potenza CPR, as well as the prolonged handcuffing of persons apprehended on the territory during their transfer to a CPR.

With regard to material conditions, the Committee notes the physical layout of CPRs in relation to its carceral aspects, such as metal bars and grilles on windows, reinforced armour and cage-like outdoor facilities. The report recommends removing the carceral elements and ensuring a proper maintenance of the infrastructure, notably the sanitary facilities. The interpersonal skills of custodial staff should also be enhanced. Other shortcomings identified in the report relate to the poor quality of food provided to detained persons and the shortage of stocks of toiletries and pillows.

Turning to the regime of activities offered to detained persons in the CPRs visited, the CPT found that they were effectively being warehoused. At the time of the visit, the relevant contractors were only investing minimal efforts to offer a few activities of a recreational nature. Such an imbalance between the activities envisaged in the relevant tender specifications (*Capitolato*) and the impoverished regime provided in practice has led to the opening of several criminal investigations. The CPT advocates for a full range of purposeful activities to be introduced, particularly in the light of the extension of the period of detention up to a maximum of 18 months. The presence of cultural mediators and psychologists in the CPRs should also be increased.

The assessment of the healthcare provided to foreign nationals held in CPRs shows that there is a need to improve its provision. The current system of doctors certifying a person as fit for detention should be reviewed to ensure that doctors with prior experience and knowledge of the conditions in a secure setting are involved. The CPT also considers that the medical screening of detained persons on their admission to a CPR should be improved, that the practice of widespread administration of psychotropic drugs be reviewed, that the interface between contractors and national health authorities be strengthened and that clinical protocols for the prevention of suicide and the management of hunger strikes be adopted.

The CPT considers that there is a need to create a dedicated corps of detention officers who are adequately trained in the specific challenges of supervising persons placed in immigration detention centres, in particular as regards interpersonal skills and the ability to recognise symptoms of possible stress reactions. Further, the number of cultural mediators should also be increased. The report concludes that the Italian authorities need to reflect on the lessons learned from the privatisation of the management services of CPRs and whether this is a suitable model.

With regard to the legal safeguards afforded to persons subject to a *trattenimento* in a CPR, the CPT recommends that access to a lawyer be improved (which should include the possibility to have a confidential consultation prior to the hearing and to put in place a system that ensures ongoing legal support). Further, foreign nationals should have access to professional interpretation services. The CPT also calls for a better regulation of the procedure for detaining persons in so-called *locali idonei* (holding areas in National Police Headquarters (*Questure*), in ports, airports and border crossings). Persons held in these *locali idonei* are not afforded the necessary safeguards such as information on their rights, access to a lawyer and notification of their detention to a third party. This should be redressed.

Foreign nationals detained for the purposes of being removed should be informed well in advance of their imminent forced removal and the information provided to foreign nationals when they are admitted to a CPR should be improved.

The CPT also makes recommendations on the need to better identify and address the vulnerabilities of persons detained in a CPR, to improve access to the outside world, to streamline the complaints procedure and to ensure stricter control and supervision of the activities of the management of CPRs by the relevant *Prefetture*.

I. INTRODUCTION

A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as “the Convention”), a delegation of the CPT carried out an ad hoc visit to Italy from 2 to 12 April 2024. 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 examine the treatment, conditions of detention, legal safeguards and quality of healthcare provided to foreign nationals held in four of the nine operating Closed Pre-removal Centres (CPRs) throughout the country.

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

- Alan Mitchell, President of the CPT (Head of delegation)
- Kristina Pardalos

They were supported by Christian Loda of the CPT Secretariat, and assisted by an expert, Marius Caruana, Lead Doctor of the Migrant Health Service in Malta.

3. During its visit the delegation visited four of the eight operational CPRs: Gradisca CPR, Milan CPR, Potenza CPR and Rome CPR.

4. The report on the visit was adopted by the CPT at its 114th meeting, held from 1 to 5 July 2024, and transmitted to the authorities of Italy on 25 July 2024. 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 Italy 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

5. In the course of the visit, the delegation met with senior officials from the Ministries of Interior, Justice and Health in charge of the management of CPRs. Further, meetings were held with the newly appointed Board of the National Guarantor of the Rights of Persons Deprived of their Liberty, which operates as the Italian National Preventive Mechanism (NPM), as well as with representatives of non-governmental organisations active in the area of immigration detention.

6. On the whole, the delegation received excellent cooperation during the visit by the Italian 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 it required to carry out its task. However, it was particularly unfortunate that the Committee’s delegation was not given an opportunity to present its main findings to the senior leadership of the Ministry of the Interior at the end of its visit. This is all the more regrettable given the serious and disturbing findings in the CPRs concerning the poor material conditions of detention and carceral design, the absence of a regime of purposeful activities, the inadequate management of critical events and the lack of adequately trained custodial staff, as well as certain problematic practices regarding healthcare (notably in the area of fitness for detention and its reassessment). The fact that the management of several CPRs is the subject of ongoing criminal investigations by different prosecuting authorities is a further indicator of the gravity of the situation.

The CPT has repeatedly stressed that the principle of cooperation, as set out in Article 3 of the Convention, is not limited to facilitating the work of visiting delegations, but also requires that the recommendations made by the Committee be effectively implemented in practice. In this respect, the response given by the Italian authorities on 17 June 2024 to the preliminary observations of the CPT's delegation, although informative on some specific aspects of the management and conditions of the specific CPRs, failed to address the systemic and fundamental concerns expressed by the delegation to the Italian authorities at the end of its visit and in its written preliminary observations. Consequently, the Committee trusts that the Italian authorities will provide a comprehensive and substantive response to the recommendations set out in the present report, including as regards the current model of operating the CPRs.

The Committee considers that the CPRs are not fit for purpose and that the treatment of persons held within them needs to significantly improve. Implementing the necessary changes is the responsibility of the Minister of the Interior and his team, and ultimately, of the Presidency of the Council of Ministers.

Having regard to Article 3 of the Convention, the CPT calls upon the Italian authorities to take resolute action to improve the approach and the general situation in CPRs in the light of the Committee's recommendations.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

A. Closed Pre-removal Centres (Centri di Permanenza per il Rimpatrio or CPRs)

1. Preliminary remarks

7. In the course of 2023, the Italian Government introduced a state of emergency in relation to the management of irregular migration,¹ which consisted of a set of new legal measures aiming at the management of the increased flux of arrivals,² the fight against human trafficking rings and concerning, *inter alia* the legal framework for the detention and forced removal of migrants (including asylum seekers). The main novelties introduced by Law-Decrees No. 20 of 10 March 2023, No. 124 of 19 September 2023 and Law No. 14 of 21 February 2024 include: 1) the extension of the maximum period of detention of foreign nationals in Closed Pre-removal Centres (CPRs) to a maximum of 18 months, subject to revision every three months (see paragraph 77); 2) increased possibilities to detain asylum seekers under given circumstances through an accelerated procedure at the border;³ 3) exceptional and simplified legal and financial conditions for the construction of new CPRs on the Italian territory ; 4) the externalisation of migration management through the Italian-Albanian Protocol including the construction of reception and pre-removal centres on Albanian territory to be managed by Italian staff and contractors and placed under Italian jurisdiction (see paragraph 12).

8. Furthermore, the security situation in the CPRs in 2023 was characterised by a number of critical events, including riots, fires, acts of vandalism, frequent escapes, episodes of self-harm and suicide, which at times resulted in heavy damage to the immigration detention estate. This has led to the Italian authorities having to undertake constant maintenance works and the temporary closure of some facilities pending their refurbishment (see paragraph 29). Finally, a series of investigations has been opened in the course of 2023 against the management of two CPRs for a streak of alleged criminal offences in relation to the mismanagement of funds and the fictitious provision of services to detained persons, as well as the excessive and forceful medication of persons detained in CPRs (see paragraph 25).

9. At the time of the CPT's visit, the estate of CPRs consisted of eight operational establishments, accommodating 450 foreign nationals for an overall capacity of 585 places.⁴

The profile of the population accommodated in CPRs was quite diverse. In principle it consisted of foreign nationals subject to an administrative or judicial expulsion order who are considered as socially dangerous in light of their criminological profile;⁵ or who originate from countries with which Italy has concluded re-admission agreements; asylum seekers originating from safe countries and

1. On 11 April 2023, the Council of Ministers approved the state of emergency on immigration, extending the initial six-month period until October. This allows the Government to adopt extraordinary and urgent measures to deal with the migrant emergency, such as derogating from the procurement code and creating new reception facilities and closed pre-removal centres or CPRs.

2. According to official data from the Italian Ministry of the Interior, a total of 157 652 migrants arrived in Italy in 2023, mainly by sea along the so-called Central Mediterranean route. This was up from 105 131 in 2022 and 67 477 in 2021.

3. Law-Decree No. 20 of 10 March 2023 introduced the hypothesis of detaining asylum seekers during the course of a border procedure. Detention is applied "*for the sole purpose of ascertaining the right to enter the territory of the State*" (Art. 6-bis of Legislative Decree No. 142/2015) and may be ordered in certain circumstances if the applicant has not surrendered a valid passport or other equivalent document or does not provide an appropriate financial guarantee. The border procedure may apply to all persons coming from safe countries of origin unless they are minors or belong to a vulnerable category. Validation, carried out by audiovisual link, entails detention for a maximum non-extendable period of four weeks.

4. The Italian Ministry of Interior informed the CPT delegation that in reality the overall capacity of the estate should stand at 1 398 places, only 41% of which was operational due to the necessity to refurbish damaged facilities.

5. In particular, if the foreign nationals have been sentenced for crimes which required immediate apprehension with a specific focus on drug related offences, sex related offences, trafficking etc.

who were considered at risk of absconding and in light of their presumed risk to the public order;⁶ and persons who are subject to a judicial expulsion order issued at the end of their sentence or as an alternative sanction measure.⁷

The CPT delegation did not visit the secured areas of Hotspots (crisis points), where newly arrived foreign nationals could officially be detained under an accelerated asylum procedure for a maximum period of four weeks.⁸ Furthermore, the Italian authorities introduced in 2018 the possibility of detaining foreign nationals subject to an expulsion order also in so-called suitable premises (*locali idonei*) in National Police Headquarters (*Questura*), transit zones in ports and airports as well as border crossings (see paragraph 87) in case of lack of available space in a CPR.

10. In terms of indicators, the average period of detention in the Italian CPRs stood at 38.6 days in respect of the 1 446 foreign nationals detained during the first trimester of 2024. During 2023, 6 667 foreign nationals had been detained for an average period of detention of 36.7 days. The rate of forced removals of persons accommodated in CPRs was 41% in the first trimester of 2024, 47% during 2023 and 49% in 2022. The fact that less than half of the foreign nationals detained in CPRs were effectively repatriated has been criticised by the NPM and civil society.⁹ In the view of the Italian authorities the relatively low forced removal rate was justified by the variegated and diversified categories of the persons detained and the feasibility of effectively conducting a forced removal.¹⁰

The management of the CPRs (including the provision of healthcare) was assigned to private contractors following a tender process awarded to the Ministry of the Interior (*Prefettura*) in line with specific tendering specifications (*Capitolato*) for a period of four years. The security-related and custodial aspects of the CPRs were entrusted to a collaborative effort involving several law enforcement agencies, under the guidance of the National Police Headquarters (*Questura*).

Finally, the Immigration Service of the local *Questura* assumed responsibility for the management of the legal aspects of the detention of migrants (i.e. registration of detention, preparation of the court hearings on validation and extension of detention, registration of asylum applications, as well as for pre-removal preparation).¹¹

6. Subject to an individual assessment but in principle in light of previous court sentences in relation to the criminal offences listed in footnote No. 5.

7. Pursuant to Article 14, paragraph 5 of the Unified Immigration Act (*Testo Unico sull'Immigrazione* or TUI) a foreign national who has already been detained in prison facilities for a period of six months may be detained for a maximum of twelve months. Further, according to Article 16, paragraph 5 of the TUI a foreign national can also have their criminal sentence commuted to an expulsion order as an alternative sanction.

8. The two dedicated crisis points at Lampedusa and Pozzallo Hotspots were empty at the time of the visit.

9. See in this respect the [March 2023 Thematic Report of the Garante Nazionale](#) on its monitoring activity of CPRs which refers to the relatively low forced removal rate of persons detained in a CPR in the following terms: “..administrative detention is only possible where there is a real prospect of deportation and cannot be a solution to other problems, such as presumed social dangerousness, which should in any case be dealt with by other instruments”.

10. The Italian Ministry of Interior informed the CPT delegation in writing at the outset of the visit: “Finally, it should be noted that the CPRs are not only intended for the detention of third-country nationals awaiting forced removal, but also for the detention of EU citizens subject to removal orders, as well as those asylum seekers, considered dangerous, for whom no return decision has been issued, thus further eroding the already insufficient detention capacities for the return of third-country nationals. As evidence of the significant incidence of detention for the purposes of effective return, it should be noted that in 2021 65.68% of foreigners were returned following detention in CPR. This incidence reached 73.28% in 2022 and is around 69% in the current year. However, the effectiveness of the return system is affected by the low number of available places in the CPR. The table below shows that, in the periods of reference, the percentage of places allocated in the CPR was low because often, when faced with requests from the *Questura*, there were no places available. It should also be noted that a significant portion of the available places was dedicated to the detention, for the purpose of forced removal via charter, of Tunisian citizens who arrived irregularly in Italy following disembarkation events.”

11. Detention in the CPRs is indispensable in order to obtain from the diplomatic representations of the third countries concerned the documents necessary to repatriate undocumented foreigners who are the recipients of removal orders from Italy, or to organise the forced removal flight.

11. The four CPRs visited by the CPT delegation were:

i. The Gradisca d'Isonzo CPR was previously a barracks belonging to the Italian Army, which was converted into a CPR in 2019. It comprised three areas (denominated as green, blue and red) with a total of 21 detention modules and was accommodating 79 foreign nationals for a capacity of 90 places at the time of the visit. The establishment had an average detention period of 32.5 days in the first trimester of 2024. It was managed by the Ekene Company, which had successfully won the tender in 2021; a new tendering process had just been launched by the local *Prefettura* at the time of the visit.

ii. Milan CPR (Via Corelli) was located on the Eastern suburbs of the city. At the time of the visit, the establishment was accommodating 45 foreign nationals in two symmetrical one-storey detention modules of identical layout (the remaining two being under renovation) for an overall capacity of 48 places. Following the opening of a criminal investigation against the management of the contracting company *La Martinina* in November 2023, a judicial administrator had been appointed to oversee the CPR.¹² The average period of detention was found to be at 23 days in the first trimester of 2024.

iii. The Potenza CPR, located in the Municipality of Palazzo San Gervasio 70 kms north of Potenza, consisted of 17 one-storey detention modules distributed across an L-shaped area. It was accommodating 90 foreign nationals for a capacity of 96 places. The establishment was managed by the contracting company *Officine Sociali*, which had taken over the management following the launching of a criminal investigation against the management of the former contractor (*La Martinina*) as well as some members of the custodial staff, for a series of alleged criminal offences including ill-treatment of detained persons, mismanagement of funds and forced medication.¹³ The average period of detention amounted to 37 days during the first trimester of 2024.

iv. Rome (Ponte Galeria) CPR, located 16 kms south-east of Rome, consisted of two symmetrical detention blocks (of 14 and eight modules each) and was accommodating 79 foreign nationals (including three women) for an overall capacity of 85 places. The establishment was managed by the Swiss-based contractor ORS (responsible for the management of a number of immigration detention centres across Europe). The average period of detention was approximately 27 days. The establishment had come under close public scrutiny following the suicide of young Guinean national on 4 February 2024 and subsequent unrest by the detained population, which resulted in extensive damage to the facility (see paragraph 63).

