

**Reply of the Danish Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Denmark from 23 May to 3 June 2024**

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## A. Police establishments

### Paragraph 10 in the CPT's report

**The CPT would like to be informed of the details of the rules of police conduct (including as regards the resort to handcuffs and other means of coercion) with respect to persons being brought against their will to psychiatric establishments. The Committee would also like to be informed of any special training provided to police officers in this particular context.**

The Danish Police Act of 29 November 2019 regulates the use of force by police officers and stipulates that they may use force only if necessary and justified, and only by such means and to such an extent as is reasonable with a view to the interest that the police are seeking to protect.

The Danish Police Academy has issued guidelines on the principles of use of force by the police and conflict management. The guidelines stipulate the general rules of and ethical standards for use of force by the police, including the instruction of police trainees in the use of handcuffs. These principles form the basis for the teaching of all police students. The guidelines were last revised in April 2022. The guidelines stipulate, inter alia, that handcuffs if necessary – for security reasons – are always to be applied while the person is holding his/her hands behind his/her back. It must be ensured that the handcuffs have not been applied too tightly. During transportation, it must be ensured that the handcuffs cause as little inconvenience to the person as possible. In case of longer transports, a fixation belt may be applied, which restrains the person's hands in front instead of behind.

In order to support the implementation of the guidelines among the police officers in the police districts, the publication is published on the internal website "POLIntra" and placed in a public library available for the entire Danish Police. The principles of the publication are furthermore reflected and incorporated in all relevant further education at the Police College – both in basic training in the instructors courses held for the instructors in every district in the country. As a premise for their competence, it is mandatory that they attend a full-day maintenance course on which their skills and knowledge are updated and reminded. Overall, the Danish Police finds that the basic police training in conjunction with the ongoing evaluation of the police students and the continuous further training of police officers ensure that police officers are made aware and trained in respectful treatment of citizens and in only using force

when strictly necessary, and with a clear emphasis on ethics and dignity, which meets the recommendations in paragraph 10 in CPT's report.

Specifically, with regard to section 10 of the Police Act the police has an obligation to take care of persons, who are not able to take care of themselves due to illness, injury or other kinds of helplessness.

The police have a central role with regard to implementation of the Danish Act of use of Force within the Psychiatry. The role of the police is to ensure lawful use of the legislation in connection with forced admissions to a psychiatric facility and to ensure, that any means of force is only applied when necessary and justified, and only by such means and to such an extent as is reasonable with a view to the interest that the police are seeking to protect.

All students at the Police Academy receive basic education both theoretically and practically in handling mentally unbalanced citizens. The students learn how to handle and communicate with mentally vulnerable persons. The students are introduced to mental disorders and characteristics thereof and they receive education in the procedure for forced admission to psychiatric establishments. The theoretic education is followed up by practical exercises where the students have to handle a person in practice who shows signs of being mentally ill and in pacifying a dangerous, mentally ill person.

#### **Paragraph 11 in the CPT's report**

**The CPT recommends that it be recalled to all police officers, in suitable intervals, that they should use no more force than is strictly necessary when carrying out an apprehension and that where it is deemed necessary to handcuff a person, the handcuffs must never be excessively tight and should only be applied for as long as is strictly necessary.**

Reference is made to the response to paragraph 10.

Any claims on excessive use of force can be reported to the Independent Police Complaints Authority. The Independent Police Complaints Authority is an independent authority that handles conduct complaint cases and investigates criminal cases involving police and prosecution service personnel.

#### **Paragraph 12 in the CPT's report**

In this context, the delegation learned with interest that a dedicated team of officers had been tasked at Odense Police Headquarters with overseeing staff's compliance with the safeguards for persons in police custody. **This is an example of a good practice which merits being adopted throughout the country.**

The Danish National Police has noted the recommendation from the CPT.

### **Paragraph 13 in the CPT's report**

**The Committee thus reiterates its recommendation that the existing legal provisions be amended so as to subject any delay in the notification of custody to the approval of a senior police officer unconnected with the case at hand or a prosecutor.**

Pursuant to Section 2(2) of Circular no. 9155 of 18 March 2010, all persons detained by the police have the right to inform relatives or other relevant persons about the arrest. Hence, the police must without undue delay give the detainee the opportunity to inform his closest relatives or other relevant persons about the arrest.

However, pursuant to the Section 2(3) of the Circular, the detainee can be denied this right temporarily or definitively, if, due to the specific circumstances of the case, information about the arrest in itself may compromise the investigation.

The police must make this decision without undue delay. If the detainee is denied notification due to certain steps of the investigation, these steps must be completed as soon as possible.

If the detainee is denied this right, the police must, as a general rule, notify his/her relatives or other relevant persons, if the detainee so wishes, cf. Section 2(4). Such notification must be made without undue delay. The police must notify the detainee about the result of the notification.

However, the police may refrain from doing so, if due to the circumstances of the case there are specific reasons to presume that information about the arrest in itself would interfere with the investigation of the case and this is crucial for reasons of the investigation.



The decision to deny or delay the detained person his/her right to inform or to have his/her relatives or other relevant persons informed of the arrest is made by the officer on duty or by the officer in charge of the investigation, cf. Section 2(6).

Furthermore, the Circular stipulates that compliance with the said procedures must be recorded in the detention report or protocol. If notification is denied the reason for this must furthermore be noted.

The Circular is issued by the Ministry of Justice to the police and the Prosecution Service and is as such binding upon the individual police officer.

The Ministry of Justice maintained in response to the visit by CPT in April 2019, that no additional regulation is needed. However, following the remarks made in connection to the 2019 visit, it was stated, that the Danish National Police would stress the compliances of the Circular before the Danish police districts.

This was stressed in a letter to the police districts dated 3 February 2021.

#### **Paragraph 14 in the CPT's report**

**The CPT recommends that the Danish authorities take appropriate steps to prevent such delays from occurring in the future.**

When the Danish police initiates a detention in accordance with Section 36 of the Aliens Act of an alien who has not applied for asylum, the police will inform the individual of the right to establish contact to a representation of the country of origin.

The Danish National Police is very aware of the consular obligations of the Danish state contained in the Vienna Convention on Consular Relations of 1963. In practice, the local Danish police departments will see to arrange contact between an alien and the consular post of the country of origin if the alien requests this or if otherwise considered relevant.

#### **Paragraph 16 in the CPT's report**

**The Committee recommends that the aforementioned lacunas as regards the recording of injuries and confidentiality of medical data be remedied.**

The Danish National Police has noted the recommendation from the CPT. However, it shall be emphasized, that all employees of the police, that will have access to such data, are bound by the duty of confidentiality and can be disciplined in cases of breach of this.

### **Paragraph 17 in the CPT's report**

**The CPT reiterates its recommendation that steps be taken to ensure that all persons detained by the police – for whatever reason – are systematically informed of their rights, orally at the time of deprivation of liberty and through the provision, upon their arrival at police premises, of a written information sheet setting out their rights in a simple and accessible language. This information sheet should be available in an appropriate range of languages. Further, detained persons should be allowed to keep the information sheet with them.**

According to Section 1(2) of Circular no. 9155 of 18 March 2010, persons detained by the police must be informed of their rights as set out in the Circular. The information must be given in a language the detainee can understand.

In order to ensure that all persons detained receive sufficient guidance about their rights, the Danish National Police has issued a leaflet that outlines the most important rights for detainees including the right to have an attorney. The information sheet is now available in 13 languages besides Danish and is presented to the detainee by the police in addition to oral guidance.

If the detainee does not understand any of these languages, the police must ensure that the information is given in an understandable way as soon as possible – possibly by an interpreter.

In exceptional cases, where it is not possible to guide the detainee before release, e.g. because an interpreter is not available, the information sheet must be handed out in English. Observance of these requirements must be reported in for example the detention report or protocol, cf. Section 1(3) of the Circular.

The Ministry of Justice maintained in response to the visit by CPT in April 2019 that the current regulation is adequate.

However, following the remarks made in connection to the 2019 visit, the Danish National Police would stress the compliance with the Circular before the Danish police districts.

This was stressed in a letter to the police districts dated 3 February 2021.