12. At the outset of the visit, the CPT delegation was informed of the current status of the construction of immigration detention centres in Albania consisting of a first-entry identification centre and Hotspot in the port of Shëngjin, and, in the nearby town of Gjadër, another Hotspot with a

12. On 21 December 2023, the judge for preliminary investigations in Milan ordered the urgent preventive seizure of the branch of the company that managed the Milan CPR (*La Martinina*) in light of serious gaps in the staff and provision of services with reference to the quality of the food, poor hygiene, and quality of the provision of healthcare. Further, it also emerged that on 13 November the Prefecture of Milan renewed the contract with the company for another year, until 31 December 2024. For this reason, the public prosecutor's office felt that it was necessary to put an end to the "persistent illegal situation" that had "serious consequences" for the migrants.

13. Two proceedings were underway at the Court of Potenza for fraud, material and ideological misrepresentation of a public official, ill-treatment, fraudulent prosecution and misleading the public. On 29 December 2023, the competent judge ordered precautionary measures against an inspector of the Potenza police headquarters, the administrators of the managing body (*Engel Italia*, which managed the centre until 30 June 2023), and two doctors working at the CPR.

capacity of 880 places¹⁴ and one Closed Pre-removal Centre/CPR for a capacity of 144 places.¹⁵ Foreign nationals would be transferred to these facilities following their interception at sea by the Italian authorities during search and rescue operations, in accordance with the protocol agreed with Albania and the consequent legislation.¹⁶ The Italian Ministry of the Interior confirmed to the CPT delegation at the outset of the visit that both centres will operate under Italian extra-territorial jurisdiction on Albanian soil.¹⁷ The Albanian authorities will be responsible for supervising the external perimeter of the centres and providing emergency healthcare assistance to foreign nationals in case of need.¹⁸ At the time of the visit, preparations were ongoing in relation to the construction of the centres, the selection of custodial staff, the adoption of necessary secondary legislation, and the awarding of the contract for the management of the centres.¹⁹

Nevertheless, there remains some uncertainty regarding the generalised *de facto* detention of all persons transferred to Albania,²⁰ the modalities of the identification of vulnerable foreign nationals before being transferred to Albania, the operation of legal safeguards and judicial hearings during the detention phases,²¹ the processing of asylum applications, and the risk of *de facto* prolonged detention of foreign nationals.²² Additionally, open questions remain regarding the conduct of forced removal operations and escorting staff, the healthcare interface with the Albanian authorities²³ and the monitoring activities and processing of complaints lodged by detained persons to the *Garante Nazionale*.

14. This is intended to be a facility acting as a hotspot for the arrival of migrants: where first entry identification procedures will be carried out (health screening procedures, identification and collection of asylum applications, if any), after which the migrants will be transferred to the facilities in Gjadër.

15. A facility operating a CPR to which persons who have had their asylum application denied will be transferred pending their forced removal. Further, there is also a plan to build a 20-place pre-trial penitentiary facility for the detention of persons suspected to have committed criminal offences within the above-mentioned reception and detention facilities.

16. The Law No. 14 ratifying and executing the Protocol between the Government of the Republic of Italy and the Council of Ministers of the Republic of Albania on Strengthening Cooperation in Migration Matters was adopted in Rome on 6 November 2023. The Rules of Coordination with the Protocol were approved on 21 February 2024.

17. According to Article 4, paragraph 1, of the Law No. 14 adopting the protocol, migrants present in these facilities are subject, insofar as they are compatible, to the Consolidated Text of Legislative Decree No 286 of 25 July 1998, Legislative Decree No 251 of 19 November 2007, Legislative Decree No 25 of 28 January 2008, Legislative Decree No 142 of 18 August 2015, and the Italian and European regulations concerning the requirements and procedures relating to the admission and stay of foreigners in the national territory.

18. As far as order and security are concerned, the Italian authorities are competent within the facilities, while the Albanian authorities ensure the maintenance of public order and security within the external perimeter of the Areas and during transfers by land, to and from the Areas, which take place on Albanian territory (Article 6 of the Protocol).

19. The management of the three facilities was awarded to the company Medihospes on 6 May 2024 by the *Prefettura* of Rome which was considered as responsible for overseeing the entire operation. The tender amounts to 151.5 million euros for the three centres.

20. It is to be presumed that all persons disembarked will be detained pursuant to Article 6-bis of Legislative Decree No. 142/2015 and/or Article 14 of the Consolidated Migration Act (*Testo Unico sull'Immigrazione* or TUI) and subject to *trattenimento*.

21. It is expected that all judicial hearings concerning the *trattenimento* of irregular migrants and asylum seekers in front of the competent lay judges and magistrates of the Court of Rome will take place online and that the competent lawyers will also assist their clients via remote legal assistance.

22. During the transfer to Albania and until the completion of entry procedures, the foreign national would be subject to the Italian authorities without a detention order. Furthermore, the status of the person whose maximum period of detention has expired, or whose detention is not validated or extended but who is not allowed to leave the centre since they do not have the authorisation to enter Albania, remains unclear. It would be remiss of us not to consider the plight of the asylum seeker who is denied international protection, but who is unable to be repatriated due to a lack of readmission agreement with their country of origin, and their situation after the expiration of the deadline. In such cases, there is a risk of *de facto* deprivation of liberty, since foreign nationals are prohibited, in any case, from leaving the areas used by the Italian State.

23. For instance, the issue of transfers between facilities, transfers to Italy and transfers to the country of origin in the case of forced removal.

13. The CPT would like to receive information from the Italian authorities on how they intend to resolve the above-mentioned unresolved issues in the context of the detention (*trattenimento*) of foreign nationals in the Gjadër CPR and other detention centres/Hotspots to be constructed in Albania in particular as concerns the remaining legal gaps related to the extra-territorial nature of the operation.

14. Further, the findings of the 2024 visit outlined in this report, notably in relation to the very poor material conditions, absence of regime of activities, disproportionate security approach, variable quality of healthcare provision, as well as the complexities of the management of CPRs by private contractors, call into question the very use of such a model in Albania.

The CPT recommends that the Italian authorities review the operation of the current CPR system to ensure that these centres can ensure that all foreign nationals detained in a CPR are offered decent living conditions, afforded basic safeguards and treated with respect and in a manner that upholds their dignity.

2. Ill-treatment

15. At the time of the 2024 ad hoc visit, the majority of detainees told the delegation that they had been treated correctly by staff (both contractor and custodial) in the four CPRs visited. However, a few allegations of physical ill-treatment and excessive use of force were received with evidence found in the relevant documentation examined by the delegation. These were mainly related to the management of the numerous critical events which occurred in several centres, consisting of escape attempts, acts of vandalism, protests and riots, and episodes of individual detainees' psychomotor agitation, which required the assistance of the special intervention groups (*Interforze*) within the CPRs detention modules.²⁴

For example:

- i. On 11 February 2024, a team of 15 officers from the *Guardia di Finanza Interforze* complement entered Module C of Milan CPR in full anti-riot gear following an episode of excessive agitation by a detainee, who had started banging on the windows and insulting and provoking staff in front of the CCTV camera installed in the corridor, and spilling bath soap on the floor of the main corridor of the module. During the intervention, the detainee in question had managed to push an officer, causing him to stumble on the slippery floor which prompted other officers to respond by striking him several times with truncheons on various parts of his body and pushing him to the ground with shields in order to immobilise him. In addition, another detainee who was offering resistance was subdued with shields and hit several times with truncheons on various parts of his body. Both detainees were removed from the detention area by the intervention team, escorted to the infirmary and subsequently hospitalised.²⁵ The medical reports issued by the Milan *Policlinico* General Hospital on the same day indicated that the first detainee had been subjected to "some form of physical assault, with injuries to his left lower leg and chest". Further, an X-ray examination revealed closed fractures of the 4th, 5th and 6th ribs on his right side. With regard to the second detainee, the hospital report dated 11 February 2024 indicated that he had been struck several times with batons and displayed some minor abrasions on the parietal area, a bruise on his left arm, and a large bruise on his right foot which would require a six to seven-day recovery period. Both detainees were consequently declared unfit for detention and released from Milan CPR.

24. As mentioned in paragraph 10 special intervention groups from the *Interforze* in principle consisted of members of different law enforcement agencies (*Carabinieri*, *Guardia di Finanza* and National Police) who were on duty and deployed just outside the detention facilities of CPRs, and who would only intervene in case of critical events under the direction and supervision of the shift commander on duty.

25. During the intervention several other detainees were circling the intervention group and throwing various objects in order to prevent the extraction of the two detained persons.

ii. On 29 February 2024, an intervention team of the *Interforze* component entered a detention module of Gradisca CPR with the intention of restraining and removing a detainee who was displaying signs of psychomotor agitation and was actively damaging property. The video footage examined by the delegation showed that police equipped with helmets, knuckle-protective gloves, batons and shields, intervened to restrain the individual, causing him to fall and hit a concrete platform with his face, resulting in a visible amount of blood on the ground. The delegation was also able to observe the use of a baton by a member of the intervention group, who struck the knuckles of the resident's right hand in an attempt to force him to release the fence running between the detention rooms and courtyard, to which he was clinging. A medical examination report drawn up on 1 March 2024 after the escorting of the detainee to the CPR's doctor resulted in the following entry being included in the detainee's medical record: "*bruising on the lip*" without any reference to its alleged cause.²⁶

iii. A person met by the delegation at Potenza CPR alleged that he had been ill-treated by two members of custodial staff belonging to the *Guardia di Finanza* who were escorting him to the infirmary on 2 April 2024. He stated that they inflicted multiple truncheon blows to various parts of his body as a result of his psychomotor agitation. Subsequently, after being escorted to the Emergency Department of Melfi Hospital, an entry was made in a medical report stating that he had been hit with punches and kicks by "known persons, on his right elbow and right ankle" and that he "displayed various bruises". Apparently, it was only on his own initiative and that of the Director of the CPR (rather than the medical staff) that a criminal complaint was lodged with the Melfi National Police Station. Records showed that on 4 April 2024, the detainee in question had declined to enter the detention area after his return from the infirmary, requesting to see proof that the above-mentioned medical report had been sent to his lawyer.

16. The CPT recommends that a clear message be delivered, through a formal statement from the senior level of the Ministry of the Interior to all police officers working in CPRs that any form of ill-treatment of persons deprived of their liberty is unacceptable and will be punished accordingly. It should also be reiterated to police officers that, when carrying out the apprehension of a recalcitrant person or bringing a violent and/or agitated person under control, no more force than strictly necessary is to be used and, once the person concerned has been brought under control, there can be no justification for striking them.

17. The CPT is aware that the task of intervention units is often difficult and dangerous and that the use of force against detainees might be necessary when performing that task. Any force used during the intervention must nevertheless be limited to what is strictly necessary. In addition, as soon as recalcitrant detainees have been brought under control, there can be no justification for them being struck.

Moreover, where allegations of ill-treatment are made, there should always be a prompt and thorough investigation into the veracity of these allegations.

The CPT also considers that interventions in immigration detention centres should take place in the presence of an authority which is fully independent both of the security forces concerned and the detention facility and is charged with observing and subsequently reporting upon the way in which the intervention was carried out. The presence of such an authority would have a dissuasive effect on anyone minded to ill-treat detained persons and greatly facilitate the investigation of any allegations of ill-treatment and the correct attribution of any blame.

The CPT recommends that all future interventions by external units meet the requirements set out in this paragraph, including independent monitoring.

Further, it would like to be informed whether any action has been taken to investigate the allegations of physical ill-treatment by police officers in the context of the above-mentioned

26. The detained person had been subsequently transferred to a pre-trial detention facility in relation to a separate criminal offence.

interventions at Milan and Gradisca CPRs, as well as in relation to the criminal report filed about Melfi Police Station.

18. The examination of documentation such as CCTV footage, registers of critical events and service reports (*relazioni di servizio*) of recent operations of the intervention groups at some of the CPRs visited revealed that the police reports, although complete, did not always provide a precise justification of the modalities for the use of force. Further, an assessment of their compatibility with the allegations of the detained persons or the possible dynamics of their origin was missing. The reports in question were, in principle, forwarded to the relevant police hierarchy²⁷ and notified to the competent prosecution authorities in order to highlight the criminal responsibility of the behaviour of the detained persons. However, the responsibility for the origins of the injuries sustained by detained persons was not investigated nor referred to, despite the fact that the relevant medical documentation was attached to the reports in question.

The CPT recommends that the Italian authorities ensure that reports (*relazioni di servizio*) on the use of the *Interforce* component's intervention teams in CPRs be drawn up promptly and accurately. Assessment of the compliance of the use of coercive measures with the principles of necessity, proportionality and legality must be carried out on the basis of an analysis of all relevant information by the immediate superior.

Finally, reports on the use of means of restraint in relation to detained persons should be drawn up in respect of all cases in which the use of force was necessary, with particular attention being paid to injuries sustained by detained persons, with regard to their origin and compatibility with the dynamics described in the report.

19. The delegation also received allegations from persons of Sub-Saharan African origin, whom it met at the Rome CPR, concerning a series of incidents of physical ill-treatment by staff when they were held in Macomer CPR. The allegations consisted of truncheon blows and punches by identified members of custodial staff (notably belonging to the Carabinieri), as well as slaps and punches by an identified cultural mediator of Moroccan nationality. It was also alleged that foreign nationals were frequently *de facto* segregated and isolated in a section of the establishment, which is not provided for in the Italian legal framework in the context of CPRs. The Committee understands that a criminal complaint has been lodged with the Public Prosecutor's Office of Oristano. **The CPT would like to be informed of the outcome of the investigation on the above-mentioned criminal report.**

20. As mentioned in paragraph 87 foreign nationals may be apprehended by the police on the Italian territory and brought to a police establishment for identification purposes due to their irregular status. They may be held for up to 48 hours in one of the so-called suitable premises or "locali idonei". The delegation received some allegations of physical ill-treatment by law enforcement officers consisting of truncheon blows, apparently to manage the foreign nationals' recalcitrant behaviour, at the time of apprehension or following their transfer to a police establishment or escorting to a healthcare facility. In a number of cases, the delegation found evidence in these persons' medical files of injuries having been sustained upon their admission to the CPR.²⁸

For example: a detained person just admitted at Gradisca CPR at the time of the CPT's visit was arrested by the police on 2 April 2024 in Genoa and brought to the local *Questura* for questioning, where he claims to have spent 48 hours. On 4 April 2024, due to his agitated behaviour after learning about his mother's death, he was escorted to the hospital. Here he alleges to have been forcefully restrained, with his left arm having been clamped under his armpit in order to stabilise his hand and allow bloodletting and to receive an intramuscular injection.

27. Namely, the National Police Station territorially competent for the CPR, and the commander of the relevant law enforcement agency to which the members of the intervention group belonged.

28. In addition to the case described below, the delegation found other instances of detained persons displaying at the time of their admission to Rome and Milan CPRs injuries suggestive of physical ill-treatment having been inflicted at the time of the aborted forced removal.

He further alleged that one of the five police officers accompanying him delivered a punch to his right eye while he was being restrained to a stretcher. At the time of his admission at Gradisca CPR on 6 April 2024 in the presence of the delegation's doctor the following injuries were visible: a periorbital hematoma around the right eye; an abrasion under his left armpit and along the inner part of his left upper arm; a needle puncture wound over his mid-biceps surrounded by significant bruising consistent with an attempt at venipuncture and a second needle puncture wound over his right mid-bicep with no surrounding bruising consistent with a successful attempt at venipuncture; two circular bruises, each 4 to 5cms in diameter, over his lower triceps; a needle puncture wound over his left bicep with minimal surrounding bruising compatible with an intramuscular injection. These injuries had not been recorded in the medical certificate on fitness for detention issued on 5 April 2024 by the Genoa Hospital.

Further, the detained person still displayed visible dry tape adhesive on the skin around the full circumference of the left wrist, compatible with fixation by tape. The above findings were considered by the delegation to be consistent with the allegation of ill-treatment. The injuries were noted by the CPR doctor at the time of his admission and the Director of the CPR told the delegation that the *Pretettura* of Gorizia would be informed.