### **Paragraph 18 in the CPT's report**

**The CPT reiterates its recommendation that the relevant legal provisions be amended to ensure that juveniles deprived of their liberty by the police are never subjected to police questioning or requested to make any statement or to sign any document concerning the offence(s) they are suspected of having committed without the presence of a lawyer. The option “does not wish to see a lawyer” should never apply to juveniles.**

It follows from Section 15 of the Criminal Code that actions taken by children under the age of 15 are not punishable. However, the police have the opportunity to investigate criminal offenses committed by children under the age of 15 to identify the extent of the crime, to ascertain whether other persons may be suspected, and to recover any stolen items or other costs. Criminal proceedings against persons under the age of 15 are regulated in Chapter 75b of the Administration of Justice Act.

It follows from Section 821 e of the Administration of Justice Act, that in cases where a juvenile under 15 years of age has to be questioned due to suspicion of a violation of the law, which generally results in imprisonment, or an intervention is initiated, which implies – according to the rules of the Administration of the Justice Act – that a charge has been pressed against the juvenile, the holder of the parental rights or the police can ask the court to appoint a defence lawyer for the juvenile, in case the juvenile, depending on the character and severity of the case, presumably has a particular need for legal assistance. It appears from the preparatory works that the purpose of this provision is to use it in cases of homicide or violence of a particularly dangerous character.

A suspect is entitled to select a defence lawyer, and in certain cases – if the suspect does not voluntarily select a lawyer – a lawyer is nevertheless appointed to the suspect by the court. If a person is charged, this person must be informed of the charge and instructed that he/she is not obliged to give evidence to the police. The police also have to instruct the suspect that it is possible to have a lawyer appointed by the court. It must appear from the questioning report that these rules are respected. These rules apply to all suspects including juveniles between the age of 15 and 17.

In connection with the questioning of juveniles under 18 years of age, the police have to inform the responsible local authority of the case if the charge is about violation of the penal code or about circumstances that, according to the law, can result in imprisonment. However, information about the questioning can be omitted in case the juvenile caught in the act and the offence does not lead to a heavy sentence or fine. The representative of the responsible municipality must, as far as possible, be allowed to attend police questionings.

#### **Paragraph 19 in the CPT's report**

The delegation noted as a positive development the increased recourse to electronic recording of police interviews; in fact, several police officers with whom the delegation spoke (especially those dealing with investigating serious organised crime) expressed the view that such recording should become mandatory in all cases. **The Committee recommends that the Danish authorities seriously consider taking such a step.**

The Danish National Police has noted the recommendation from the CPT. The recommendation will be included in the considerations concerning a possible expansion of the use of electronic re-cording of police interviews.

#### **Paragraph 20 (first part) in the CPT's report**

Persons in police custody should never be questioned by the police without benefiting from safeguards provided for by law, in particular the right of access to a lawyer. **The CPT would like to receive the Danish authorities' observations on this subject.**

Reference is made to the answer to paragraph 18.

Pursuant to Section 3(1) of Circular no. 9155 of 18 March 2010, the police must without undue delay give all detainees the opportunity to contact an attorney, who can serve as representation in the detainee's case. Access to such contact should be given in immediate connection to the detainee being brought to the police station.

The attorney shall in accordance with the rules in Chapter 67 of the Administration of Justice Act be given access to be present during police interrogations of the detainee, cf. Section 3(3) of the said circular.

Compliance with the abovementioned rules must in all cases be noted. It follows from Section 3 (5) in the Circular that this can be done in for example the detention report. If a detention report is not made, a note must be made in the daily report or like. In order to ensure that all persons detained receive sufficient guidance about their rights, the Danish National Police has issued a leaflet that outlines the most important rights for detainees including the right to have an attorney. The document is translated into 13 besides Danish and is presented to the detainee by the police in addition to oral guidance.

Furthermore, Order no. 467 of 26 September 1978 stipulates that when the police charges a person with a criminal offence which under the law can result in a more severe penalty than a fine, the police is obliged to guide the person about his/her right to an attorney. To make sure that all persons charged and detained are aware of their right to be assisted by an attorney during the police interrogation, the guidance must be given no later than the guidance about the right not to give a statement.

Pursuant to Section 71 of the Constitution a detained person must be brought before a court within 24 hours for a preliminary examination of the case. If a person, who is charged with a criminal offence which under the law can result in a more severe penalty than a fine, has not requested an attorney in connection with an interrogation, the person is assigned an attorney at the latest when he/she is brought before the court for a preliminary examination with the purpose of detention on remand or upholding of the arrest, cf. Section 731(1) of the Administration of Justice Act. The person and the attorney will always be given the possibility to discuss the charge and the evidence before the court's preliminary examination, cf. Section 764(3) of the Administration of Justice Act.

Following the previous remarks by the CPT, the Danish National Police stressed the importance of complying with the abovementioned rules via-à-vis the Danish police districts.

This was stressed in a letter to the police districts dated 3 February 2021.

#### **Paragraph 20 (second part) in the CPT's report**

The Committee also wishes to stress that **the aforementioned introduction of mandatory electronic recording of all police interviews (from their very start including the information on the suspect's legal rights) would help fully eradicate the practice of "informal talks"**.

Reference is made to the answer to paragraph 19.

### **Paragraph 21 in the CPT's report**

At Bellahøj Police Station, the delegation saw that both the *venterum* and the *detentioner* had windows letting in natural light. **The Committee invites the Danish authorities to make efforts to adopt a similar design in all cells at police stations, especially as regards newly constructed or refurbished facilities.**

The Danish National Police has noted the recommendation from the CPT. The recommendation will be included in the considerations concerning the requirements for interior design for the *venterum* and the *detentioner*.

### **Paragraph 22 in the CPT's report**

**The Committee recommends that the existing rules be amended so as to introduce a two-step strip search procedure in all police establishments and to ensure that searches are not performed in premises under CCTV surveillance.**

If a person in police custody is brought to a police premises, the person must undergo a security search before being placed in detention or a holding cell, according to article 10 of the administrative order on placing persons in detention.

During such a search the person is removed of all items, which can be used to inflict harm to the person in question or other persons or items. Searches must – as far as possible – always be carried out with two police officers present, and if the search can be regarded as an act of indecency, the search must be carried out by police officers of the same sex as the person in question.

If the situation calls for it – either because of suspicion of hiding illegal or dangerous items or based on previous experience – the search can be carried out as a strip search, including all clothes being removed. Such a search will always be regarded as an act of indecency and must be performed by police officers of the same sex as the person in question.

**Paragraph 23 in the CPT's report**

The CPT would like to be provided with details of these rules and, in this context, would like to be informed whether taking away detained persons' eyeglasses is a routine measure or whether it is based on an individual risk assessment.

Reference is made to the answer to paragraph 22.

Removal of eyeglasses should only take place based on an individual risk assessment, where it is as-sessed that the eyeglasses could pose a risk for the security of the person in question or others.

## **B. Immigration detention establishment**

### **Paragraph 25 in the CPT's report**

**The Committee therefore recommends that the relevant legislation be amended in order to introduce a proportionate absolute time-limit for all cases of detention under aliens legislation, including under Sections 14 and 15 of the Return Act.**

Section 14 of the Danish Return Act concerns individuals expelled from Denmark by judgement.

Foreign nationals may be remanded into custody under Section 14 if necessary to ensure their presence during criminal proceedings, appeal, or pending return.

The provision applies where rules of the Danish Administration of Justice Act on detention do not allow continued custody after conviction, e.g. in cases of conditional sentences or when the sentence is served by prior detention. Remand may also be ordered after serving a sentence, if removal cannot take place immediately. It may be upheld until the return order is enforced, provided there is a reasonable prospect of removal within a foreseeable timeframe.

The provision does not apply to foreigners with permanent residence in Denmark, nor if the person is highly likely to be granted asylum.

Remand into custody under Section 14 of the Danish Return Act is subject to judicial review and must comply with the principles of proportionality and necessity.

Danish law ensures that all cases involving deprivation of liberty are promptly reviewed by the court. If an individual expelled by judgement is not released within 24 hours of the initial deprivation of liberty, a judge must review the decision. If the remand is upheld, the court must set a time limit for its continuation. This time limit may only be extended by the court in increments of no more than four weeks at a time, in accordance with Section 14(3) of the Danish Return Act, cf. Section 767(1) of the Danish Administration of Justice Act.

When reviewing the duration of remand, the court takes into account the principle of proportionality and Denmark's international obligations. Each



individual is assigned legal counsel in accordance with Section 14(3) of the Danish Return Act; cf. Section 731(1)(a) of the Danish Administration of Justice Act, and the court rules on the lawfulness of the remand in accordance with Section 14(1) or 14(2) of the Danish Return Act.

These safeguards ensure that remand into custody under the Danish Return Act is subject to strict judicial oversight and remains in compliance with Denmark's international human rights commitments.

Similar procedural safeguards apply under Section 15 of the Danish Return Act, including judicial oversight and the right to legal counsel.

### **Paragraph 26 in the CPT's report**

Whilst welcoming this policy, **the CPT wishes to reiterate its view that – in line with a continuing trend at the European and international level – measures should be taken to fully abolish immigration detention of minors.**

As a matter of practice, the administrative detention of minors is not used, except in highly exceptional cases and only as a measure of last resort for the shortest possible time. The safeguards and overall principle indicated under paragraph 25 also applies to minors, as Danish law does not differentiate between adults and minors in the wording of the legislation.

There have been cases in which minors subject to a deportation order following a criminal conviction have been remanded in custody under Section 14 of the Return Act. In such cases, detention typically takes place in surrogate custody, unless the Danish Prison and Probation Service deems this insufficient, for example, due to a history of escape attempts.

These practices reflect Denmark's commitment to ensuring that detention of minors, where applied, remains an exceptional measure subject to strict safeguards and in compliance with international human rights standards.

### **Paragraph 27 in the CPT's report**

The average stay at Ellebæk Centre was 28 days and the median length was 14 days (both figures referring to the year 2023). Foreign nationals were frequently held there for much longer periods. Of the persons accommodated at Ellebæk

Centre at the time of the visit, 17 had been held there for more than 2 months and 5 for more than 8 months. One person had been at Ellebæk Centre for 19 months. In this context, **reference is made to recommendation in paragraph 25 above.**

Under this point, reference is made to the response provided under paragraph 25. Additionally, Denmark is considering it appropriate to maintain the ability to assess each case individually, taking into account the specific circumstances of each case. This includes the possibility of continued detention when necessary to ensure the individual's presence, while fully respecting Denmark's international obligations.

#### **Paragraph 28 in the CPT's report**

**The Committee recommends that it be recalled to all staff working at Ellebæk Centre, in suitable intervals, that any form of ill-treatment of detained foreign nationals (including verbal abuse) is illegal, unacceptable and will be punished accordingly**

The Danish Prison and Probation Service would like to call attention to the fact that Ellebæk Centre for Foreigners maintains an unceasing focus on ensuring a professional and appropriate communication with all detained foreign nationals.

If a staff member fails to meet the proper communication standards, an HR investigation on misconduct will be initiated immediately.

Furthermore, Ellebæk Centre for Foreigners has been instructed to address the issue regarding potential ill-treatment of detained foreign nationals on up-coming staff meetings.

Finally, Ellebæk Centre for Foreigners has not had any registered complaints from detainees regarding inappropriate language etc. from staff members in the time period between the committees visits in 2019 and 2024 and after.

#### **Paragraph 30 in the CPT's report**

When made aware of the problem, the Director of Ellebæk Centre assured the delegation that all the lockers would be repaired without delay. **The CPT would like to receive confirmation that this has indeed been done.**

The Prison and Probation Service can confirm that the personal lockers (“safety boxes”) at Ellebæk Centre for Foreigners have been repaired. The centre is aware of ongoing issues with the safety boxes, mostly due to vandalism, and is considering solutions to prevent this.

### **Paragraph 31 in the CPT’s report**

**The CPT recommends that the Danish authorities take steps to eliminate all prison-like features at Ellebæk Centre, taking into account the above remarks.**

Firstly, it should be noted that the facilities of Ellebæk Centre for Foreigners have undergone significant modernisation with the purpose of reducing the prison-like environment.

Secondly and by reference from the applicable aliens’ legislation, detainees at Ellebæk Centre for Foreigners are subject to the rules on remand custody, which obligates the prison service to prevent the possibility of evasion. Consequently, high fences, barbed wire, barred doors and similar security measures have been installed, as less intrusive measures have previously proven insufficient to mitigate the risk of evasion.

For instance, barred doors are installed at Ellebæk Centre for Foreigners primarily for the purpose of sectioning and separating detainees, hereby ensuring that individuals are appropriately accommodated, based on factors such as security risks, behaviour and needs. This also enhances security at the centre by preventing potential conflicts between detainees and reducing the risk of violent incidents.

Regarding security measures, the staff members are equipped with the standard security equipment as prison officers are for general tasks in order to ensure the safety of both detainees and staff members at the centre.

### **Paragraph 32 in the CPT’s report**

The Director of Ellebæk Centre told the delegation that she was aware of the problem and was trying to find a way to accommodate couples together (unless one of them opposes). **The Committee requests to be informed whether such a solution has now been found.**

Ensuring family accommodation at Ellebæk Centre for Foreigners is of high priority. The Danish Prison and Probation Service is currently in the process of establishing a smaller section within the centre for the accommodation of families and couples. Separate accommodation for families is expected to be completed in the course of 2025-2026.

#### **Paragraph 34 in the CPT's report**

**The CPT recommends that the management of Ellebæk Centre step up their efforts to expand the offer of organised activities, in particular for those detained foreign nationals who remain at the establishment for more than a few weeks. Further, steps should be taken to ensure that detained foreign nationals are duly informed, in a language they understand, of the existing offer of activities and the relevant procedures.**

Ellebæk Centre for Foreigners is currently employing two pedagogical assistants that work daily with and among the detainees. They have a particular focus on detainees, who have been at the centre for a longer period.

Detainees have scheduled activities at Ellebæk. However, the assistants will strive to ensure and take into account requests from the detainees regarding other hobbies or sports activities in their planning of daily operations at the centre.

Daily communication with the detainees is mainly in English. However, if the assistants experience language barriers with some detainees, they have the opportunity to use electronic translation devices or ask another detainee, an employee or an interpreter to assist with translation to an understandable language. Detainees are not excluded from leisure activities due to language barriers.

#### **Paragraph 35 in the CPT's report**

**The Committee reiterates its recommendation that the Danish authorities take the necessary steps to ensure that all detained foreign nationals have in principle free access to an appropriate outdoor area throughout the day, including on weekends.**

As of January 2025, Ellebæk Centre for Foreigners has established a secured outdoor area, granting detained foreign nationals free access to an outdoor space in the period between 9 AM and 6 PM. The centre is currently planning

to install exercise stations in the new secured outdoor area in the course of 2025. In addition, the detainees are allowed outdoor access 2x30 minutes a day in a larger outdoor area. This applies to both men and women accommodated at the centre.

### **Paragraph 37 in the CPT's report**

**The CPT invites the Danish authorities to strive to ensure that health-care staff (e.g. coming from a nearby prison) can be called to Ellebæk Centre also at night, on weekends and during public holidays, whenever a detained foreign national is placed in solitary confinement or in “special observation” (i.e. to prevent suicide or self-harm). Regarding the distribution of medicines by medically untrained custodial officers, reference is made to the comments and recommendation in paragraph 42 below.**

At night, on weekends and during public holidays, Ellebæk Centre for Foreigners can request medical help for the evaluation of a detainee, placed under special observation or in solitary confinement, from the medical help line (“1813”) in the Capital Region of Denmark. Custodial staff at Ellebæk centre assess whether the medical helpline should be contacted or consultation can await the presence of a nurse on weekdays between 08:00 a.m. to 03:30 p.m. The custodial staff can also call the nurse at Western Fængsel that is on duty 24 hours a day.

The custodial staff also has the possibility of calling emergency services (“112”) in the event of acute life-threatening illness or injury.

The Danish Prison and Probation Service has an ongoing focus on strengthening the custodial staff's qualifications in working with mentally vulnerable inmates. Since 2023, the compulsory three-year basic training for all prison officers has had a significantly bigger focus on dealing with these inmates. Furthermore, in 2024, the prison service launched an e-learning course and a 2-day course on mentally vulnerable inmates, which custodial staff can take as part of their on-going professional development.