21. The Ministry of Interior should make it absolutely clear to police officers that striking foreign nationals who show recalcitrant behaviour during their apprehension and detention is both unacceptable and unprofessional. In the Committee's opinion, such operations require a particularly high degree of scrutiny by the police hierarchy in light of the fact that they are not surrounded by clear legal safeguards for the prevention of physical ill-treatment.

22. As mentioned in paragraph 52, the records of injuries sustained by detainees at the time of their admission to CPRs (including from aborted forced removal operations) as well as during intervention group operations within detention areas, were rather scant. They did not always provide sufficient detail regarding the origin of the injuries, or their consistency with the alleged dynamics of their origin. Even when detainees were making clear allegations about the injuries having been inflicted by law enforcement officers, expressions were employed such as "persons known to the person" in order to cast a veil of ambiguity as to the actual alleged perpetrator(s). Further, at all of the CPRs visited, neither doctors nor other members of the healthcare staff appeared to be aware of their duty to report injuries which might be indicative of police ill-treatment to the prosecutorial authorities as clearly stipulated in the Italian criminal legislation.²⁹

23. The CPT recommends that steps be taken to ensure that the medical services at the CPRs visited and at CPRs throughout the country, fully play their role in preventing ill-treatment, by ensuring that the record drawn up after the medical screening contains:

- (i) a detailed description of the objective medical findings based on a thorough examination;**
- (ii) statements made by the person concerned that are relevant to the medical examination (including a description of their state of health and any allegations of ill-treatment); and**
- (iii) the observations of the health-care professional in relation to (i) and (ii), indicating, where possible, the consistency of any claims made with objective medical findings.**

Traumatic injuries observed during the medical examination should be recorded on a special form, including "body diagrams" to indicate traumatic injuries, which shall be kept in the detainee's medical file. In addition, photographs of the injuries should be taken and placed in the medical file. If necessary, additional examinations should be carried out (imaging,

29. More specifically: depending on the case, an obligation to report under Article 331 of the Code of Criminal Procedure for doctors who, in their capacity as public officials or persons in charge of a public service, become aware of an offence in the course of their duties or service, and an obligation to report under Article 334 of the Code of Criminal Procedure for all healthcare professionals in general (including nurses).

gynaecological examination). In addition, a special trauma register should be kept in order to have an overview of the time, extent and type of injuries observed.

In addition, a procedure should be established to ensure that whenever a doctor records injuries consistent with allegations of ill-treatment, the information recorded is systematically brought to the attention of the competent prosecuting authorities, namely the public prosecutor and the director of the institution. The results of the examination should be made available to the detainee and their lawyer. Doctors working in CPRs, as well as civil hospitals that have a cooperation interface in the light of the MoU of the relevant *Prefettura*, should be reminded of their reporting obligations in light of Italian criminal legislation.

24. As mentioned in paragraph 87, the delegation received several complaints from persons arrested by the police about the modalities of their subsequent transfer to the CPRs. They were handcuffed for hours in a police vehicle without being offered food and water, during journeys of several hours from different ends of the country (including transfers from the mainland to Sardinia). The CPT delegation observed several detained persons at all CPRs visited who showed signs of neuropraxia on their wrists as a result of tight and prolonged handcuffing. The CPT considers that the combination of the practice of prolonged handcuffing with deprivation of food and drink for hours on end may amount to inhuman and degrading treatment.

The CPT recommends that all law enforcement agencies involved in the transportation of foreign nationals from police detention facilities or border zones to CPRs be reminded of the unacceptable nature of handcuffing detained persons, especially for prolonged periods, without a risk assessment.

Further, the CPT recommends that all detained persons transported by the police to CPRs have ready access to drinking water and be given food at appropriate times, including at least one full meal (that is, something more substantial than a sandwich) in the case of long journeys throughout the country, free of charge as well as being afforded regular toilet breaks.³⁰

25. At the CPR of Potenza, the delegation observed the widespread administration of psychotropic medication diluted in water to the detained population by healthcare staff without medical prescription or supervision (see also paragraph 56). Administration of medication in such a manner could create a dependency, withdrawal risk and, in the Committee's view, raises clear issues of inhuman and degrading treatment.³¹ For example, not only was the delegation confronted with detainees showing clear signs of overmedication,³² but it was also able to witness detainees screaming and loudly expressing their need for drops to be administered to them.³³ This practice was also the subject of an ongoing criminal investigation against the management and one of the doctors working at the CPR. The delegation had the distinct impression that the administration of psychotropic medication had the clear objective of keeping the population calm. Consequently, the number of critical events recorded in Potenza CPR was lower than in the other establishments visited.³⁴

30 See in this respect the [CPT's Factsheet "Transport of Detainees"](#) CPT/Inf(2018)24.

31. For example, it was not uncommon to observe in medical files of detainees at Potenza CPRs that foreign nationals admitted with no previously prescribed medication were soon being prescribed up to three anti-psychotics.

32. For example, slurred speech, difficulty with ambulation and falling asleep suddenly during interviews with the CPT's delegation.

33. During the first exploratory tour of the detention module, the CPT's delegation was particularly astounded to hear detainees shouting the word "*gocce*" (drops) or "*terapia*" (therapy) in unison as they clung to the metal bars of the detention modules.

34. For example, six critical events were recorded in the first trimester of 2024 at Potenza CPR, compared to the 39 registered at Gradisca CPR during the same period by the respective contractor.

26. At the end of the visit the delegation expressed its concern about the practice of administering psychotropic medication to the general detained population, as observed at Potenza CPR, under the pretext of a placebo approach. The CPT denounced the practice as dangerous as it generates dependency and called for it to be stopped immediately (see paragraph 56).

By letter received on 17 June 2024 the Italian authorities informed the Committee that the *Prefettura* of Potenza had requested the competent regional healthcare authorities (*Azienda Sanitaria Locale* or ASL) to carry out an urgent inspection at Potenza CPR into the above-mentioned practice in order to remedy its shortcomings.

The CPT would like to receive information on the outcome of this inspection and the measures taken in order to put an end to the practice of administering psychotropic medication to the detained population in an uncontrolled manner and without a medical prescription.

27. With respect to inter-detainee violence and intimidation, the relevant critical incident registers showed that fights were not uncommon, particularly in the Milan, Gradisca and Rome CPRs, and consisted mainly of confrontations between detainees due to their restlessness, forced inactivity and sometimes agitated state. The records showed that, in principle, custodial and contract staff intervened promptly and effectively to prevent the escalation of such incidents and to proceed without delay to their mediation, registration and reassignment of detainees to other detention modules.³⁵

3. Conditions of detention

a. introduction

28. The primary legislation makes a general reference to the need for foreign nationals to be detained in dignified conditions³⁶ but does not enumerate the minimum standards for the centres' layout, design, equipment and furnishing. Immigration detention centres in Italy, since their creation in 1998, have had different names but have followed a similar pattern in terms of design, layout and approach, with an emphasis on security, carceral conditions and isolation from residential areas.³⁷ The latest legislative changes, introduced in the course of 2023 with regard to the construction and identification of new CPRs (up to one per region, as announced, in addition to those to be built on Albanian territory), assign this task to the Engineering Corps of the Italian Army.³⁸ Further, it adopts derogations from the legislation in terms of procurement legislation and proposes the identification of sites of new CPRs, preferably in disused barracks and abandoned state property.³⁹ An outline of the new layout of CPRs, published in the Italian media in October 2023, showed that the new centres should preferably consist of prefabricated one-storey detention modules with reinforced armoured and bars on windows, cage-like outdoor exercise facilities without any greenery, and an absence of furniture, floor coverings and communal rooms in order to minimise the effects of the frequent acts of vandalism by detainees.⁴⁰

35. Article 4 of the Lamorgese Directive specifically stipulates that the allocation of detainees within CPRs be conducted in accordance with their legal position, nationality and language affinity.

36. See in this respect Article 14, paragraph 2 of the Italian Consolidated Immigration Act (TUI), introduced by Legislative Decree No. 130 of 21 October 2020, which prescribes, as compliance parameters for the facilities such as CPRs, the respect of "adequate hygienic and sanitary standards and housing in such a way as to ensure the necessary information on the conditions, well-being and dignity of detainees".

37. See in this respect paragraph 29 of the [CPT's report on the 2012 periodic visit to Italy](#) CPT/Inf (2013) 32, and paragraph 47 of the [CPT's report on the 2017 ad hoc visit to Italy](#) CPT/Inf (2018) 13.

38. I.e. *Genio Militare dell'Esercito*.

39. Decree-Law No. 124 of 19 September 2023, with the declared aim of speeding up the construction of new facilities using more expeditious procedures, extended to *inter alia* CPRs the regulation of works intended for national defence purposes under Article 233 of the Code of Military Order, qualified as works intended for national defence and security. In relation to the urgency and necessity related to the increase in migration flows; the provision also introduces a series of operational and financial provisions aimed at boosting the construction of new facilities. Consequently, the construction of five new CPRs and the renovation of the two already existing ones should be the responsibility of the Ministry of Defence".

40. See in this respect <https://ilgiornaledellarchitettura.com/Centri di permanenza per il rimpatrio: civiltà vs inciviltà>.

The CPT would like to receive information from the Italian authorities on the layout of the new CPRs and their conformity with the CPT standards as outlined in paragraph 31 of this report, notably as regards their carceral design (for example, reinforced metal screens on windows, absence of communal facilities and vegetation, as well as equipment and furnishing of rooms in detention modules) and general layout. Steps should be taken where necessary to adapt them according to the recommendation in paragraph 31.

29. At the time of the visit, two of the CPRs were out of service pending refurbishment, having been extensively damaged in fires caused by riots, vandalism and protests by detainees.⁴¹ Such incidents justified, in the eyes of the Italian authorities, a very austere and secure design, without any unnecessary amenities (lack of lockers, reinforced metal doors, different layers of metal bars and perforated grilles on windows, absence of shower curtains and floor coverings, concrete or metal sleeping platforms, cage-like outdoor facilities, absence of vegetation etc.), with strict regulation of the objects allowed in detention areas, and the avoidance of any unnecessary interaction between staff and detainees. In addition, in order to prevent riots by detainees, the Italian authorities have recently tabled a draft bill to introduce, *inter alia* the offence of rioting in the context of prison establishments and immigration detention.⁴² **The CPT considers that the combined effect of improving material conditions and offering a range of purposeful activities, as recommended in paragraph 39, would contribute more effectively to the prevention of acts of rioting by detained persons within CPRs than the criminalisation of acts. The current legislation provides ample scope for prosecution of acts of violence within a place of detention.**

b. overview by CPR

30. The situation observed by the CPT delegation during the 2024 ad hoc visit follows the above-mentioned patterns and merits a detailed and separate assessment in light of the specificities of the situation observed and the different approaches taken by the relevant contractors in charge of its day-to-day management. In general, all CPRs visited had a CCTV system covering the corridors leading to the detention modules and exercise yards, and there were no call bells in the rooms. In particular:

i. At Gradisca CPR, the green block was undergoing extensive renovations due to frequent acts of vandalism. The detention modules were austere and in varying states of hygiene and disrepair. Each module consisted of rooms measuring 25 m² with five metal beds fixed to the floor, a narrow and suspended metal shelf over the bed, a communal area with metal benches and a table fixed to the floor, and separate sanitary facilities with floor-level toilets, showers and metal lavatories.⁴³ Access to natural light in the rooms was severely restricted by triple metal screens on the windows. The outdoor exercise yard adjacent to each of the detention modules, surrounded by a dense line of vertical metal bars and covered by metal mesh, was particularly austere, with no facilities for rest and little horizontal visibility due to the presence of opaque polycarbonate panels.⁴⁴

41. The Turin CPR was closed in March 2023 due to extensive damage caused by a fire lit by detainees on the night of 4 February 2023, and was being refurbished at the time of the CPT's visit. The Trapani CPR was also extensively damaged following a fire set by detainees on 29 January 2024 and was subsequently closed in the course of February 2024. Further, the European Court of Human Rights had issued a decision on an interim measure under Rule 39 ordering the immediate transfer of the applicant to a hosting facility adequate to his needs, and the adoption of any other measure aimed at guaranteeing adequate hosting and living conditions in the Trapani CPR, in accordance with the obligations enshrined in Article 3 of the Convention.

42. See in this respect Draft Law Decree No. 1660/C which introduces a new criminal offence in Articles 415 and 415bis of the Criminal Code and Article 14 of the Italian Consolidated Immigration Act whereby any person who, while in detention in a CPR, promotes, organises or leads a riot by means of violence, threats or resistance (including passive resistance) to the orders of the police/custodial staff, in groups of at least three persons, shall be punished by between one and six years of imprisonment (while the penalty for the sole participant shall be one to four years of imprisonment). In addition, aggravating circumstances may increase the maximum penalty up to eight years (if weapons are used during the riot) and up to 20 years (if deaths are caused during the riot).

43. Some of the sanitary facilities in the Red and Blue Block detention modules were in a dilapidated state due to acts of vandalism, such as damaged hanging lavatories and constantly flushing toilets.

44. Such panels had been installed in order to reduce acts of vandalism, but they were also frequently set on fire by the detainees.

ii. At the CPR in Milan, there were two blocks, each consisting of five rooms (measuring 22 m² and equipped with four to five metal beds fixed to the floor and with concrete shelves), a common dining room equipped with metal benches and tables fixed to the floor and a television set embedded in a metal box covered with glass, and separate sanitary facilities consisting of five showers, one lavatory and five floor-level toilets. Access to natural light in the rooms was more favourable than in other CPRs due to the absence of metal bars and screens over the windows. The communal outdoor area was deprived of any means of rest and was surrounded by a metal fence with no vegetation and poor horizontal visibility.

iii. At the Potenza CPR, the 17 detention modules distributed on a L-shaped layout around the prefabricated administrative containers were all of a similar design and consisted of rooms measuring 20 m², with four concrete sleeping platforms upon which were mattresses, concrete shelving and a common area equipped with a concrete table and benches. Reinforced metal windows had a single layer of metal bars. Separate sanitary facilities consisted of showers, a lavatory and two separate floor-level toilets. The adjacent outdoor exercise yard was equipped with a concrete table and chair and was surrounded by a metal mesh fence and a metal mesh cover, which gave it a cage-like design.

iv. At Rome CPR, the two detention blocks consisted respectively of 14 detention modules for male and eight dedicated modules for female detainees. Conditions were similar in terms of design (rooms equipped with metal shelving units behind the headboard of each bed, sanitary facilities with separate toilets, showers and metal lavatories). The modules possessed small rectangular windows with reinforced glass and had a triple layer of metal screens. Courtyards were surrounded by a thick series of four-metre metal vertical bars, and covered to a small extent, providing a porch-like area equipped with concrete tables and benches. The male module block had been extensively renovated after the riot and damage of February 2024, when prisoners protested following the suicide of O.S. (see paragraph 63). The modules were therefore in a slightly better state of repair than the other CPRs, while still retaining the same carceral environment.

31. Since its 7th Annual Report on its activities published in 1996, the CPT has repeatedly stressed that centres for the detention of foreigners should provide accommodation, which is adequately furnished, clean and in a good state of repair, and that care should be taken in the design and layout of the premises to avoid as far as possible any impression of a carceral environment.⁴⁵

The conditions of detention observed in all CPRs visited at the time of the 2024 visit could be considered similar to those existing within the detention units under the special regime of Article 41-bis of the Italian Penitentiary Regulations. Examples of such elements include triple metal screens on windows, cage-like outdoor facilities, and TV sets embedded in metal boxes.

The Committee is fully aware of the rate of critical events and the specific profile of detained persons in the CPRs. **The CPT recommends that the Italian authorities engage in a serious reflection on the concept of CPRs. They should remove all carceral elements (such as metal screens on windows, metal mesh in outdoor exercise facilities), and take measures to provide lockable space, together with the development of an alternative regime of activities (as outlined in paragraph 39) and provide custodial staff with training on a more interactive and positive approach based upon an individual risk assessment of each detainee. Further, call bells should be systematically installed in all detention modules of all CPRs visited.**

c. maintenance

32. As mentioned in paragraph 29 the state of repair and dilapidation varied at the CPRs visited as a consequence of the level of critical events. The situation was more serious at Gradisca CPR, where detainees frequently fabricated tools with which to cut the metal mesh surrounding the courtyard, in order to reach the roof of the establishment from which they could easily jump outside

45. See paragraph 29 of the [7th CPT's Annual Report on its activities](#) CPT/Inf (97) 10.

the perimeter.⁴⁶ Fires were also commonly set in order to attract the attention of staff (due to the absence of call bells).⁴⁷ Acts of vandalism were also frequent at other CPRs and mainly consisted of blows against objects in self-injury in order to facilitate the detainee being subsequently released at Milan CPR, and fires at Potenza CPR. At Rome CPR violent riots had erupted following the suicide of a detainee on 4 February 2024 causing several detention modules to be removed from service (see paragraph 63). The contractors were in principle involved in small repairs, while more extensive renovations were at the charge of the *Prefettura* (as this required ministerial authorisation).

The CPT delegation gained the impression that the authorities were in principle alert to those maintenance works which involved the security of the establishment and less so to other signs of dilapidation affecting daily conditions (such as, for example, the destroyed metal grill and damage to fencing). The sanitary facilities were in disrepair at Gradisca CPR, while the visible signs of vandalism at all centres included broken reinforced windows, burnt polycarbonate boards, torn metal grills, frequent scorch marks on walls and concrete flooring, and dilapidated and malfunctioning sanitary facilities.

The CPT recommends that the Ministry of Interior and the relevant *Prefettura* invest efforts towards the maintenance of the state of repair at the CPRs visited, in particular at Gradisca CPR, and proceed with the repairs of the relevant sanitary facilities. Further, a rolling programme of refurbishment and maintenance of the CPRs at the national level, with earmarked financial assets and a clear timeline, should be adopted by the Ministry of Interior and shared with the respective *Prefettura* responsible for the oversight of the management of CPRs.

d. food

33. The provision of food to detained persons in CPRs is regulated by the relevant *Capitolato* (specifications). Food was provided by external catering companies through the delivery of pre-cooked meals in individual plastic containers, which were subsequently heated on site and distributed by staff. The delegation noted that the requirements of the *Capitolato* seemed to be generally respected in terms of variety, nutritional value and conservation of food. However, the CPT delegation also received complaints about the degree of conservation of the food and the fact that it was distributed cold or lukewarm, in particular in the CPRs of Milan and Potenza, where it was not uncommon for plastic food containers to be distributed on the same day as their expiry date, and for food to be delivered once a day to the CPR by the catering company and reheated on the spot (in the case of the CPR of Potenza). Further, the delegation received complaints from detainees with specific dietary needs that their requests were not met (for example, in terms of diabetic dietary needs). Finally, although the needs of Muslims observing Ramadan were taken into account by providing additional food in the evening, the menu did not reflect the needs and habits of a foreign national population, but rather the culinary habits of the host country.

The CPT recommends that the relevant *Prefettura* and contractors pay attention to the freshness and expiry dates of the pre-cooked food supplied to the CPRs, as well as to the modalities of its distribution, and to its conservation once it is delivered by the respective catering companies. Attention should also be paid to the dietary needs of individual detainees, taking into account their state of health, and a more culturally diverse diet should be offered to the detained population.

34. Meals were in principle consumed in the communal facilities of the respective modules (as in Milan CPR) or directly in the rooms of the detained persons. At Gradisca and Rome CPRs, dedicated canteen facilities were present, but were not in use due to the concerns of the management about the overall security situation and the need to supervise the entire process. **The**

46. For example, in the course of 2023, there were a total of 39 escapes from Gradisca CPR and, on 25 January 2024, an Algerian national suffered serious cervical spine injury when he jumped from the roof in an attempt to escape, requiring hospitalisation and several surgical operations.

47. The management had taken measures to ban lighters by introducing electric cigarette lighting systems. However, the most common method of starting a fire remained the ignition of toilet paper with cigarettes.

CPT recommends that the management of the contractors of Gradisca and Rome CPR gradually resume the use of the canteens for the consumption of meals in light of a general risk assessment of the detainees.

e. hygiene and sanitation

35. The relevant *Capitolato* foresees concrete measures for the periodic cleaning of detention modules by contracted staff, laundry services and the distribution of hygiene kits and clothing upon admission and during detention. Examination of the relevant documentation at the CPRs visited showed that, in general, contract staff were responsible for cleaning the detention modules and collecting waste. Laundry services were in regular operation and, in principle, fulfilled their tasks, and detainees were provided with hygiene kits (including sanitary products for women) upon admission and at regular intervals. However, in the CPRs visited, disposable anti-tear sheets were not changed on a daily or three-day basis as provided for in the *Capitolato*, but rather at irregular intervals, while all CPRs appeared to have low stocks of pillows, blankets, and clothing and shoes for destitute persons. It was not uncommon for the delegation to observe detainees either sleeping without pillows or fabricating ad hoc pillows from their clothes or bags. The different systems of recording the distribution of hygiene kits, clothing and bedding in place in the CPRs visited did not allow an accurate monitoring of their distribution, as the records were fragmented and varied. In particular, detained persons told the delegation that at Potenza and Milan, they were required to specifically request the delivery of personal hygiene products rather than receiving them in a systematic manner. Finally, with regard to shower facilities, the delegation observed, in addition to their varying degrees of dilapidation (namely, missing shower heads), that the showers did not have mixing water systems (the water only came out of the shower heads at a very high temperature), thus forcing detained persons to mix water in buckets in order to wash themselves with water at an appropriate temperature.

36. **The CPT recommends that the Italian authorities take the necessary steps at all CPRs in order to ensure that:**

- **Foreign nationals are regularly provided with new anti-tear sheets and are always provided with pillows and pillowcases upon admission;**
- **Stocks of clothing and shoes appropriate to weather conditions and the season are stored and adequately distributed, in particular to destitute detainees;**
- **All shower facilities in the CPRs visited and, where appropriate, in other establishments at national level, have a properly functioning water temperature mixing system;**
- **Contractors implement a transparent system for recording the delivery of hygiene kits and clothing to detainees, including date, time and signature.**

4. Regime

37. The regime and the organisation of life within a CPR are regulated by Article 4 of the Ministerial Directive laying down Criteria for the Organisation of CPRs of 19 May 2022 (Lamorgese Directive), which foresees the possibility of providing detainees in CPRs with access to recreational, rehabilitative and other purposeful activities with the intervention of external actors (NGOs and civil society).⁴⁸ Furthermore, in their bids for the management of the CPRs, the contractors have the possibility to introduce elements and activities in the form of Memoranda of Understanding (MoUs) with different external organisations in order to provide additional activities within the CPRs and thus

48. Article 4, Point M. of the Lamorgese Directive specifically tasks the management of the CPR to “*organise recreational, social and religious activities in such a way that they can be enjoyed on a daily basis, also by using the dedicated spaces. To this end, the manager prepares a weekly calendar of planned activities, to be brought to the attention of all foreigners present. The use of playgrounds located within the facility is carried out according to the procedures established by the Centre's manager, in agreement with the Prefettura and the Questura. The daily use of the playing fields is ensured in shifts, except in the case of situations related to order and security in the Centre, which temporarily exclude their use.*”

improve the points score of their bids during tender procedures. The allegedly fictitious nature of some of these MoUs submitted by the former contractors at the Potenza and Milan CPRs, which included chimeric activities (such as computer literacy courses, access of religious representatives etc.) unlikely to be provided to detainees, as well as the fictitious presence of some staff categories, were among the elements under scrutiny by the Milan and Potenza prosecutorial authorities in the context of their criminal investigations.⁴⁹

The CPT would like to receive information on the development of the criminal investigations on the alleged fictitious provision of activities at Milan and Potenza CPRs, and the lessons learned therein by the Ministry of Interior and the relevant *Prefettura* as regards ensuring more rigorous monitoring activities and accountability (see also paragraph 76).

38. In practice, the CPT delegation found that, given the specific architectural design of the CPRs (that is, the absence of communal facilities such as worship rooms), the strict security rules imposed by the competent *Questura* in terms of access of external actors, the high rate of critical events and the absence of any risk assessment of detainees, the regime offered to detainees in the establishments visited was extremely impoverished. Apart from access to a football pitch at irregular intervals in Rome, Gradisca and Potenza CPR, and free access to the courtyard of the respective detention module, no other activities were offered. At Milan CPR, some sessions on mindfulness and a cinema forum had recently been introduced by the new court-appointed interim administrator,⁵⁰ and at Gradisca CPR, a gym equipped with an exercise bike and a games console had been put into service shortly before the CPT's visit. At Rome CPR, a small library was in service in the female detention unit and the management had recently signed an MoU with two NGOs active in the field of refugee assistance.⁵¹ The lack of purposeful activities is well illustrated by the weekly activity plan displayed at Potenza CPR, where smoking cigarettes and access to luggage storage were considered by the management as purposeful activities in compliance with the requirements of Article 4, M. of the Lamorgese Directive. On a positive note, persons detained at Milan and Gradisca CPRs were permitted uninterrupted access to their mobile phones.

Persons in the CPRs facing deportation following their release from prison complained that the regime was more impoverished and unstructured than that in the prisons.⁵²

39. The delegation gained the distinct impression that the high rate of critical events and violence recorded inside the CPRs was a direct consequence of the unjustified security restrictions, the lack of individual risk assessments, and the fact that detained persons were in effect warehoused with nothing to occupy their time purposefully.

In light of the recent extension of the maximum period of detention to 18 months, **the CPT recommends that the Italian authorities introduce, in all the CPRs visited, a full range of purposeful activities of a varied nature (for example, access to a day room and to radio/TV and newspapers/magazines, as well as to other appropriate means of recreation such as board games, table tennis, sports etc.), by reconciling the spirit and the letter of the legislation.**

In this respect, the CPT welcomes the modest progress made at the Milan and Gradisca CPRs and **recommends that the *Prefettura* exercise rigorous supervision over the various services and agreements concluded by the respective CPR contractors at national level.**

49. See also a recent journalistic investigation into the allegedly fictitious tender documents submitted by various CPR contractors across the country, carried out on the basis of the original tender documents obtained from the *Prefettura* in accordance with the legislation on access to public information.

50. The session in question had started in March 2024 and had been attended by an average of five to seven detainees.

51. Namely, the *Centro Astalli* and *Comunità di Sant'Egidio*.

52. In particular, a consistent portion of detainees originating from prison establishments had been involved in working activities outside of the prison establishment pursuant to Article 21 of the Italian Penitentiary Law.

40. In the past, the CPT has welcomed the presence of cultural mediators in immigration detention centres in Italy, given the valuable assistance, professionalism and motivation they provided.⁵³ This remained the case at the time of the 2024 visit. Cultural mediators helped to partially offset the negative effects of the impoverished regime and the poor material conditions in the immigration detention centres visited.⁵⁴ Nevertheless, the delegation also considered that the cultural mediator component needed to be strengthened to meet the needs of those in the relative minority who can barely communicate in a vehicular language, and who were in a situation of heightened vulnerability such as female detainees (see paragraph 93). Furthermore, the different security restrictions imposed by the competent *Questura* in some CPRs meant that cultural mediators could only communicate with detained persons through the bars, rather than entering the detention unit. At the CPR of Potenza, they could only enter the detention unit with an escort from the Intervention Group stationed outside the detention module.

The CPT recommends that the complement of cultural mediators in all CPRs be reviewed and that, in light of the statistics on the nationalities represented, emphasis be placed on the representation of linguistic groups rather than simply Arabic speakers. Furthermore, the Committee considers that there is no justification for cultural mediators to speak to detainees through bars or at the entrance to the module, as was observed in the Milan and Potenza CPRs.

41. As regards psychological assistance, the *Capitolato* provides for the presence of a psychologist 16 hours per week in centres with a capacity of 50 to 101 places. The CPT delegation was able to verify the presence of the psychologist and the nature of their assistance during the initial meeting at all CPRs visited, individual interventions, and the drafting of the social welfare report. The notes and records of psychologists showed that there was a need to increase the psychological input, in particular in view of the high level of distress shown by the detained population (in terms of separation from family ties, indeterminate nature of detention and long intervals between reviews of detention). Further, the psychologists met by the delegation also expressed their frustration at the security restrictions imposed on them (such as conducting interviews behind bars or at the entrance to the module) in the presence of custodial staff. Finally, the psychologists of the visited CPRs were still not being informed by the relevant Immigration Service of the *Questura* of any planned deportation. Consequently, they were unable to plan any intervention with the detained persons concerned. The Committee understands that the new *Capitolato* published by the Ministry of the Interior in March 2024 has substantially increased the level of psychological assistance in CPRs.

The CPT recommends that the psychological input be improved in all the CPRs visited, in line with the provisions of the new *Capitolato*. Further, the disproportionate security-related restrictions on the provision of psychological assistance in force at all CPRs visited should be lifted, as the Committee considers that there is no justification for psychologists to speak to detainees through the bars and metal fences or at the entrance to the module.

5. Healthcare

a. introduction

42. The provision of healthcare in the CPRs is mandated to the contractors in accordance with a series of minimum staffing and equipment requirements for the relevant infirmaries included in the *Capitolato*. In addition, Article 3 the Lamorgese Directive stipulates that each territorially competent *Prefettura* should sign an MoU with the relevant regional health authorities (*Azienda Sanitaria Locale* - ASL) regarding the provision of secondary and tertiary healthcare to foreign nationals detained in CPRs (in particular with regard to emergency hospitalisation, specialist consultations, substance abuse treatment and mental health assistance). The quality of healthcare provided in CPRs has come under media scrutiny and criminal investigation following several allegations of over-medication of detainees with psychotropic medication, and some cases of suicide of detainees

53. See in this respect paragraph 31 of the [CPT's report on its 2012 periodic visit to Italy](#) CPT/Inf (2013) 32.

54. In all the CPRs visited, cultural mediators were generally present between 24 and 36 hours a week.

for which criminal investigations have been opened and were ongoing at the time of the visit (see paragraph 63).

b. staffing and interface with ASL

43. Healthcare staffing levels in the infirmaries were in line with the guidelines contained in the Capitolato and were as follows:

- i. at Milan CPR, four general practitioners (GPs) ensured a presence of six hours per day (including weekends) and were supported by a component of seven nurses rostered to cover a 12-hour presence.
- ii. at Gradisca CPR, six GPs provided a presence of five hours per day and a component of five nurses provided a roster of 12 hours' presence at the CPR.
- iii. at Potenza CPR, five doctors provided a weekly roster with daily presence on site and on call during the night. In addition, five nurses have been rostered to cover a 12-hour presence, plus a trained nursing assistant.
- iv. at Rome CPR, six doctors provided coverage of six to eight hours a day, seven days a week, and seven nurses were rostered to cover three daily shifts.