Reference is also made to the responses to paragraph 49 and 51. As for the distribution of medicine, reference is made to the response to paragraph 42.

The Danish Prison and Probation Service finds that the health-care coverage at Ellebæk Centre for Foreigners in this regard is adequate and sufficient, including at night, on weekends, and during public holidays.

#### **Paragraph 40 in the CPT's report**

Consequently, the CPT calls upon the Danish authorities to ensure that all detained foreign nationals newly admitted to Ellebæk Centre benefit from a prompt physical examination carried out by a doctor or a nurse reporting to a doctor.

Regarding the manner in which the examination should be carried out and any observed injuries recorded, the Committee reiterates its recommendation that the record drawn up after a medical examination of a detained foreign national (whether newly arrived or not) contains:

- i) an account of statements made by the person which are relevant to the medical examination (including his/her description of his/her state of health and any allegations of ill-treatment);
- ii) a full account of objective medical findings based on a thorough examination (supported by a “body chart” for marking traumatic injuries and, preferably, photographs of injuries), and
- iii) the health-care professional's observations in the light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.

Acknowledging that such cases were very rare at Ellebæk Centre, the CPT nevertheless wishes to emphasize that whenever injuries are recorded which are consistent with allegations of ill-treatment made by a detainee (or which, even in the absence of an allegation, are clearly indicative of ill-treatment), health-care staff should be instructed to systematically bring the record to the attention of the relevant investigatory authorities. Health-care staff should further advise detained foreign nationals that the forwarding of the report to the relevant investigatory authorities is not a substitute for the lodging of a complaint in a proper form.

All detainees at Ellebæk Centre for Foreigners are offered an initial health assessment by a nurse upon arrival and no later than the first coming weekday. This assessment includes a somatic and mental health status.

The nurse's initial health assessment covers 12 key areas to systematically evaluate and document a patient's condition, including functional level and

mobility, nutrition, skin and mucous membranes, pain and sensory perception, respiration and circulation, and psychosocial factors such as family relations and substance abuse. This structured approach ensures a comprehensive understanding of the patient's health and needs. The purpose of the initial medical assessment is to identify potential physical and psychiatric problem areas. Based on the assessment, the nurse can prioritise critical issues first, ensuring a targeted and timely intervention.

If the nurse, in consultation with the patient, finds it indicated to involve the doctor, the doctor will assess the patient and perform the relevant medical examination, including e.g. a medical history review, a physical examination, diagnostic tests if needed (blood tests, imaging, ECG). It may also involve screenings for chronic diseases and preventive care. Based on the findings, the doctor provides a diagnosis and treatment plan. Furthermore, ongoing medical treatment is followed up on, including medical prescriptions. Finally, dental status is assessed.

Injuries are objectively and thoroughly described and documented along with the detainee's account of the incident. The purpose being to diagnose, treat and care for the injury and thus a "body chart" is not relevant.

Based on the above the Danish Prison and Probation Service finds that the initial medical screening conducted by a nurse is adequate and sufficient for timely provision of somatic and mental health care.

As regards the recommendation that health-care staff should be instructed to systematically bring the record to the attention of the relevant investigatory authorities, the Danish Prison and Probation Service would like to call attention to the fact that healthcare staff are subject to a duty of confidentiality. This means that they must not pass on confidential information about their patients to others, including other authorities.

If the healthcare staff becomes aware that the detainee may have been a victim of a criminal offence, the staff is required to advise the detainee of the possibility of submitting a report to the appropriate authority. The Danish Prison and Probation Service will disclose relevant information from patient records to the relevant investigatory authority if the detainee has consented to this, or if there is another legal basis for the disclosure of health information.

The Danish Prison and Probation Service will ensure that these procedures are well known to the staff.

As for the initial health assessment, reference is also made to the response in paragraph 74.

#### **Paragraph 41 in the CPT's report**

**In the light of the above, the Committee reiterates its recommendation that specific screening aimed at identifying victims of torture and other persons in situation of vulnerability be put in place at Ellebæk Centre (unless the results of any such screening carried out prior to the detainee's admission are made available to health-care staff working at the establishment) and that appropriate treatment and care be provided when necessary.**

**The CPT further recommends that the Danish authorities seek alternatives to immigration detention for certain vulnerable categories of persons, including victims of torture and trafficking and persons suffering from severe mental disorders.**

At Ellebæk Centre for Foreigners, which houses a majority of detained migrants in Denmark, the staff is aware of the fact that detained migrants often find themselves in an unresolved and difficult situation that can lead to special physical and mental needs for medical examination and treatment.

Since 2020, the Danish Prison and Probation Service has introduced an enhanced admissions procedure in the centre in order to ensure a timely systematised and standardised uncovering of certain psychiatric conditions and of suicide risk. The admissions procedure is carried out primarily by custodial staff and in some cases by the nurses in Ellebæk Centre for Foreigners and is based on the manual, used in connection with admission to prisons and remand prisons.

The health-care staff at Ellebæk Centre for Foreigners are attentive to the fact that detainees might potentially have been subjected to abuse, violent trauma or torture, even in cases where the person – when directly questioned – denies it.

The health-care staff has received special training to this effect and are thus aware of the fact that mental and physical trauma can manifest as aches and pains from various parts of the body. They are attentive to the detainee's reaction to confinement, degree of strains, affective reactions, and offers support



when needed. Thus, an individual and concrete assessment of the health of detainees is made on an ongoing basis.

#### **Paragraph 42 in the CPT's report**

**The CPT therefore reiterates its recommendation that prescribed medicines, as a rule, only be prepared at Ellebæk Centre and distributed by qualified health-care staff. If, very exceptionally, a daily presence of health-care staff is not possible, steps must be taken to ensure that individual medicine doses are at least prepared exclusively by a health-care professional and their distribution respects as far as possible the precepts of medical confidentiality.**

The medical staff at Ellebæk Centre for Foreigners exclusively prepare medicine prescribed by a doctor. However, ordinary over-the-counter medicine as paracetamol can be administered by the custodial staff in case of urgent need.

Distributing medicine to detainees is handled by custodial staff who are trained as medical assistants in accordance with the Danish rules on delegation of health care. Custodial staff that act as a medical assistant must have access to health information in order to distribute medicine.

As mentioned in the response to paragraph 82 the person who distributes medicine is, according to guidelines from the Danish Board of Patient Safety, responsible for checking that the number of pills on the medicine list matches the pills distributed. To increase patient safety, a handheld scanner has recently been introduced in the Danish Prison and Probation Service. The scanner is used by the custodial staff, including at Ellebæk Centre for Foreigners, and contains information relevant to insure safe distribution of medicine.

The custodial staff is however, not made aware of the reason why an inmate must be handed the medicine in question, as information on prescription medicine and a person's possible diagnosis is confidential information only known by the healthcare staff.

The Danish Prison and Probation Service finds that the above-mentioned procedures sufficiently respect the balance between maintaining confidentiality and securing proper distribution of medicine.

#### **Paragraph 43 in the CPT's report**

The Director of Ellebæk Centre acknowledged that the existing procedure was incompatible with the principle of medical confidentiality and informed the delegation that detained foreign nationals would shortly be enabled to make requests for medical consultations using sealed envelopes. **The Committee would welcome the Danish authorities' confirmation that the modified procedure has now been introduced.**

The Danish Prison and Probation Service can confirm that it is now possible to hand in requests for seeing a doctor or a nurse in a closed envelope to custodial staff in Ellebæk Centre for Foreigners.

#### **Paragraph 44 in the CPT's report**

**The Committee would welcome the Danish authorities' confirmation that the modified procedure has now been introduced.**

Currently, there is a shortage of prison officers in the Prison and Probation Service for Eastern Denmark – and therefore occasionally overtime and extra shifts for many prison officers in order to ensure compliance with safety and order in the institutions and in order to handle other primary tasks, e.g. case management and socialising efforts.

In order to deal with the shortage of prison officers, the Prison and Probation Service for Eastern Denmark focuses on a daily basis on the planning of staffing across the institutions in the area in order to ensure the sufficient staffing on all locations, including at Ellebæk Centre for Foreigners.

The Prison and Probation Service and the trade union of the prison officers cooperate on a regular basis in monitoring the compliance with applicable working time rules.

Further reference is made to the response to paragraph 90.