At the end of the visit the delegation recommended that the nursing component of Rome CPR be reinforced by the equivalent of an additional rostered nurse. By letter received on 17 June 2024 the Italian authorities informed the Committee that a competition had been launched at Rome CPR for the recruitment of an additional nurse. **The CPT would like to be informed when the nurse is appointed.**

44. Regarding the profile of the GPs, most of the contracted staff had no previous experience in migration medicine. In this respect, the Lamorgese Directive stipulates that guidance for the provision of healthcare in CPRs should be found in a publication by the Italian Superior Health Institute (ISS) and the Italian Society for Migration Medicine, which lists a series of best practices and guidelines for the treatment of the most common and urgent health problems in the management of migration fluxes. **The CPT would like to receive the confirmation of the Italian authorities that the necessary requirements for healthcare staff serving in a CPR in terms of training in the area of work of migration health will be effected in the light of existing training programmes promoted by the Ministry of Health.**⁵⁵

45. The findings of the CPT delegation indicated that all CPRs visited had signed memoranda of understanding with the relevant ASLs, as required by Article 3 of the Lamorgese Directive. However, the modalities of cooperation with the ASLs varied, reflecting regional differences and imbalances, as well as the geographical proximity of CPRs to urban centres. The delegation was able to observe that the CPRs of Milan and Gradisca had the best interface with the territorially competent hospitals, community healthcare services (*Centri di Salute Mentale* or CSMs) and centres for pathological addiction (*Servizi per le Dipendenze* or SerDs) and that there were no obstacles to the prompt transfer of detainees for treatment, diagnosis, specialist consultations, initiation of opioid agonist therapy (OAT) etc. However, the same level of interaction was not found in the CPRs of Potenza and Rome, where transfers and referrals appeared to be more cumbersome due to the remoteness of the Potenza CPR and the complicated interface with the ASL No.3 of Rome (see paragraph 47).

The CPT recommends that the *Prefetture* of Rome and Potenza discuss with the respective ASLs the modalities for improving the interface and cooperation as regards the provision of healthcare to foreign nationals detained in the Potenza and Rome CPRs.

c. fitness for detention

⁵⁵ See in particular the project "*Migrazione: sistema di accoglienza verso la popolazione immigrata dei servizi sanitari e verifica dell'osservanza del diritto alla salute di queste popolazioni*" implemented by the Ministry of Health and the Italian National Institute on Health.

46. Article 3 of the Lamorgese Directive provides that, before being admitted to a CPR, foreign nationals must undergo a medical examination by a doctor from the ASL in order to assess their suitability for life in a secure environment. The provision clearly states that this examination should pay particular attention to the presence of infectious diseases, mental disorders and chronic degenerative pathologies, which cannot be adequately treated in a secure environment. After admission, the CPR doctor may at any time request the competent ASL doctor to reassess the detainee's fitness for detention in the event of a change in the detainee's state of health.

The practice observed by the delegation during the ad hoc visit in 2024 showed that, in principle, all detained foreign nationals had a certificate of fitness for detention issued by an ASL doctor prior to their admission. However, the practices of the various ASLs across the country varied considerably. In practice, the vast majority of medical examinations consisted of a cursory review of the main vital signs of the detained person, with no specific reference to their adaptability to a secure environment or signs of possible mental disorder. The medical certificates issued and reviewed by the delegation reflected the cursory nature of the examination and ranged from a brief statement certifying the *"adaptability to a secure environment"* to a modular checklist signed by the ASL doctor.⁵⁶ Such certificates were issued by general practitioners in the community, doctors in emergency departments of civil hospitals and prison doctors, with unknown familiarity with the challenges and specific conditions of a CPR.

The impact of such a cursory assessment was vividly illustrated by the example of A.J. who committed suicide in Gradisca CPR on 31 August 2022, one hour after being admitted to the facility, and for whom a certificate of fitness for detention had been issued the same day by a doctor from the Bologna *Policlinico* Hospital, with a very cursory standardised note certifying his *"adaptability to life in a secure environment"*.

47. With regard to the reassessment of fitness for detention, the doctors at the Milan and Gradisca CPRs called, as a matter of principle, for a prompt re-evaluation of the detainees' state of health by the ASL doctor in the numerous cases of self-harm (self-inflicted injuries, swallowing of objects etc.) and attempts at suicide to which the detainees were prone, having adopted such practices in an effort to secure their release, as well as in the event of mental disorder,⁵⁷ or subsequent to the discovery of vulnerabilities undetected at the time of the initial medical examination. At CPR in Rome, doctors seemed to be less reactive to such episodes and more rigid in requesting a reassessment, particularly in the cases of persons suffering from mental disorders. For example:

- i. A woman encountered by the delegation at Rome CPR, where she had been detained since 27 October 2023, was refusing any contact with staff and other detainees.⁵⁸ She was accommodated alone in a detention module of the female section in poor hygiene conditions, where she was frequently screaming and talking to herself. A psychological assessment dated 30 October 2023, as well as a decision of the lay judge on the extension of her detention on 2 February 2024, recommended that she have a psychiatric examination in order to assess her fitness for detention.

The management of the CPR told the delegation that the woman in question had not been reassessed in terms of her fitness for detention as there was no possibility for her to be

56. In principle, the modular certificates contained a number of different boxes to be ticked by the certifying doctor in relation to the conditions set out in Article 3 of the Lamorgese Directive. The CPT delegation also observed other formats of certificates of fitness for detention, including the following criteria of incompatibility with detention: minority, pregnancy, infectious and contagious diseases, decompensated degenerative acute or chronic diseases, psychiatric disease (so severe as to render the person unfit to live in a closed community).

57. For example, a total of 76 foreign nationals had been declared unfit for detention by the ASL doctor in Milan CPR in the course of February and March 2024, which outnumbered the 30 effective deportations conducted in the same period.

58. The detainee in question also refused to be approached by the members of the CPT delegation.

released into the community due to the absence of any information on her identity and nationality.⁵⁹

ii. A foreign national met a Rome CPR, recently transferred from Macomer CPR and having previously spent three years as a young adult in a prison establishment, had a history of self-harming, having disfigured his arms and legs as well as evidenced episodes of coprophagia at Macomer CPR. Despite such vulnerabilities, his fitness for detention had not been reassessed at Rome CPR and his detention had been extended on 1 April 2024. The detainee was only released on 5 May 2024 following a decision of the Rome Tribunal on a request filed by his lawyer.⁶⁰

iii. A foreign national admitted at Rome CPR on 7 November 2023 was urgently hospitalised on 6 March 2024 following a suicide attempt and readmitted to Rome CPR the following day. A request for the reassessment of his fitness for detention lodged by his lawyer was rejected by the respective lay judge on 8 March 2024 with the reasoning that the suicide gesture was of a “demonstrative nature with the sole aim of being released from the establishment”. Finally, after filing a request for interim measure to the European Court of Human Rights, pursuant to Article 39 of the Convention, a visit for the reassessment of his fitness for detention took place on 12 March 2024, which led to his release.⁶¹

48. As suggested by the above-mentioned cases and practices, detainees transferred from other CPRs were not reassessed as to their fitness for detention upon admission to a new centre, and their medical file was not automatically transferred but had to be requested by the receiving centre. In addition to case (ii) in the above paragraph, the CPT was also able to observe that the person O.S., who committed suicide in the Rome CPR on 4 February 2024, five days after his transfer from the Trapani CPR, had not had his fitness for detention reassessed. His medical file contained only the first certificate of fitness for detention issued at the time of his admission to Trapani CPR. Moreover, there was no trace of the relevant socio-sanitary reports drawn up by staff during his detention at Trapani CPR, which could have assisted staff in highlighting his vulnerabilities (see also paragraph 63).

49. Several NGOs and civil society actors have requested a reassessment of the system of assessment of the fitness for detention of persons in a CPR in light of the ethical problems that, in their view, this implied.⁶² Further, they also considered that the current system is prone to stimulate episodes of self-harm in order instrumentally to prompt reassessment.

50. The CPT delegation gained the impression that, although the Italian authorities intended the provisions of Article 3 of the Lamorgese Directive to constitute a safeguard against the detention of vulnerable persons, the different practices at the level of the regional ASLs had led to a system of subjective and somewhat arbitrary assessments (particularly given the lack of knowledge of life in a CPR on the part of the certifying doctors) with consequently diverse outcomes. For instance, the

59. The woman had been arrested on the street by the police. She was undocumented and the staff of the Immigration Service of the Rome *Questura* suspected she was of Turkish or Bulgarian origin. Different consular authorities had been repeatedly contacted in order to assist with her identification, without success. Further, in the context of a motion for interim measures lodged by a lawyer to the ECtHR the Italian authorities had reiterated that the detainee had not been released due to the absence of adequate alternatives in the community.

60. The request was supported by a medical expert report on the detainee which pointed out, *inter alia*, the detainee's precarious mental state, his history of self-harm in prison, as well as the cursory nature of the medical examination for fitness for detention and the lack of an anti-suicide protocol at Rome CPR.

61. In his reassessment the ASL doctor stressed that the unsuitability was justified, *inter alia* in light of the fact that the Rome (Ponte Galeria) CPR only possessed a facility with a basic 24-hour health service, making it impossible to have immediate access to specialised medical care, as well as due to the lack of a suicide risk prevention plan.

62. See in this respect the opinion published by the British Medical Journal on 1 March 2024 under the title: [“Doctors should not declare anyone fit to be held in immigration detention centres”](#).

CPT delegation was surprised to find that in some ASLs persons were declared fit to be detained, whilst in others it was surprised to find that they were declared unfit to be detained.

In the CPT's view, only a healthcare professional who has knowledge and experience of the provision of medical care in a secure environment, can truly certify whether or not a person is fit for detention in a CPR. It should also be noted that the CPR doctor, despite their perceived double-loyalty due to their employment by a private contractor, is in a unique position to devote sufficient time to the listed requirements of the certificate, which is often not possible for primary care and emergency doctors who have other pressing matters to which to attend.

The CPT recommends that the Italian authorities take steps to set up a working group focusing on the interpretation and implementation of Article 3 of the Lamorgese Directive. This can only be achieved through a review of the existing system, with validated data collection measures and the adoption of a relevant SOP (Standard Operating Procedure). These efforts should be complemented by the training of staff who are expected to issue the relevant certificates of fitness for detention, and by rigorous oversight of the entire process by the respective ASLs.

d. medical screening on admission and recording of injuries

51. Article 3 of the Lamorgese Directive also regulates the conduct of medical examinations of foreign nationals upon admission to a CPR, indicating that this action is to be carried out in accordance with the guidelines contained in a 2018 document developed by the National Institute for Health, Migration and Poverty with the Higher Health Institute (Italian Superior Health Institute - ISS) under the title *"I controlli alla frontiera. Frontiere dei controlli"*.⁶³ The findings of the CPT delegation indicate that such an assessment was of a cursory nature, based on the previous fitness for detention as assessed by the ASL doctor, and mainly focused on the opening of a medical file, the measurement of the main vital signs and a general questionnaire on communicable and infectious diseases.⁶⁴ This led to potential errors in assessment, as illustrated by a case of possible interdigital scabies in respect of a recently admitted Algerian national found by the CPT delegation's doctor in a detention module of Gradisca CPR, which had not been promptly identified by the medical staff, despite a certificate from the releasing prison referring to the symptoms.⁶⁵ Further, as regards women admitted to Rome CPR, there was no gender-sensitive screening upon admission to the establishments on issues such as mental health, trauma, suicide risk and substance use problems, or for sexual abuse and other forms of gender-based violence suffered prior to admission to prison.

52. As mentioned in paragraph 22 the recording of injuries observed in detainees on admission to CPR, or during detention, remained cursory and superficial, with a poor and scant description of the injuries observed on admission, without any assessment of their compatibility or proactive ascertainment of their origin. Furthermore, the medical staff at Gradisca and CPR Rome did not seem to be aware of their obligation to report injuries indicating ill-treatment by the police to the competent prosecution authorities, as required, *inter alia* by Italian criminal law (see paragraph 22).

The recommendation formulated in paragraph 23 on the need to adequately record injuries displayed by detained persons in CPRs is relevant in this respect.

Further, the CPT recommends that, during the medical examination of a detained person upon their admission to a CPR by healthcare staff, particular attention be paid to the possible existence of mental disorder, acute and chronic disease, infection, addiction, injury, medication needs as well as vulnerability and previous experience of traumatising,

63. See in this respect www.epicentro.iss.it/migranti/LGFrontiere and the article entitled: "Health assessment for migrants and asylum seekers upon arrival and while hosted in reception centres: Italian guidelines" *Health Policy, Volume 125, Issue 3*, March 2021, pages 393-405.

64. Such as for example a tuberculosis screening form.

65. The fitness for detention certificate drawn up at the release of the detained person from Pavia Prison clearly referred to itching problems.

violence, or abuse (notably but not only as regards female detainees admitted to Rome CPR). Further, the Italian authorities should organise training of medical staff operating in CPRs as well as the ASL doctors issuing certificates on fitness on detention on the above-mentioned Guidelines of the National Institute for Health, Migration and Poverty and the Higher Health Institute (ISS).

The CPT also recommends that the Italian authorities further develop the medical screening of newly admitted women at Rome CPR in order to take into account their gender-specific needs. This should include screening for trauma, sexual abuse and other forms of gender-based violence inflicted prior to entry to the CPR, ensuring that such information is considered in the drawing up of a care plan for the woman in question. This should be conducted in a way that is sensitive and trauma-informed, that is, not necessarily using a questionnaire during the initial interview, but nevertheless enabling the identification of such needs shortly after admission.⁶⁶

e. confidentiality

53. With the exception of the Rome CPR, where the medical consultation of detained persons took place in the infirmary without the presence of custodial or contracted staff, the confidentiality of the medical examination was not respected in the CPRs visited. This was due to the strict security measures in place in the Milan and Potenza CPRs, which required the presence of two police officers in the infirmary, or for ad hoc reasons in Gradisca, where the cultural mediators in charge of accompanying detainees were often present in the infirmary to act as translators. Further, in the Potenza CPR, the security arrangements were so rigorous that the detained person had to sit on a chair at the entrance to the office and communicate with the doctor at a distance of more than three metres, in an unpleasant and somewhat intimidating setting.

The CPT recommends that steps be taken to ensure that medical examinations of foreign nationals detained in CPRs are conducted out of the hearing and sight of non-medical staff, unless the doctor concerned expressly requests otherwise in a given case. Consequently, the strict rules in force at the CPR of Potenza should be revised in line with the general revision of the SOPs of the *Questura* as described in paragraph 73.

f. medical premises and medical records

54. Annex I to the Lamorgese Directive sets minimum standards for the equipment and design of infirmaries within CPRs, depending on their size and capacity.⁶⁷ These appeared to be met in all the CPRs visited.

Medical registers varied in format in the establishments visited and, in general, the CPT delegation regretted the absence of a single standardised and digitised software. Extracting the relevant information required cross-checking and the consultation of different registers, with the nursing diary appearing to be the most informative. Further, detained persons in principle did not receive a copy of their medical files upon their release from the CPR.

The CPT recommends that a single electronic standardised medical record be adopted at the level of all CPRs nationwide. Further, detained persons should systematically receive a copy of their medical file upon their release. This is particularly important in particular in terms of public health and in view of their eventual integration into the community health-care system.

66 See [Committee of Ministers of the CoE Recommendation CM/Rec\(2022\)17](#) entitled “Protecting the Rights of Migrant, Refugee and Asylum-Seeking Women and Girls” .

67. The annex referred to general hygiene standards and, in case of CPRs, clearly stipulated the mandatory presence of the following equipment: emergency management trolley equipped with the following items: oximeter, defibrillator, Ambu flask with adapter for adults, oxygen cylinder with pressure reducer and dispensers, drugs and medical devices suitable for first aid, suture set, sterile disposable material (gloves, needle cannulas, tongue depressors, etc.), oropharyngeal cannulae and Foley-type catheter bladders.

g. administration and distribution of medicines

55. The distribution of medication was an important part of the daily routine in all CPRs visited and was carried out by nursing staff. Medication was usually distributed from a dedicated kiosk at Gradisca, outside the detention modules at Milan and Rome CPRs, and within the premises of the infirmary at Potenza CPR. The method of distribution was particularly cumbersome and time-consuming at Potenza CPR, where the SOPs of the local *Questura* required each detainee to be escorted to and from the module by two police officers at a time. Such a cumbersome waste of resources did not prevent trafficking and drug dealing which, according to the delegation's interviews with detainees, was common (see paragraph 59). The methods of administering medication at the Milan and Gradisca CPRs were not immune to possible error, since the liquid medication was placed in small plastic cups and inserted into another identical plastic cup bearing the name of the detainee, and often containing tablets or capsules.⁶⁸

Further, at Potenza CPR the delegation received several allegations of illicit trafficking of psychotropic medication by detained persons, who would simulate swallowing the medication. The proper monitoring of the administration of medication by healthcare staff would address this issue. Finally, the delegation observed that psychotropic drugs were frequently placed on a table in the clinic rather than being stored in a locked cupboard at Milan, Gradisca and Rome CPRs.