#### **Paragraph 45 in the CPT's report**

**The Committee reiterates its recommendation that all staff (in particular custodial officers) working at Ellebæk Centre be given specific training for this task. The training should aim at developing staff's inter-cultural sensitivity and interpersonal communication and psycho-social skills in the context of immigration detention. Staff should further be taught to recognise possible symptoms of stress, vulnerabilities and previous**

**experience of traumatisatisation displayed by detained persons and to take appropriate action.**

The Prison and Probation Service is considering setting up an education programme for custodial staff working at Ellebæk Centre for Foreigners, i.e. a programme where intercultural understanding, practices and tools would be in focus.

#### **Paragraph 46 in the CPT's report**

**The CPT reiterates its view that the ethos of an immigration detention establishment should not be carceral and therefore recommends that staff working within immigration detention facilities should not routinely carry “special means” (including handcuffs and pepper-spray) whilst inside the accommodation areas.**

**Further, steps should be taken to ensure that custodial officers are always identifiable, preferably by wearing name tags or short identification numbers in a visible manner at all times whilst on duty.**

The detainees in Ellebæk Centre for Foreigners are not allowed to leave the facility, and they are subject to a safety regime that resembles remand prisons. However, the detainees in Ellebæk are at no time locked inside their living quarters. Consequently, they can walk around freely amongst the staff and other detainees. It is therefore deemed necessary as a safety precaution that the staff carry pepper spray and handcuffs at all times.

Concerning the recommendation on identification of custodial officers, all employees of the Danish Prison and Probation Service must always wear a visible ID card when present at the workplace. This will be complied with at Ellebæk Centre for Foreigners.

#### **Paragraph 47 in the CPT's report**

**The CPT reiterates its recommendation that disciplinary solitary confinement should never be imposed for more than 14 days for a given offence (and should preferably be shorter). Whenever an additional period of disciplinary solitary confinement is imposed on a detained foreign national, there should be an interruption of several days between the two placements.**

Reference is made to the response below regarding paragraph 92 on the new disciplinary penalty system, which also applies to detained foreign nationals at Ellebæk Centre for Foreigners.

For development in the use of solitary confinement as a disciplinary measure (penalty cell) specifically at Ellebæk Centre for Foreigners, reference is made to Annex 1, table 1.

#### **Paragraph 48 in the CPT's report**

In particular, as was the case in some of the penitentiary establishments visited, detained foreign nationals only received a copy of the disciplinary decision upon their request. **The CPT reiterates its recommendation that detained foreign nationals placed in disciplinary solitary confinement always receive a copy of the disciplinary decision in order to facilitate the exercise of their right to appeal.**

Reference is made to the response below regarding paragraph 96 on copies of disciplinary decisions, as this also applies to detained foreign nationals at Ellebæk Centre for Foreigners.

#### **Paragraph 49 in the CPT's report**

**The Committee reiterates its recommendation that, in addition to an initial visit immediately after the person's placement, health-care staff should visit detained foreign nationals in disciplinary solitary confinement regularly thereafter at least once per day (including on weekends and public holidays) to timely provide the required medical care. Reference is further made to the recommendation in paragraph 37 to enhance the availability of nurses on non-working days.**

Any detainee in solitary confinement has the possibility of being attended by healthcare staff, incl. a doctor.

The Danish Prison and Probation Service has an ongoing focus on strengthening the custodial staff's qualifications in working with mentally vulnerable inmates. Since 2023, the compulsory three-year basic training for all prison officers has had a significantly bigger focus on dealing with these inmates. Furthermore, in 2024, the prison service launched an e-learning course and a 2-day course on mentally vulnerable inmates, which custodial staff can take as part of their on-going professional development.

Following internal guidelines, disciplinary solitary confinement can be interrupted if the prisoner's physical or mental well-being deteriorates. Consultation with healthcare personnel is advised in such cases. Furthermore, the disciplinary solitary confinement should only be resumed if it is justified in terms of the prisoner's well-being.

As for availability of health staff on non-working days, reference is made to the response to paragraph 37.

#### **Paragraph 50 in the CPT's report**

In this context, **the Committee refers to the remarks and recommendation in paragraph 118 below, which apply fully also to detained foreign nationals accommodated at Ellebæk Centre.**

Please refer to the responses to paragraphs 114-115 and 117-118.

#### **Paragraph 51 in the CPT's report**

**The CPT reiterates its recommendation that the placement of a detained foreign national in an "observation cell", as well as its continuation, only be carried out upon the authorisation of a medical doctor. Reference is again made to the recommendation in paragraph 37 above to enhance the availability of nurses on non-working days.**

Custodial staff can according to the same procedures as in the penitentiary establishments place a detained foreign national under special observation in an observation cell e.g. if they are concerned that the detainee might attempt self-harm or suicide. Within office hours, a nurse is called immediately after. If needed the nurse can refer the detainee to assessment by a doctor or psychologist. Reference is made to the response to paragraph 37.

The custodial staff check on the detainee regularly during the time in observation cell and the frequency is set depending on an individual assessment. All observations are documented. If a detainee actively attempts self-harm or suicide after being placed in an observation cell and cannot be handled at Ellebæk Centre for Foreigners, the detainee will be transferred to Western Prison to be placed in a security cell.

As mentioned in responses above, including to par. 49, the Danish Prison and Probation Service makes a continuous effort to enhance the qualifications of custodial staff in managing mentally vulnerable inmates, including during the basic prison officer training.

The Danish Prison and Probation Service finds that the above-mentioned procedures on the use of observation cells is suitable to ensure the safety of detainees.

To further enhance the general and long-term safety of detainees, the Danish Prison and Probation Service is currently working on updating and promoting guidelines and procedures on self-harm and suicide prevention.

#### **Paragraph 52 in the CPT's report**

**The CPT reiterates its recommendation that such detainees be always provided with rip-proof clothing appropriate to their specific needs.**

The Danish Prison and Probation Service has a strong focus on preventing self-harming behaviour among the detainees. A detainee may be placed in an observation cell if special observation is required. This can be done, among other things, in order to prevent self-harm.

If, after a specific assessment in the individual case, it is estimated that it is necessary in order to prevent a detainee who is placed in an observation cell to do harm to himself/herself, the detainee can pursuant to section 20(2) of the Executive Order on exclusion from community be asked to undress so that the clothes cannot be used for self-harming behavior. The undressing entails that the detainee must, as a minimum, wear the institution's underpants or a blanket. If the detainee is only wearing underwear, the detainee will be offered a blanket.

When the risk of self-harm has decreased sufficiently, the detainee must be given his own clothes back.

The Danish Prison and Probation Service continuously monitors best practices within this area in relevant countries to assess whether such experiences can possibly be transferred to a Danish context.

#### **Paragraph 53 in the CPT's report**

**The CPT recommends that steps be taken to offer detained foreign nationals accommodated at Ellebæk Centre better access to the telephone, preferably by allowing them to keep (or at least have regular access to) their own mobile phones. If necessary for reasons of security, detained foreign nationals could be allowed to keep mobile phones provided the phone has no camera. For mobile phones equipped with a camera, the rule could be that detained foreign nationals may only use them in a dedicated room and/or under staff supervision. Further, detainees at Ellebæk Centre should be provided with access to the Internet (restricted if needed) and to video calls on a free-of-charge basis.**

The current legal framework prohibits detainees from using mobile phones in remand prisons. As Ellebæk Centre for Foreigners is subject to the same rules and regulations, the detainees are not allowed to access and use their personal mobile phones at the centre. However, the prison and probation service would like to reaffirm that detainees have the option of using telephones installed at the corridors at Ellebæk with phone cards, which can be purchased at the shop located at the centre.

Ellebæk Centre for Foreigners is currently working on a solution to provide detainees with access to the internet, thereby enhancing their possibility of contact with the outside world. This project is expected to be completed by the end of 2025.

#### **Paragraph 54 in the CPT's report**

**In this context, the CPT reiterates its recommendation that steps be taken to ensure that all detained foreign nationals accommodated at Ellebæk Centre be provided with a copy of the detention order, including information on the grounds for detention and the modalities to lodge an appeal. Detained foreign nationals who do not understand Danish should further receive in writing at least a summary of the detention order in a language and manner they understand. Further, the Committee would like to be provided with a detailed and comprehensive account of all written information given to detained foreign nationals (including by the police, the Danish Return Agency and the Danish Refugee Council).**

With regard to written information in general and possibilities for detainees to be made aware of the legal procedures affecting them, reference can be made to the CPT's statements under paragraph 55. The information brochure, given to a detainee by the prison and probation service as part of the admissions

procedure, contains general information about the rules at Ellebæk Centre for Foreigners and other relevant information, including information on the detainees' rights and responsibilities, as well as appeal options in regards to decisions made in Ellebæk Centre for Foreigners.

The brochure does not contain appeal options related to the detention order, as this is contained in the information given by the authorities responsible for the detention.

Further, the Danish Return Agency is present at Ellebæk Centre for Foreigners on a daily basis and is available for meetings with the detainees. Ellebæk Centre for Foreigners will increase focus on informing about the possibility to get in contact with representatives from the Danish Return Agency.

The Danish Return Agency does not deliver court documents or police detention notices. However, in some cases, the Agency may be responsible for serving decisions on behalf of other authorities, such as administrative return orders, final rejections of asylum, and entry bans. This is typically done with interpreter assistance.

These procedures are in place to make sure that people held in detention are told clearly why they are being detained, in a language they understand, and that they have access to relevant legal information about their case.

When a foreign national is detained under the Danish Aliens Act in accordance with Section 36, the police will provide the individual with oral information and guidance in a language the individual understands at the very outset of the deprivation of liberty. This entails an oral explanation on the specific grounds for detention under the different paragraphs pursuant to Section 36 of the Danish Aliens Act. The individual will also receive oral information on the modalities to lodge an appeal, information about the right to contact the representation of his/her country, and that he/she (if being an asylum seeker) has the right to contact the Danish Refugee Council. Furthermore, the police will also at the very outset of the deprivation of liberty provide the individual with a copy of the standard form P612-20 (enclosed) with the abovementioned information.

The police must provide the alien a written translation of the decision in a language that the individual understands. Against this background, a standard form for the deprivation of liberty has been drawn up. The form is available in 13 languages. If the foreign national speaks a language to which the form has



not been translated, an interpreter will be used. Furthermore, it will be noted whether the form has been handed over in a language that he/she understands or whether the Danish version has been handed out.

The Danish National Police will stress to the Danish police districts to use the mentioned P612-20 standard form in any relevant cases of deprivation of liberty of foreign nationals.

#### **Paragraph 56 in the CPT's report**

**The CPT recommends that the information brochure at Ellebæk Centre be amended so as to eliminate the aforementioned lacunas.**

Ellebæk Centre for Foreigners will revise the information brochure during 2025. This includes adding a section describing the possibilities to complain, including options for other than disciplinary decisions. The brochure will also contain information about the possibility to get paper, a pen as well as an envelope upon request if a detainee wishes to file a complaint.

Furthermore, Ellebæk Centre for Foreigners will integrate as a part of the admission procedure that new detainees are also given verbal information on arrival about their complaint options, e.g. on how to file a complaint to the Parliamentary Ombudsman.

Complaint mailboxes are available in the units. The mailboxes are emptied on a daily basis by the head of unit, which gives a swift handling process.

#### **Paragraph 57 in the CPT's report**

**The Committee recommends that such a register be set up. Further, all staff (including custodial officers) should be instructed to duly report to the Director (or another authorised member of the management) all verbal complaints received from detained foreign nationals which cannot be resolved on the spot.**

The Department of the Danish Prison and Probation Service notes that a national complaints register exists as regards to complaints on judicial decisions regarding i.e. leave, visitation, disciplinary measures etc. These cases and complaints are registered and processed in the Prison and Probation Service's Client Management System (*Klientsystemet*), which is used at Ellebæk Centre for Foreigners as well as in all prisons and remand prisons.

For complaints concerning personnel, reference is made to the response regarding paragraphs 124-125.

## C. Prison establishments

### Paragraph 61 in the CPT's report

The CPT calls upon the Danish authorities to step up their efforts to ensure that all prisons operate within their official capacities. Further, efforts to manage the prison population should be increased, taking due account of the relevant Recommendations of the Committee of Ministers of the Council of Europe, including Recommendation No. R(99)22 concerning prison overcrowding and prison population inflation, Recommendation Rec(2006)13 on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse, Recommendation Rec(2003)22 on conditional release (parole), Recommendation CM/Rec(2010)1 on the Council of Europe probation rules, Recommendation (2014)4 on electronic monitoring and Recommendation CM/Rec(2017)3 on the European Rules on community sanctions and measures. A comprehensive strategy and action plan must be drawn up to achieve this goal, including precise deadlines and budget allocations.

The CPT would like to be informed of the progress in devising such a strategy and action plan. The Committee would also like to receive more detailed information on the abovementioned Parliament decision to increase budget allocations for the judicial system.

For a number of years the Danish Prison and Probation Service has been challenged by a high number of inmates. In order to address the capacity challenges, the multi-year agreement for the penitentiary's finances for the period 2022-2025 includes a number of initiatives, which intend to alleviate the shortage of prison and remand prison capacity in both short and long term. Among other things, several major capacity expansions have been decided, including 50 new cells in Ringe Prison as of February 2025, and 200 new cells in Sdr. Omme Prison, which are expected to be ready for use by the end of 2025. In addition, the establishment of a new remand prison with 400 cells in Slagelse, a new prison with up to 400 cells in Viborg, and the rental of 300 cells in Gjilan Prison in Kosovo are included as part of the multi-year agreement. Please refer to Annex 1, table 2, for a more detailed overview.

With these capacity expansions, it is expected that the overcrowding can be reduced in the long term, provided that it is simultaneously possible to increase the number of prison officers.

It is expected that the government will present a penal reform during 2025, which among other things will include measures to ensure further capacity and staffing in the future.

#### **Paragraph 62 in the CPT's report**

**The Committee requests to be provided, in due course, with the text of the Co-operation Agreement implementing the aforementioned treaty.**

A copy of the co-operation Agreement between the Danish Prison and Probation Service and the Kosovo's Correctional Service has been sent to the CPT-secretariat following the signing of the agreement, which took place on 31 January 2025.

#### **Paragraph 63 in the CPT's report**

Although the delegation could ascertain that these complaints had all been duly followed and investigated by the respective prison Directors, **the CPT recommends that it be recalled in suitable intervals to all prison officers – in particular at the Western Prison and Nyborg Prison – that no more force than is strictly necessary should be used to control prisoners. Further, custodial staff should be reminded that they should always refer to prisoners in a polite and respectful manner.**

In this context, the delegation noted with interest the practice developed at Enner Mark Prison, consisting of monthly reviews of all instances of use of force by staff. The reviews were carried out by the establishment's health and safety department, with a view to analysing how such incidents could be avoided or at least better handled in the future. **The Committee invites the Danish authorities to extend this positive practice to all other prisons.**

The Prison and Probation Service has a compulsory educational programme for uniformed personnel concerning the use of force and conflict management. Each employee is trained once a year. Each training session lasts 7.4 hours.

The content of the educational programme includes:

- Use of force and self-defence
- Conflict understanding and communication
- Scenarios, including de-escalating communication

In addition, the Prison and Probation Service has established a prevention and mediation corps and plans to introduce mediation between prisoners and prison officers to strengthen the work environment as well as the prison environment for the inmates.

The Ministry of Justice is currently working on an amendment to the Danish Sentence Enforcement Act, which would clarify that force can only be used against prisoners when it is deemed strictly necessary.

#### **Paragraph 64 in the CPT's report**

In order to facilitate the oversight of inter-prisoner violence, **the CPT recommends that dedicated incident registers be set up in every prison in Denmark. It would also be advisable to compile more detailed statistics of incidents, e.g. specifying the type of the violence involved (verbal or physical) and its severity. Such statistical information could be first of all collected in each prison and then on the regional and national level.**

The Danish Prison and Probation Service has an incident register regarding Violence and Threats in our Client Management System where the prison staff has to report violent incidents and threats of violence between inmates, which is therefore gathered in – and can be analysed for – each prison. Please refer to Annex 1, table 3, for an overview of the data.