The CPT recommends that, at the Gradisca and Milan CPRs, the modalities of medication distribution be revised, with medication being prepared by nurses in dedicated medication dispensers in order to avoid the unsafe practice of overlapping plastic cups. The Committee also recommends that the healthcare staff at the Potenza CPR exercise greater control over the distribution of medication, by checking that it has actually been swallowed by the detainees. In addition, it is imperative that psychotropic drugs be kept in special locked cabinets in the CPRs visited.

56. At Potenza CPR, the CPT delegation observed the practice of a nurse going round several times a day and administering an unspecified amount of drops to virtually any person who came near the door of the detention module. The medical staff told the delegation that they applied the "placebo" approach to a population that requested repeated administration of sedatives. This consisted of taking a bottle of Alprazolam of a certain concentration and dividing it into a number of similarly empty bottles of Alprazolam, which were then diluted and administered as drops to the detainees who wished to receive them. It was unclear what the final mg/ml dilution of each bottle was, as the dilution process was random. However, the health professionals argued that the placebo method avoided arguments with the detainees and provided reassurance that there was no risk of overdose. The way in which the "drops" were distributed was so random and routine that the CPT delegation observed a newly arrived Chinese detainee, who did not understand Italian, queuing for a dose of "drops" simply to imitate the rest of the detainees in his module. **In this respect, reference is made to the information and recommendation outlined in paragraph 26.**

h. psychiatric care

57. The management of mental disorders in immigration detention, and particularly in a pre-removal centre, can be challenging and the delegation was able to observe that, in principle, at the Milan and Gradisca CPRs, detained persons who showed signs of mental disorder were promptly referred to a community mental health centre for assessment, where appropriate psychiatric treatment was provided.

At Rome CPR a psychiatrist from the local ASL was visiting the CPR on a weekly basis for consultations. However, records examined by the delegation showed that such consultations were often unattended. At the same time, persons displaying clear signs of a mental disorder were not being reassessed despite their vulnerabilities (see paragraph 47) and alerts by the contractor's

68. This method was used in order to avoid writing down the name of the detainee each time.

psychologist. For example, the woman mentioned in paragraph 93 had not been examined by a psychiatrist during her five months of detention at Rome CPR.

The CPT recommends that the Italian authorities ensure that the interface between the medical staff of Rome CPR, the contractor's psychologist and the visiting ASL psychiatrist be strengthened in order to ensure that all detained persons showing signs of a mental disorder are promptly referred to the psychiatrist to receive the appropriate therapeutic input and, if necessary, to be reassessed with regard to their fitness for detention.

58. The issue of potential over-medication of persons detained in CPRs in Italy has received considerable media and civil society attention in recent months, with estimates suggesting that the vast majority of detainees are prescribed psychotropic medication in order to cope with the difficult conditions of detention.

In the course of its ad hoc visit in 2024, the CPT carried out a careful review of prescribed anti-psychotic medication and concluded that the proportion of detainees prescribed at least one psychotropic drug⁶⁹ was as follows: 46.7% in Milan CPR,⁷⁰ 34.6% in Gradisca CPR,⁷¹ 36.5% in Potenza CPR⁷² and 41% in Rome CPR.⁷³ The CPT also found that, in principle, the dosages and combinations of the prescribed psychotropic medication were appropriate, taking into account the specific profile of the detained population.

59. At Potenza CPR, the CPT delegation observed that several detainees showed clear signs of over-medication and, after reviewing the relevant medical records, concluded that this was most likely due to a combination of the receiving prescribed psychotropics but in addition the widespread administration of unprescribed psychotropic medication in an uncontrolled manner, combined with the frequent trafficking of medicines due to the lack of stringent supervision of swallowing of the same (see paragraph 56). The delegation also received several allegations that Rivotril was being trafficked among detained persons which, when crushed and smoked, could lead to episodes of erratic behaviour. **The recommendations outlined in paragraph 26 on the need to stop the widespread administration of psychotropic medication and exercise greater control during the distribution of prescribed medication at Potenza CPR are also applicable in this context.**

60. As mentioned in paragraph 74, psychologists were employed in all the CPRs. They lamented their low input and presence and their inability to provide more qualitative support to the detained population in terms of individual and group sessions in relation to the identification of vulnerabilities, rehabilitation as well as coping with the distress caused by unclear status and the threat of deportation. The strict security regulations in force meant that they had to carry out their individual interventions in the presence of detention staff and in the setting of the intervention (that is, at the entrance of the module or through the bars of the courtyard). As a result, records of psychological interventions were very sparse and not standardised. **The CPT recommends that the psychological input provided to persons detained in CPRs in the relevant *Capitolato* be reinforced and that psychologists be allowed to carry out their interventions in an appropriate**

69. Namely, benzodiazepines, anti-depressants, first and second generation psychotropics and mood stabilisers, excluding Methadone or Buprenorphine.

70. Out of 46 detainees' medical charts: 25 (54.3 %) contained no psychotropic medications, 21 (45.7%) contained psychotropic medications, of which 10 (47.6%) contained one psychotropic medication, eight (38%) contained two psychotropic medications, and three (14.2%) contained three or more psychotropic medications.

71. Out of 78 detainees' medical charts: 51 (65.4%) contained no psychotropic drugs, 27 (34.6%) contained psychotropic drugs, of which 11 (14.1%) contained one psychotropic drug, six (7.7%) contained two psychotropic drugs, and 10 (12.8%) contained three or more psychotropic drugs.

72. Out of 96 detainees' medical charts: 61 (63.5%) contained no psychotropic medications, 35 (36.5%) contained psychotropic medications, of which 19 (19.8%) contained one psychotropic drug, 10 (10.4%) contained two psychotropic drugs, and six (6.3%) contained three or more psychotropic drugs.

73. Out of 83 detainees' medical charts: 49 (59.0%) contained no psychotropic drugs, 34 (41.0%) contained psychotropic drugs, of which 19 (22.9%) contained one psychotropic drug, seven (8.4%) contained two psychotropic drugs, and one (1.2%) contained three or more psychotropic drugs.

setting and in direct contact with the detainees (without remaining at the entrance of the module or through the bars of the courtyard).

i. substance use

61. The findings of the delegation showed that, as a matter of principle, detained persons with drug dependencies were referred to the relevant SerD departments for the initiation or continuation of opioid agonist treatment (OAT). In this respect, there was one person on OAT at Milan, seven at Gradisca, seven at Potenza and eight at Rome CPRs.⁷⁴

Finally, there were no psycho-social rehabilitation activities for drug dependant detainees provided by the relevant SerD, while the psychologists met by the delegation expressed the view that this was necessary. **The CPT recommends that the possibility for a SerD psychologist to regularly visit and provide rehabilitative input to drug dependant persons in CPRs be envisaged as is the case for the Italian prison system.**

j. age assessment

62. Unaccompanied and separated minors (UASM) cannot be detained in a CPR and must be immediately transferred to a specific reception facility within the framework of the Italian reception system (*Sistema Accoglienza Integrazione* - SAI).

At the time of the visit, the delegation did not encounter any detainees claiming to or having been assessed as an UASM at the CPRs visited. In particular, it noted through the examination of the relevant records that, in the event of the admission of persons about whom there were doubts as to their age, the CPR's management would, in principle, take immediate steps to contact the relevant *Prefettura* and the competent public prosecutor for minors to organise an age assessment evaluation. However, pending the assessment, the suspected UASM would continue to be detained. **The CPT recommends that, in the case of detained persons admitted to CPRs in respect of whom an age assessment procedure is under way, they should be transferred to a dedicated reception facility within the framework of the SAI, pending the outcome of the assessment procedure.**

k. prevention of self-harm and suicide, and hunger strike management

63. As mentioned in paragraph 29, numerous critical events (consisting of collective and individual protests) had taken place in the months preceding the CPT visit in all the CPRs visited, and it was not uncommon to find records of critical events such as suicide attempts, hunger strikes and episodes of self-harm.⁷⁵

Nevertheless, despite the considerable experience of the Italian authorities, particularly in the field of prisons,⁷⁶ as well as an authoritative opinion from the Italian Committee on Bioethics,⁷⁷ the delegation was surprised to find that none of the CPRs visited by the delegation had structured protocols in place for the prevention of self-harm and suicide. At Milan CPR the delegation was informed that a meeting on the management of critical events such as suicides and episodes of self-harm was envisaged to be held between the *Prefettura*, the ASL and the management of the CPR in the weeks following the CPT visit in order to devise a common approach to the above-mentioned issues. Although most of the suicide attempts might have evidently been of a demonstrative nature, the delegation observed that there was a need to adopt a consistent practice

74. That is, both on Methadone and Buprenorphine.

75. For example, since 15 February 2024 up to 10 April 2024 the following critical events had been recorded: 16 episodes of self-harming, 14 attempted suicides, five food and fluid refusals and two episodes of inter-detainee violence.

76. See in this respect paragraph 70 of the [CPT's report on its 2016 periodic visit to Italy](#) CPT/Inf (2017) 23.

77. See in this respect the authoritative opinion "[Il Suicidio in Carcere](#)" of 25 June 2010 which stresses inter alia that "suicide prevention is fully part of the defence of health and life" ("*Il suicidio in carcere. Orientamenti bioetici*", Italian Committee for Bioethics, 25 June 2010), and thus of custodial duties, the adoption of plans for the prevention of self-harm and suicide risk be initiated in cooperation with the competent local services.

in order to clearly identify signs of distress upon admission and manage such cases in light of established internationally recognised principles. For example:

i. A Guinean national committed suicide in the Rome CPR on 4 February 2024, followed by a strong collective protest which seriously damaged the centre and led to the arrest of 14 detainees. As mentioned in paragraph 47 the detainee in question had not had his fitness for detention re-assessed at the time of his admission to Rome CPR, nor had his socio-sanitary documentation and medical file from Trapani CPR been transferred. In addition, the initial assessment with a psychologist in Rome was not carried out due to a heavy workload. As a result, the management of the CPR may have overlooked certain vulnerabilities and aspects of his behaviour, such as the fact that he had announced his intention to commit suicide to some fellow detainees, that he had not actively interacted with them for days and that he slept separately. A criminal investigation was under way at the time of the CPT's visit by the Rome Prosecutor.

ii. A detainee had attempted suicide twice on 13 February 2024 at Milan CPR, first by hanging himself in the module and then at the emergency department of San Paolo Hospital following to his transfer.⁷⁸ His certificate of fitness for detention, drawn up at the time of his transfer from Turin Prison, clearly stated that he needed to be kept under observation in light of previous suicide attempts. However, there were no records at Milan CPR certifying that he had been placed under observation. The detainee was subsequently declared unfit for detention and released.

The CPT recommends that clinical protocols and guidelines be established on a number of issues, such as the management of hunger strikes and the prevention of suicide in detention in light of the National Action Plan for the Prevention of Suicides in Prison ("*Piano nazionale di intervento per la prevenzione dei suicidi in carcere*") and its subsequent modifications.⁷⁹

64. The delegation was able to observe that detained persons refusing food and fluids had their weight and vital signs recorded on a regular basis in dedicated forms in their personal files (in respect of their initiation, review and termination). However, there was no specific and uniform protocol for the management of hunger strike in any of the CPRs visited, and the only guidance available consisted of general handwritten instructions posted on the walls of the infirmary (as observed in the Milan CPR for example). **The CPT recommends that the Italian authorities ensure that the relevant actors (namely, the *Prefetture*, ASLs and CPR contractors) adopt protocols for the management of hunger strike in all CPRs.**

I. deaths of detainees

65. As mentioned in paragraph 11, the death of O.S. in Rome CPR had received considerable media attention and was the subject of a criminal investigation by the Rome Prosecutor. Similarly, other deaths of detained persons in CPRs (such as that of M. B. in Turin CPR in 2021 and that of E.K. in Gradisca CPR in 2020) were also the subject of pending trials to establish the circumstances of the persons' deaths. At the time of the visit, the autopsy reports on the above-mentioned deaths in custody at Rome and Gradisca CPRs had not been sent to the health services of the CPRs.

The CPT recommends that the Ministry of the Interior of Italy systematically shares the content of any autopsy report of a detained person with the relevant CPR management, as well as with its healthcare staff, in particular with a view to ascertaining whether there are lessons to be learned as regards operating procedures in respect of future similar episodes.

⁷⁸ The detainee had tried to hang himself by trying to wrap the sheets of his bed around his neck.

⁷⁹ See in this respect paragraph 69 of the [CPT's report on the 2019 Ad hoc visit to Italy CPT/Inf \(2020\) 2](#).

m. quality control and supervision

66. The Lamorgese Directive stipulates that the quality of healthcare provided by the contractors within the CPR be subject to regular quality control by the respective ASL.⁸⁰ At the time of the visit, the delegation was able to ascertain that sporadic visits were taking place at the CPRs, which mainly concentrated on the status of equipment and staffing, rather than clinical aspects of the provision of healthcare. The CPT considers that, given that half of the persons detained in CPRs are released into the community, it is in the interest of the national health authorities to ensure rigorous monitoring and inspection of the level of healthcare provided to this population. **The CPT recommends that the respective ASL conducts regular visits to the CPRs to assess the provision of healthcare and make recommendations for improvement as required.**

6. Staffing and personnel

a. introduction

67. As mentioned in paragraph 10, the management of CPRs is characterised by an asymmetry between the custodial/security part and the contracting part, which generates the need for a triangular synergy between different components of the CPR management (namely, the *Prefettura*, *Questura* and Contractors). Without entering into the delicate mechanism of the profit-oriented nature of the work of the contractors, who are compensated according to the occupancy rate of the CPRs, the CPT delegation carried out an assessment of the staff components and their tasks in light of its standards in the field of immigration detention.

b. custodial staff complement

68. In the CPRs visited, the component of the security staff followed the classic general configuration of custodial staff in charge of the surveillance within the centre, the intervention group (*Interforze*) tasked with the management of critical events in case of need, and army officers in charge of the external perimeter and regulation of access to the CPR. Each competent *Questura* issued SOPs which set out requirements for security arrangements, surveillance modalities and the management of critical events (such as riots, acts of vandalism and escape attempts).

At the time of the visit, the relevant component of the custody staff in the visited CPRs provided for a complement of custody officers ranging from 11 to 15 (in Milan, Gradisca and Potenza), as well as a component of members of the *Interforze* group ready to intervene and located outside the detention facilities of various components (namely, 11 in the Milan, 15 in Gradisca, 15 in Potenza, and two in Rome CPR), deployed on a monthly basis by different law enforcement agencies from different parts of the country). At the Rome CPR, a slightly different arrangement was in place, with the responsibility for custodial services assigned exclusively to the staff of the Immigration Service of the Rome *Questura*. A shift commander from the National Police was in charge of the security component for each shift. In addition, the Italian Army was responsible for guarding the perimeter at all the CPRs visited.

69. The SOPs in force in each of the CPRs visited were adopted by the relevant *Questura* and described the different staff complements and their tasks (in terms of security supervision, prevention of escape and management of critical events such as hostage-taking, riots, etc.). The SOPs were varied slightly and in principle contained security-related elements affecting daily life and the regime in the centres, such as the escort of detainees within the establishment, the presence of custodial staff for various activities such as the provision of therapy, and consultations with cultural mediators and psychologists.

80. Such a position had also been taken by the Italian Committee on Bioethics which stated in 2013 that “the National Health Service must take charge of the CIEs (i.e. the previous denomination of the CPRs) or, alternatively, agreements and arrangements to this effect must be activated immediately. Not only must adequate services be provided, but the state of the premises, the adequacy of the services, the state of hygiene and the compliance of the living conditions with the requirements for respecting people's dignity must be assessed”.