#### **Paragraph 65 in the CPT's report**

**The Committee invites the Danish authorities to look into this matter.**

The delegation was impressed by the initiative of opening supermarket outlets at Nyborg and Enner Mark Prisons, where inmates could make their shopping almost in the same manner as people in the outside community; **this is a positive practice that could usefully be expanded to other prisons.**

The Danish Prison and Probation Service supplies inmates placed in remand prisons or special wards in prison with ready-made meals produced and frozen in one of our three kitchen facilities. The meals provided are based on an administrative regulation regarding the required diet for inmates, which has a corresponding meal plan with a menu consisting of 21 different meals produced in a continuous cycle with variations depending on the season.

The Danish Prison and Probation Service is currently in the process of updating the administrative regulation and meal plan, in order to adhere to the

renewed national Danish dietary guidelines by the Danish Veterinary and Food Administration. As part of this process, the Danish Prison and Probation Service will make adjustments to make the meal plan more sustainable and adhere to cultural and religious restrictions as well as allergies (e.g. lactose intolerance).

#### **Paragraph 66 in the CPT's report**

In the Committee's view, in terms of infrastructure and material conditions **Enner Mark Prison should serve as a reference for the whole prison system.**

Since the early 2000s, the Danish Prison and Probation Service has modernised its building stock beginning with the construction of Enner Mark Prison. The prison consists of scattered, low-rise buildings, where the institutional character is toned down. Emphasis is, among other things, on creating conditions as normalised as possible for the inmates both in cells and in common areas, including employment and leisure areas. The perimeter's high level of security makes it possible to create more normalised conditions for the inmates inside the prison.

The visions of Enner Mark Prison as well as lessons learned from its operation and experiences from other newer building projects all served as references in later building projects. In the light of planned capacity expansions, the Danish Prison and Probation Service is currently developing a standard for its building projects, describing the main demands to and features of a typical prison or remand building.

#### **Paragraph 67 in the CPT's report**

**The CPT recommends that the Danish authorities reflect upon ways to achieve the aforementioned legitimate security objective without depriving inmates of the outside view from their cells.**

The facilities Western Prison and Nyborg Prison were built in 1895 and 1913. In general, it is a challenge to achieve the safety and security standards of present day in old buildings like these, e.g. due to the cramped space conditions. Therefore, it is not considered possible to ensure a completely clear view for the inmates at the old establishments whilst still maintaining the needed level of security. It has been a focus point, however, to take into account light and fresh air.

Shutters have been installed in Nyborg and Western Prison due to necessary safety and security measures for both inmates and employees, including minimising verbal harassment and shouting as well as preventing inmates from watching personnel and other inmates arriving or leaving.

These issues have been a focus point when building newer Danish prisons since approximately 2006. Thus, windows in newer prisons are placed in a way that – without shutters – provides a clear view while still achieving the necessary safety standards.

### **Paragraph 68 in the CPT's report**

**The CPT calls upon the Danish authorities to take resolute steps to ensure that all prisoners have unimpeded access to toilet facilities without undue delay at all times (including at night). Preferably, all cells (including in the existing older prisons) should be equipped with in-cell toilets. The Danish authorities should put in place a detailed and budgeted action plan, with clear and realistic deadlines, to achieve this goal. The Committee would like to be presented with information on this action plan and its implementation in the Danish authorities' response to this report.**

The Danish Prison and Probation Service agrees that it is not appropriate to have cells without direct access to a toilet and that a lack of this ties up personnel resources that could be more appropriately used for other activities with the inmates. In prisons built in this century, inmates have access to both a shower and a toilet in the cells or in connection with them.

Unfortunately, in several of the old prisons, inmates do not have direct access to a toilet. Therefore, inmates are accompanied to and from a toilet when they ask for it.

Regardless of the fact that the Danish Prison and Probation Service expects to have a significantly increased focus on planned maintenance of the existing buildings in the coming years, it is not possible to establish toilets within the current physical conditions, as the cells are too small to accommodate their own toilet. The establishment of this would involve a total reconstruction of the prisons, which would be a very big challenge technically and financially. Consequently, the prisons involved would have to close down fully or partly during the reconstruction period and it would mean a significant reduction of the number of cells on a permanent basis.

The inmates must of course have access to toilet facilities whenever necessary for them. However, to ensure continuous focus, the Department of the Danish Prison and Probation Service has underlined the importance of this to the management of institutions without toilets adjacent to the cells and will look into further relevant initiatives.

#### **Paragraph 69 in the CPT's report**

The Director assured the delegation that the lift would be repaired in the near future. **The CPT would like to receive confirmation that this has been done.**

The Department of the Danish Prison and Probation Service has conducted a hearing of the regional office, under which Polititorvets Arrest (remand prison by Copenhagen police headquarters) belongs.

The regional office has stated that the elevator at Polititorvets Arrest is back in operation after repairs.

#### **Paragraph 71 in the CPT's report**

**The CPT reiterates its long-standing recommendation that the Danish authorities take steps to develop adequate programmes of activities for remand prisoners and sentenced prisoners obliged to remain in remand sections.**

**The aim should be to ensure that all prisoners, including those on remand, spend a reasonable part of the day (i.e. eight hours or more) outside their cells engaged in purposeful activities of a varied nature: work, preferably with vocational value; education; sport; recreation/association. The longer the period for which remand prisoners are detained, the more developed should be the regime offered to them. Steps should be taken to ensure that prisoners, once sentenced, are transferred promptly from a remand prison (or unit) to an establishment (or unit) for sentenced prisoners.**

**The Committee also reiterates its recommendation that measures be taken to offer segregated and high-security prisoners structured programmes of constructive activities, preferably outside the cells, based on individual projects intended to provide prisoners with appropriate**



**mental and physical stimulation. The implementation of these individual projects should be overseen by a multi-disciplinary team and their aim should be to assist the prisoners to transit out of the segregation/high-security unit into ordinary accommodation as well as, in due course, reintegrating the community at large.**

The Danish Prison and Probation Service strives, to the extent that staffing and security conditions allow, to ensure that remand prisoners have as much access as possible to both formal and informal activities outside their cell and interaction with other prisoners.

Remand prisoners in Denmark have the option to participate, on a daily basis, in various structured activities such as education and work, i.e. often assembly work and products for private companies. In addition, remand prisoners with substance abuse are offered preliminary or maintenance substance abuse treatment, either as individual sessions or as group sessions.

The Danish Prison and Probation Service also collaborates with a number of civil society organisations, such as the Danish Red Cross, the aid organisation 'Kirkens Korshær', and 'Savn', an organisation supporting relatives of prisoners.

These organisations offer various initiatives for remand prisoners, including visiting and counselling services, social activities, mentoring programmes and supporting young remand prisoners through visits and assistance provided during their remand detention. The organisation 'Savn' offers activities aimed at prisoners with children, including dialogue groups available in prisons, and a select number of remand prisons. The Danish Prison and Probation Service is continually working to expand cooperation with civil society organisations, including in relation to activities for remand prisoners.

Regarding high-security prisoners, the Danish Prison and Probation Service recognises the need, as far as security concerns allow, to engage prisoners in relevant activities and support their transition to less restrictive conditions. To this end, the Danish Prison and Probation Service has recently completed a pilot project involving a psychosocial motivational initiative aimed at high-security and segregated prisoners with limited access to activities and interaction with other prisoners. It is an individually focused initiative, which aims to help the prisoner change behaviour through focusing on themes such as dealing with stress, conflict-solving, recognition of behaviour patterns etc., with the purpose of motivating to a change in behaviour that will facilitate the prisoners

transition to less restrictive conditions of incarceration. Results and further implementation is currently under assessment.

Concerning the transfer of prisoners, the Danish Prison and Probation Service remains committed to ensuring fast transfer of convicted prisoners from remand prisons to prisons and to ensure the ongoing continued correctional process towards a halfway prison, where the focus is on reintegration into the surrounding society.

Some convicted prisoners, however, are not transferred to a prison, e.g. because the person is serving a short-term sentence or because the person agrees to serve the sentence in a remand prison due to particular family or personal circumstances (section 21 of the Sentence Enforcement Act).

Additionally, convicted prisoners can be transferred to a remand prison for disciplinary reasons (section 28 of the Sentence Enforcement Act).

For overcrowding, prison population and capacity, reference is made to the response regarding paragraphs 60-61.