At the beginning of the visit, the CPT delegation was informed by officials of the Ministry of the Interior that the staff assigned to the CPRs had received training on the human rights of detained persons and on the management of high-risk interventions. The examination of the relevant registers and the report on the interventions showed that, in principle, the police officers showed the necessary restraint and proportionality in their actions.⁸¹ Nevertheless, in some cases, such as those described in paragraph 15, such interventions resulted in serious injuries to recalcitrant detainees, which needed to be accurately assessed.

70. As regards the day-to-day interaction of custody staff with foreign nationals, this consisted mainly of the surveillance of detention areas and the escorting of detainees to the infirmary, amongst other tasks (court hearings, visits, etc.). In this respect, the delegation noted that the arrangement in place at the Rome CPR, whereby a dedicated member of staff from the Immigration Service of Rome *Questura* was permanently assigned to the Rome CPR, appeared to be the most appropriate and satisfactory, ensuring a more relaxed and positive relationship with the detainees.⁸² Conversely, in other CPRs, such as the Potenza CPR, where a rotation of staff of various law enforcement agencies from different regions of Italy was assigned to supervise detainees on a monthly basis, a more security-focused and formal approach to supervision appeared to be applied, featuring disproportionate practices such as the escort of detainees by two police officers within the centre, and access to detention areas for issues such as searches only in full riot gear. Further, with the exception of Rome CPR, custodial staff in the centres were all equipped with truncheons as part of their uniform.

71. The CPT is of the view that incidents of the kind observed by its delegation require additional and more specific skills than those possessed by the Interforce riot control teams deployed in the CPRs. Furthermore, the equipment of these intervention groups, including helmets, gloves, knuckle and knee pads, reinforced vests, shields and batons, was incongruous with the application of self-restraint and proportional skills (such as manual control techniques). For instance, the tactical manual included in the SOPs in force at Gradisca CPR demonstrated various formations and techniques for intervention in detention areas in the event of critical incidents, derived from anti-riot police tactics, which were evidently unsuitable for a secure environment.

72. In the CPT's view, the staff of centres for immigration detainees have a particularly onerous task. Firstly, there will inevitably be communication difficulties caused by language barriers. Secondly, many detained persons will find the fact that they have been deprived of their liberty when they are not suspected of any criminal offence difficult to accept. Thirdly, there is a risk of tension between detainees of different nationalities or ethnic groups.

Consequently, the CPT places a premium upon the supervisory staff in such centres being carefully selected and receiving appropriate training. Staff should possess both well-developed qualities in the field of interpersonal communication and cultural sensitivity, given the diverse backgrounds of the detainees. Further, at least some of them should have relevant language skills. Further, they should be taught to recognise possible symptoms of stress reactions displayed by detained persons and to take appropriate action.

Staff responsible for the custody of immigration detainees (and administrative detainees) should be in a different and separate service from law enforcement officials and should receive specialised training (more akin to prison service training).

73. The CPT recommends that the Ministry of the Interior give serious consideration to the creation of a dedicated group of immigration detention staff responsible for the supervision of persons detained in CPRs. The current practice of entrusting individual *Questuras* with the adoption of ad hoc and diverse SOPs resulting in diverse practices, should gradually be abandoned.

81. In particular in respect of encouraging those foreign nationals who were trying to reach the roof of the CPR to return to their modules.

82. Detainees would, in principle, be escorted to the infirmary and other parts of the establishment by the contractor staff.

c. contractors' staff complement

74. As mentioned in paragraph 10 the staffing component of the contractor (namely, cultural mediators, legal informers, social workers, psychologists and healthcare staff) is provided for in the relevant *Capitolato* and is the subject of assessment by the relevant *Prefettura* at the time of tendering and at subsequent inspections. As mentioned in paragraph 7, some of the pending criminal investigations related to the lack of provision of statutory services and the insufficient presence of staff in accordance with the minimum requirements set out in the specifications (*Capitolato*) of the tender. In this respect, the new *Capitolato* published by the Ministry of the Interior in March 2024 provided for an increased number of staff, such as psychological assistance and cultural mediators.

75. The situation observed by the delegation showed that the very recent recruitment of staff (in particular at the CPRs of Milan and Potenza) had indeed filled the serious gaps which had led to the opening of criminal investigations.⁸³ The situation in the Rome and Gradisca CPRs (with a component of cultural mediators, the presence of a psychologist and lawyers) was more satisfactory. However, the CPT also considers that the component of cultural mediators could be strengthened, with a particular focus on minority nationalities (such as Chinese, Pashto and Urdu speakers), along with increased psychological input and legal advice.

76. The CPT also wishes to raise the more general question of the Italian authorities' approach – uncommon in continental Europe – of entrusting the running of detention centres for foreign nationals to private organisations, albeit humanitarian or charitable ones. It is naturally not for the CPT to determine the approach to be followed in these matters. States have at their disposal a range of possibilities, from direct management by the public authorities to complete privatisation of this activity. However, sub-contracting the management of these kinds of centres to private organisations does not relieve the state of its responsibilities vis-à-vis persons deprived of their liberty, even when specific agreements are drawn up.

In addition, the CPT considers that drawing up technical specifications and a list of services to be provided (covering the number of staff, their qualifications, the supply of specified material resources, and so on) and issuing internal regulations is insufficient. It is also necessary to determine standards and rules of conduct to be observed by the staff of these organisations in their day-to-day activities. In addition, any sub-contracting solution of this kind necessitates the introduction of systems of regular, robust, on-site inspection and oversight by state representatives, making it possible to guarantee the proper performance of the contracted tasks, and to detect and immediately remedy any deficiencies.

The CPT invites the Italian authorities to engage in a comprehensive examination of the model and lessons learned from the privatisation of the management services of CPRs and other migrant reception centres, particularly in light of the recent criminal investigations (see paragraph 7), and the potential impact of such alleged corrupt activities on the wellbeing of detainees.

The CPT considers that the outsourcing of immigration detention management services to private contractors does not relieve the State of its responsibility whenever there is a violation of the fundamental rights of the detained population.

7. Legal safeguards

a. introduction

77. The legal framework for the administrative detention of foreign nationals in a CPR (*trattenimento*) is governed by the 1998 Consolidated Migration Act (*Testo Unico sull'Immigrazione* or TUI, last amended in 2023). According to Article 14 of the TUI, a foreign national who is the subject

83. At Milan two psychologists had just been recruited by the new interim judicial administrator and at Potenza CPR a legal advisor had just taken up office a few days before the CPT visit.

of an expulsion order may be detained in a CPR by a decision of the Chief of Police (*Questore*), which must be notified within 48 hours to a lay judge, who must hold a confirmation hearing within 48 hours, in the mandatory presence of the detained person and their lawyer. *Trattenimento* is ordered for an initial period of three months,⁸⁴ depending on various circumstances, and is subject to periodic review, in principle every three months and up to a maximum of 18 months.⁸⁵ The *Giudice di Pace* must verify the validity of the expulsion order and ensure that there are no other alternatives to the *trattenimento*.⁸⁶ The decision can be appealed to the Cassation Court and the detained person may request a review of their detention any time but the burden of proof will be upon them in relation to the allegedly illegal nature of the *trattenimento*.

In addition, *trattenimento* in a CPR may also be ordered in the case of a judicial expulsion order issued by a judge, as a security measure in lieu of imprisonment or a fine, or as an alternative sanction to imprisonment.⁸⁷

Finally, another category of foreign nationals who may be subject to *trattenimento* in a CPR is asylum seekers, for a maximum of 12 months, if it is established that they may pose a threat to security and public order, for identification purposes, or if they have submitted an asylum application during their detention in a CPR.⁸⁸ Finally, persons subject to a Dublin transfer can also be detained in a CPR if there is a risk of absconding.

78. In the course of the 2024 visit the CPT delegation examined judicial hearings on the *trattenimento* of foreign nationals (including in respect of asylum seekers), held meetings with officers of the Immigration Service of the respective *Questure* at all CPR visited, and also held meetings and information sessions with immigration lawyers assisting detained persons in order to assess the operation of safeguards during detention.

b. trattenimento

79. As regards the confirmation hearing before the lay judge, the CPT delegation was able to observe that, in principle, the judges paid full attention to the circumstances justifying the *trattenimento* (as regards the lack of alternatives and the validity of the expulsion order) and assessed the level of integration of the detained person into Italian society in light of the expulsion order. However, different modalities were observed in the conduct of the hearing, which affected the respect of detainees' rights. For example, while at Gradisca CPR hearings took place exclusively with the persons physically present, at the Milan and Rome CPRs, the hearings continued to take place mainly online.⁸⁹ At the Potenza CPR, despite the presence of the judge in situ, the detained person was kept behind a glass screen and communicated with the judge through a slot under the partition. Finally, it was not always clear from the hearings whether the lay judge had received the relevant social welfare and psychological assessment from the staff of the CPR in order to be better familiarised with the situation of the detained person.

The CPT considers that, in principle, hearings of persons subject to the confirmation of a detention order (*trattenimento*) in a CPR should take place in person. This is because the hearing represents an opportunity for the judge to physically observe the detained person and, for the person, possibly to talk confidentially with the judge. In light of the recent extension of the maximum period of

84. As mentioned in paragraph 7 this change had been recently introduced Law-Decree 124/2023 and previously amounted to one month.

85. As mentioned in paragraph 7 this amendment been recently introduced Law-Decree 124/2023 and previously amounted to 90 days.

86. Such as, for example, the seizure of a passport, mandatory signature (parole) in a police establishment etc.

87. Pursuant to Article 15 of the TUI.

88. The recent amendments of 2023 also provide for the detention of an asylum seeker who has been rescued at sea and who is unable to pay a bail of €5 000 euros. This provision has been questioned by some judges and its legitimacy is being examined before the European Court of Justice.

89. Such a modality was foreseen by a specific provision of the Law Decree 13/2017 and was already commented upon by the CPT. See in this respect paragraph 55 of the CPT's report on its 2017 ad hoc visit to Italy, [CPT/Inf \(2018\) 13](#).

detention in a CPR, and the prolongation of the terms of their revision to three months, it is evident that such guarantees are of even greater importance. Further, the Committee considers that the practice observed at Potenza CPR whereby the judge and the detainees were separated by a glass screen should be abandoned. Finally, the management of the CPRs visited should ensure that the relevant social welfare and psychological assessment in respect of all newly admitted detainees is promptly drawn up and transmitted to the competent judge in time for the hearing on the confirmation of their *trattenimento*.

The CPT recommends that the Ministry of Justice take active steps to modify the conduct of hearings on the detention (*trattenimento*) of foreign nationals in CPRs in light of the above remarks.

80. With regard to access to a lawyer, detained persons had the possibility to choose a lawyer from a list of the Bar Association (in the Milan, Rome and Gradisca CPRs) and the defence lawyers were present during the hearing and, in principle, given the opportunity to familiarise themselves with the case file. Nevertheless, several persons told the delegation that, due to the lack of premises and the rapid nature of the proceedings, they did not have the opportunity to communicate with their lawyers in a confidential setting prior to the hearing. Some detained persons also complained about the imbalance between their defence and the *Questura* officers, who attended the hearings in uniform,⁹⁰ thus lending more credibility to their arguments. These shortcomings were compounded by the fact that many detainees were admitted to a CPR following their arrest in various parts of the country and transferred, without being informed of their case and without access to basic safeguards in relation to deprivation of liberty (see paragraph 87).

The CPT reiterates its recommendation to the Italian authorities that appropriate steps be taken to enable (*ex officio*) lawyers to consult the file and meet with their clients before the judicial hearing, with the aid of an interpreter if necessary. Further, the Committee also recommends that in order to respect the right of perceived equality of arms in a judicial hearing, there is no justification for the staff of the Immigration Service of the relevant *Questura* to attend hearings in uniform.

81. In relation to the procedure of appointment of *ex officio* lawyers, the fact that the procedure of the *trattenimento* was taking place in front of a lay judge ensured that any *ex officio* lawyer would end their mandate at the time of the hearing and could not continue for further confirmation after three months.⁹¹ This had consequences over the continuity of defence. The Italian NPM had tried to find a solution to this legal impasse in consultation with the Italian Bar Association, but so far without success. The situation observed by the CPT delegation showed that detained persons, deprived of substantial contacts and support on Italian territory, had difficulties in obtaining essential documents in order to effectively challenge their detention.

The CPT recommends that the Italian authorities in co-operation with the Italian Bar Association find a solution to the issue of continuity of legal assistance for detained persons in the context of civil proceedings.

82. With regard to the interpretation service, the delegation found that, in principle, cultural mediators acted as interpreters for detained persons who could not express themselves in Italian. Such a solution was satisfactory, in particular for the Arabic-speaking population, but left some under-represented categories uncovered. For example, it was not uncommon for detainees who spoke Urdu or Pashto to undergo a court hearing without an interpreter being physically present.

The CPT recommends that foreign nationals are always allowed to receive the assistance of a qualified interpreter during judicial hearings, and that resort may also be had to telephone interpretation during hearings in exceptional circumstances.

90. This was for example a specific request by the *Questura* of Gorizia to its staff.

91. This was due to the fact that the proceedings were regulated by the Code on Civil Procedure.

83. The decision on the *trattenimento*, as well as its extension, could be appealed to the Cassation Court within 14 days. The recent extension of the initial review period of the detention order to three months (previously 30 days) had made compliance with safeguards during the initial confirmation hearing even more essential.

c. asylum application

84. The application for asylum (international protection) is regulated by Legislative Decree 25/2008 and, in principle, migrants' applications are lodged through the so-called 'hotspot approach' at the point of arrival. The examination and assessment of the asylum application is decided by the National Commission on the Right to Asylum at the level of the Ministry of Interior, which has 50 territorial commissions throughout the country. It is, of course, also possible to lodge an asylum application within a CPR. Finally, the 2023 legislation has also adopted measures to minimise the impact of repeat asylum applications.⁹²

85. At the time of the CPT visit, most of the detained asylum seekers had submitted their asylum application during their time in detention. In such cases, the staff of the Immigration Service of the relevant *Questura* would delay their expulsion procedure (as regards contact with the consular authorities, identification of a carrier etc.) until a decision was taken by the relevant territorial commission.

The delegation attended a number of judicial hearings on the *trattenimento* of asylum seekers at the Rome CPR⁹³ and noted that there was a real exchange of views, in full respect of the adversarial principle, and a clear assessment on the circumstances and mitigating factors.

86. Although Article 4 of the Lamorgese Directive specifically requires that, in principle, asylum seekers should be accommodated in separate sections within CPRs, this was not the case at the time of the 2024 visit and the only allocation criteria consisted of grouping detainees of the same nationality or linguistic group and to avoid any incompatibility. **The CPT reiterates its recommendation that asylum seekers be accommodated in dedicated areas of CPRs, and that they should not be mixed with other categories of detained persons, such as those coming from prison. In any case, the allocation of foreign nationals in a CPR should be based on an individual risk assessment.**

d. apprehension by law enforcement agencies and *locali idonei*

87. As mentioned in paragraph 9, the most classic pattern of *trattenimento* in a CPR consists of the arrest of an irregular migrant on Italian territory, his escort to a police station (*Questura*) where he could spend up to 48 hours in a so called *locale idoneo* before being transferred to a CPR.⁹⁴ Most of the persons admitted by the delegation to a CPR under this modality complained that they had not been granted any of the basic safeguards advocated by the CPT, namely the right to be informed of their rights, to contact a lawyer and to notify a third party of their detention⁹⁵ (detainees would be escorted to a health centre for the issuance of a certificate of fitness for detention in a CPR). The numerous allegations received by the delegation confirmed that this practice is widespread and well established throughout the territory. The suspension of rights and *de facto incommunicado* detention of foreign nationals for up to 48 hours is of even greater concern, as it may well result in practice in

92. In the context of the so-called accelerated procedure.

93. These hearings, unlike those for the confirmation of the detainees' (*trattenimento*), took place in person and before a magistrate rather than a lay judge.

94. Although the Ministry of Interior does not publicise the list of *locali idonei*, the NPM had reported in 2022 that there were 68 *Questure* nationwide that had set up such premises for the detention of foreign nationals under alien legislation.

95 In particular Article 14, paragraph 2, of the TUI guarantees the right of telephone conversation to persons apprehended in relation to the immigration legislation.

transfer to an airport transit zone and forced removal, as illustrated by the NPM's reports.⁹⁶ Detainees also complained of long journeys in police vehicles, handcuffed and without access to water and food, until they reached a CPR (see paragraph 20).

88. In the CPT's view, immigration detainees (whether asylum seekers or not) should – in the same way as other categories of persons deprived of their liberty – be entitled, as from the outset of their deprivation of liberty, to inform a person of their choice of their situation and to have access to a lawyer and a medical doctor. Further, immigration detainees should be expressly informed, without delay and in a language they understand, of all their rights, their legal situation (including the grounds for their detention) and the procedure applicable. To this end, all immigration detainees should be systematically provided with a document setting out this information; the document should be available in the languages most commonly spoken by those concerned and, if necessary, the services of an interpreter should be made available. The persons concerned should attest that they have been informed of their rights, in a language they can understand.

In light of the aforementioned remarks, **the CPT recommends that the Italian Ministry of the Interior takes urgent measures to regulate the procedure of apprehension and detention of foreign nationals in so-called *locali idonei*. This should be done notably through the publication of such places of detention and the rigorous application and operation in practice of the fundamental safeguards against ill-treatment such as the right to notify a third party of the deprivation of liberty, the right of a prompt access to a lawyer and to a doctor.**

Further, in the light of the peremptory nature of the principle of non-refoulement and its possible violation of Article 3 of the Convention, persons apprehended under the above-mentioned modalities should have effective access to an asylum procedure which involves an individual assessment of the risk of ill-treatment and the removal order should be handed over in writing to the person concerned. Finally, there should be the possibility to appeal against the order, and the deportation should not be carried out before the decision on any appeal has been delivered. The assistance of a lawyer and an interpreter should be guaranteed also at this stage of the procedure.

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e. forced removal

89. The CPT delegation gained a positive impression of the empathy and individualised approach of the *Questura's* staff in organising removals. The staff generally tried to persuade persons in detention to accept voluntary return but would be more forceful in the case of nationals from countries with which Italy had concluded bilateral readmission agreements.⁹⁷ However, it should be noted that, as was the case during previous visits, the Italian authorities still were not giving advance notice of removal operations in order to avoid escalating critical incidents. Detainees informed the delegation that the most common *modus operandi* consisted of inviting a foreign national to the infirmary, from where they were escorted to the airport, sometimes without the possibility of taking their belongings or receiving psychological assistance. This is not appropriate.

It is essential that persons in immigration detention be informed sufficiently far in advance of their prospective deportation, so that they can begin to come to terms with the situation psychologically and are able to inform the people they need to, and to retrieve their personal belongings. The CPT has observed that a constant threat of forcible deportation hanging over detainees who have received no prior information about the date of their deportation can bring about a condition of anxiety that comes to a head during deportation and may often transform into a violent agitated state.

The findings of the 2024 visit once again highlight the necessity for the Italian authorities to reconsider their position and to adopt practices employed by other European countries that have

96. In particular, the NPM had already stigmatised this problematic practice, referring to its opacity in terms of unclear legal framework, lack of publicity of places and the concrete danger that persons subject to such a measure be directly forcefully removed without the enjoyment of the necessary guarantees.

97. Such as, for example, Tunisia, Egypt, Nigeria, Georgia and Albania.

been demonstrated to be more effective. **The CPT reiterates its recommendation that foreign nationals detained pending deportation should be informed of their impending forced removal at least one week in advance in a language they understand. If they are detained for less than a week before forced removal, they should be informed of their impending deportation on the day of their deprivation of liberty. Further, the same fundamental safeguards in terms of forced removal as outlined in paragraph 88 should apply in current circumstances.**

f. information on rights at the CPR

90. The Lamorgese Directive and *Capitolato* foresee the presence of a lawyer (legal advisor - *informatore legale*) with the task, amongst others, to provide information to detainees upon admission to the centre on their rights (house rules, right to asylum), as well as to assist them in securing the appointment of a lawyer. The delegation noted that the *informatori legali* were generally present for a number of hours per week at each centre and were striving to meet with detained persons upon their admission. Their task was to provide the newly arrived detainees with a copy of the house rules and information on the asylum procedure, preparation for the judicial procedures and arranging for the assistance of a lawyer. It should be noted, however, that it was not always possible for detainees to meet with the *informatore legale* before their hearing, which was a source of frustration as the initial *trattenimento* order was in principle decided for a period of three months' duration.

The CPT recommends that the information officers at all CPRs are effectively able to provide detained persons with clear and comprehensive information following their admission to a CPR and prior to the judicial hearing on the validation of the *trattenimento*.

g. registers

91. Another important safeguard to which the CPT attaches importance is the keeping of registers and records on detained persons and in particular on critical events. In the case of a very complex structure, such records could serve as an accountability tool, as well as assisting monitoring bodies in their work and in the management of complaints. The Lamorgese Directive makes specific reference to the need for contractors to keep registers on critical events. At the time of the CPT's visit, such information continued to be of a fragmented and diversified nature. In order to retrieve the information from the CPR visited, it was necessary to consult several different sources. The recording of information within the CPRs must be improved.

The CPT recommends that the Italian authorities ensure that the management of the CPRs introduce standardised registers on issues such as critical events (potentially in an electronic format) that are stamped and signed, and not subject to manipulation, in order to facilitate the work of judicial, monitoring and accountability bodies.

8. Vulnerable groups

92. The Lamorgese Directive stipulates that any vulnerabilities of detainees may become apparent at the time of the assessment of fitness for detention. Further, Article 15 of the same directive also provides that the relevant actors within the CPR should strengthen their cooperation in order to identify any vulnerability of detainees in the course of their detention and bring this to the fore in view of an administrative follow-up by the competent authorities. As previously mentioned in paragraph 62 the delegation did not meet any UASM at the CPRs visited.

93. The female section of Rome CPR was the only detention unit accommodating female foreign nationals in Italy. At the time of the CPT visit, three women were being accommodated and their situation was, in principle, adequate in terms of the material conditions of detention and care received by a dedicated staff member of the contractor. That said, the sanitary facilities were in a state of disrepair. Further, in addition to the case of the woman described in paragraph 47 in connection with the reassessment of her mental status, the delegation was also able to observe that a Chinese

woman with no knowledge of Italian was only able to communicate with staff (cultural mediators, psychologists, etc.) through telephone translation software. Finally, an NGO continued to provide assistance to suspected victims of trafficking as required, but its representatives were not present on a permanent basis at the CPR due to the reduced number of female detainees.

The CPT recommends that the sanitary facilities of the female detention blocks of Rome CPR be repaired in terms. Further, additional cultural mediators with language skills to cover less represented categories of detainees is even more relevant with regard to the female population, given their minority in the context of the Italian CPRs. In this respect, a pool of freelance cultural mediators should be created to meet the needs of detainees who are less represented in linguistic terms.

94. At the time of the CPT visit, there was no transgender detainee accommodated at any of the visited CPRs. However, upon reviewing previous files and registers, the CPT discovered that a male-to-female transgender person of Cuban nationality had been admitted on 1 April 2024 and was soon released following a reassessment of the ASL based on an evaluation conducted on the same day by the CPR psychologist.⁹⁸ The management of the CPR informed the delegation that the transgender detainee in question would not have been admitted had hormonal therapy been initiated or gender affirming surgery been conducted, as such a condition would have been considered incompatible with the detention. **The CPT recommends that the Italian authorities take full account of the vulnerability of LGBT+ foreign nationals when admitting them to a CPR, in light of the risks of possible re-traumatisation as set out, *inter alia* in the ISS Guidelines (see paragraph 51). The authorities must also ensure that their fitness for detention is not assessed solely on the basis of the commencement of hormone therapy or the undertaking of gender affirming surgery.**

9. Contact with the outside world

95. The Lamorgese Directive stipulates that foreign nationals may receive visits from families and relatives, subject to a notification to the CPR to grant access for the same. Such provisions were complied with in practice. However, the same provision of the Lamorgese Directive stipulates the prohibition of the possession of mobile phones in a CPR.⁹⁹ It should be noted, however, that as a result of certain judicial decisions by the Milan Court, the management of Milan and Gradisca CPR had allowed the unrestricted use of personal mobile phones within detention modules. At Rome Ponte Galeria CPR, detainees were permitted to use their SIM cards in a mobile phone provided by the management (devoid of photography and videography).

Furthermore, a telephone bonus of €5 was being distributed to foreign nationals who were unable to conduct long telephone conversations. Finally, in none of the CPRs visited was there any arrangement for the use of Voice over Internet Protocol (VoIP) technologies to enable detainees to communicate with the outside world. **The CPT recommends that the Italian authorities permit foreign nationals detained in CPRs to utilise VoIP technologies free of charge to facilitate communication with the outside world. Moreover, it would be beneficial to examine the reasoning behind the Milan Court's decision, in order to ascertain whether the use of mobile phones could be extended to all CPRs nationwide.**

98. The psychological evaluation recommended a reassessment by the ASL psychiatrist due to the fact that the detainee had stated they were homosexual and afraid of possible detention at the CPR. Further, it should also be noted that the records examined by the delegation showed that the placement of the transgender detainee in question had caused a dispute among the foreign nationals in the relevant module, with some opposing the placement and others being in favour of it.

99 Article 5, paragraph 6, of the Lamorgese Directive stipulates that detained persons may request the staff of the CPR to access their confiscated mobile phones in order to look up phone numbers and, if the relevant mobile phones is deprived of camera, to make calls in cases of need and urgency.

10. Searches

96. The legislation does not regulate the issue of searches of detainees in an immigration detention context. The registers of personal objects refers to “handed over” rather than “seized objects.” The situation observed by the delegation at the time of the visit indicated that, in principle, upon the admission to CPRs detainees would only be subject to a search through palpation without undressing. However, the delegation also received some allegations of detainees being subject to strip searches and squats at all the CPRs visited. **The CPT recommends that strip searches of foreign nationals upon their admission to a CPR are applied only on the basis of an individual risk assessment and that the policy be set out clearly in law.**

11. Complaint mechanism

97. Article 14 of the TUI provides for the possibility of foreign nationals to lodge complaints to the *Garante Nazionale* in relation to the modalities and conditions of their detention in a CPR. The delegation was able to ascertain that detained persons were receiving written information on such an avenue at the time of their admission. However, the number of official complaints received by the *Garante Nazionale* since the introduction of this mechanism was rather meagre,¹⁰⁰ and this was due in the delegation’s view to the lack of publicity, and to the absence or unsatisfactory location of complaint boxes.¹⁰¹ **The CPT recommends that the effectiveness of the complaint mechanism to the *Garante Nazionale* be improved through better publicity and information on the possibilities for lodging complaints. Further, the introduction of standardised registers of critical incidents and access to reports of interventions by custodial staff will contribute to improving the effectiveness of the mechanism in respect of the processing of complaints. The CPT recommends that steps be taken in light of the above principles.**

98. The Italian legislation also provides for avenues of complaint in the context of immigration detention as stipulated in Article 700 of the Civil Procedure Code and Article 2043 of the Civil Code.¹⁰² It may also be of interest to explore the possibility of using such avenues, as some lawyers did in the litigation of the Milan Tribunal, for the possession of mobile phones in 2021. It would seem, however, that this avenue remained unpublicised and rather unknown, although it was undoubtedly effective in practice. **The CPT recommends that the means of redress provided for in Article 700 of the Civil Procedure Code and 2043 of the Civil Code be publicised and included in the relevant information note provided to detained persons when they are admitted to a CPR.**

12. Monitoring and inspection procedures

99. The CPRs were regularly monitored by the Italian NPM, which conducted unannounced visits and had access to detention facilities. The NPM had produced various thematic and ad hoc reports on its visits to CPRs and Hotspots with a series of recommendations¹⁰³ as well as legal opinions on draft legislation in the field of immigration detention. The NPM also continued to assure its advisory role in the course of the adoption of relevant legislation as well as on the monitoring of return flights operated by the Italian authorities.

100. For example, the NPM reported that it had received six complaints from CPRs in the course of 2023 and five during 2022.

101. For example, in Rome CPR the dedicated complaint box was located outside of the detention facilities within the administrative area of the establishment, and detainees had to be escorted by staff in order to place their complaints.

102. In the context of the CoE CM supervision procedure of the execution of the case of [Khlaifia and Others v. Italy \(Application No. 16483/12\)](#) the Italian authorities had provided information as to the fact that migrants can bring urgent proceedings under Article 700 of the Code of Civil Procedure to complain about the living conditions in the facilities where they are detained and to seek interim measures to put an end to the situation complained of. Further, the Italian authorities also added that migrants may obtain redress for unjust detention through proceedings pursuant to Article 2043 of the Civil Code.

103. See in particular the Thematic Report of the *Garante Nazionale* on visits conducted to CPRs between January and March 2023.

100. In accordance with Article 19 of the TUI, the competent *Prefettura* are entrusted with the role of supervising the provision of services and the management of CPRs by contractors. They are therefore responsible for carrying out regular and unannounced visits to CPRs. The CPT delegation was able to observe that there was an interface between the *Prefettura* and the respective contractor and security staff. During the visit, the delegation was also informed that the *Prefettura* had introduced a new system (under the name of SMAC) to monitor the provision of services in CPRs (as well as in other migrant reception facilities under the aegis of the Ministry of the Interior). Further, the recent criminal investigations into the lack of provision of services by contractors to the detained population originated from investigative media reports rather than communications from the relevant *Prefettura* in the context of their monitoring activities. **The recommendation outlined in paragraph 76 on the need to have stricter control and oversight of the activities of contractors for the management of CPRs is also valid in this context.**

APPENDIX I: LIST OF THE NATIONAL AND OTHER AUTHORITIES WITH WHICH THE DELEGATION HELD CONSULTATIONS

A. National authorities

Ministry of Foreign Affairs

Sabrina UGOLINI	Minister Counsellor, President of the Inter-Ministerial Committee of Human Rights (CIDU)
Nico LONGO	Counsellor at CIDU
Maja BOVA	Legal Officer at CIDU

Ministry of Interior

Francesco ZITO	Central Director of Civil Immigration and Asylum Services at the Department for Civil Liberties and Immigration
Carmen COSENTINO	Head of Office, Department for Civil Liberties and Immigration
Alessandra GIANSAnte	Central Directorate of Immigration and Border Police
Raffaella FASSONE	Central Directorate of Immigration and Border Police

Ministry of Justice

Carla CIAVARELLA	Department of the Penitentiary Administration, Office for the Coordination of the Relations of Institutional Cooperation
Giacomina PERNA	External Relations Officer at the Department of the Penitentiary Administration

Ministry of Health

Anna DI NICOLA	External Relations Officer
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Ministry of Defence

Emanuela ROCCA

Lieutenant Colonel *Carabinieri*

Marco CIRILLO

Major *Carabinieri*

Vira Sabrina D'ONOFRIO

Major *Carabinieri*

B. National Guarantor for the Rights of Persons Detained or Deprived of Liberty (NPM)

Maurizio D'ETTORE

President of the Board of the *Garante Nazionale*

Irma CONTI

Member of the Board of the *Garante Nazionale*

Mario SERIO

Member of the Board of the *Garante Nazionale*

C. Non-governmental Organisations

Associazione per gli Studi Giuridici sull'Immigrazione (ASGI)

Associazione NAGA