#### **Paragraph 72 in the CPT's report**

**The CPT recommends that steps be taken to address these issues, including as required through amending the relevant legislation.**

An inmate has the right and/or obligation to be engaged in work, education, or other approved activities (section 38(1) of the Sentence Enforcement Act).

One example of educational programmes offered in the Danish Prison and Probation Service are a range of subjects of *the higher preparatory examination (HF)*. Here, the inmates are able to pursue distance education above 9th grade. However, this possibility was temporarily suspended in closed prisons for the first semester of 2024 due to concerns regarding the quality of education and lack of adherence to the curriculum. The temporary suspension in closed prisons was lifted by August 2024, and as such, all inmates in prisons can enrol and attend HF subjects again. By June 2025, it is expected that remand prisons will also offer HF courses as distance education.

If an inmate is unable to pursue distance education above 9th grade, other opportunities of employment are available, including alternative educational programmes, substance or alcohol abuse treatment programmes, and work.

### **Paragraph 73 in the CPT's report**

In this context, **reference is made to the remarks and recommendations in paragraphs 68 above and 90 below.**

The Danish Prison and Probation Service acknowledges that the shortage of custodial staff has a negative impact on the possibilities to offer association and organised activities to prisoners. It should be noticed, however, that other staff groups within the Prison and Probation Service, such as teachers, social workers and work instructors organise various formal and informal activities on a daily basis as well as counselling or motivational interviews with the prisoners. Furthermore, the Prison and Probation Service collaborates with a number of civil society organisations that offer different activities for prisoners in prisons and prisoners in remand prisons (cf. the response to par. 71).

As regards to the question of the lack of toilets in the cells, reference is made to the response to paragraph 68. The Danish Prison and Probation Service fully agrees that the scarce personnel resources could be used more appropriately on other activities than accompanying the inmates to and from the communal toilets.

Reference is also made to the response to par. 90.

### **Paragraph 74 in the CPT's report**

Given that some prisoners (including those most vulnerable, due e.g. to mental conditions or the language barrier) would not necessarily take the step to request a consultation, **the CPT invites the Danish authorities to encourage health-care staff (nurses and doctors) at Nyborg and Enner Mark Prison to develop a more proactive attitude and to visit prisoners (especially those identified as vulnerable) on a regular and frequent basis.**

Further, **the Committee recommends that efforts be made to increase the effective presence of primary health-care professionals in the prisons visited. In particular, there should be the equivalent of two full-time GPs at the Western Prison and at least the equivalent of a full-time GP at Nyborg Prison. There should also be the equivalent of two additional fulltime nurses at the latter establishment.**

The Danish Prison and Probation Service's healthcare service to inmates is organised in such a way that it reflects the role of the general practitioner in the surrounding community.

In addition to the access to a medical doctor resembling a general practitioner, the healthcare units in the prison service has employed several specialists, including psychiatrists and psychologists. The healthcare units have also affiliated other specialist doctors such as dermatologists and orthopaedic surgeons who provide treatment in prisons and remand prisons. The aim is to have as many relevant specialist doctors employed or affiliated to the prison service as possible in order to carry out as much treatment as possible inside the prisons and decrease the need to transport prisoners to the relevant specialists. This is an ongoing process.

If the health units of the prison service cannot provide a required examination or treatment, the inmate will be referred to a hospital or other applicable health care institution outside of prison for treatment. Concerning foreigners subject to deportation, reference is made to the response to paragraph 78.

On admission to a prison or remand prison, all inmates are offered an initial health assessment performed by a nurse. As mentioned above in the response to paragraph 38-40 the initial assessment covers 12 key areas to systematically evaluate and document a patient's condition, including functional level and mobility, nutrition, skin and mucous membranes, pain and sensory perception respiration and circulation, and psychosocial factors such as family relations and substance abuse. This structured approach ensures a comprehensive understanding of the patient's health and needs.

The purpose of the initial medical assessment is to identify potential physical and psychiatric problem areas. Based on the assessment, the nurse can prioritise critical issues first, ensuring a targeted and timely intervention.

If the nurse, in consultation with the patient, finds it indicated to involve the doctor, the doctor will assess the patient and perform relevant medical examination, including e.g. a medical history review, a physical examination, diagnostic tests if needed (blood tests, imaging, ECG). It may also involve screenings for chronic diseases and preventive care. Based on the findings, the doctor provides a diagnosis and treatment plan. Furthermore, ongoing medical treatment is followed up on, including medical prescriptions. Finally, dental status is assessed.

Screening systematically for TB, HIV and hepatitis without indication is not common practice in Denmark. Screening is only considered beneficial when a disease or condition is common in a specific population or carries significant health risks. Thus, the current procedure is considered sufficient.

Concerning the committee's recommendations to Enner Mark and Nyborg prisons, the Danish Prison and Probation Service can inform the committee, that the health care staff at both prisons are aware of and focused on inmates identified as vulnerable. Both prisons are developing a practice with a more proactive approach, supported by the digital health care journal as a tool for planned follow up.

In relation to the presence of health care personnel at Nyborg Prison, there is currently two general practitioners with a total of 50 hours per week (compared to 25 hours a week at the time of the visit of the committee). The Danish Prison and Probation Service finds the current number of nurses in Nyborg Prison sufficient in order to provide the care needed. The prison service continuously monitors the need, which has gradually increased over the last years.

In relation to the presence of health care personnel at Western Prison, there is currently an average of four full time doctors employed.

The Danish Prison and Probation Service would like to call attention to the fact that the prison service continuously evaluates and adjusts procedures to ensure that adequate health-care is provided by the health-care units as well as continuously assesses the availability of health staff according to the need in order to take necessary steps to adjust availability accordingly.

#### **Paragraph 75 in the CPT's report**

As a minimum, a person competent to provide first aid should always be present in such establishments, including at night and on weekends; preferably, this person should be a qualified nurse. **The Committee reiterates its recommendation that steps be taken to ensure such a permanent health-care coverage in all penitentiary establishments concerned.**

The Danish healthcare system in general ensures continuous access to professional medical assistance through a structured network. As mentioned above in the response to paragraph 74 the general practitioners employed in the prisons serve as the primary point of contact for non-emergency health concerns, providing consultations, treatment, and referrals when necessary.

If no health staff is present during daytime hours on weekdays, custodial staff can contact the two health units within the prison service, covering Eastern or Western Denmark respectively. In the evenings and on weekends, the staff can contact the relevant of five regional medical on-call service lines outside the prison service, if there is a need for medical assistance, which cannot wait until the following weekday. These medical on-call service lines offers nationwide advice, triage or referral to emergency care. This is equivalent to the health care service provided to citizens in Denmark in general in evenings and on weekends.

In urgent cases, the staff can call emergency services (“112”) for immediate medical assistance in the event of acute life-threatening illness or injury.

Health care staff within the prison service strive to make any assessment and treatment plan during daytime, so that demand for health care support in the evening and on weekends is limited.

The medical ward at Western Prison has nurses available around the clock. Inmates who are in need of around the clock care are admitted to this ward from institutions under the Danish Prison and Probation Service nationwide, e.g. inmates that need to be monitored in case of withdrawal symptoms or in need of intravenous medicine.

Considering the possibility of transferring inmates to Western Prison if they have special care needs and the possibility of making use of the general medical helplines on evenings and in weekends etc., it is the general assessment of the Danish Prison and Probation Service that the health care coverage provided in its institutions is adequate and sufficient.

#### **Paragraph 76 in the CPT’s report**

In this context, reference is made to the remarks and recommendation in paragraph 90 below. In addition, **the CPT recommends that the Danish authorities reflect on whether (pending the recruitment of additional custodial staff) it would be possible to reorganize the shifts so as to at least partly alleviate the negative impact of custodial staff shortages on prisoners’ access to health care.**

As mentioned below in the response to paragraph 87-90 mitigating staff shortages is a top priority for the Prison and Probation Service and the institutions assess the current staffing situation every day.

The Prison and Probation Service is aware that custodial staff shortage is challenging in regards to health care, and is therefore focused on ensuring that shifts as far as possible are organised so that the lack of prison staff does not limit the inmates' access to health care services.

### **Paragraph 77 in the CPT's report**

**The Committee recommends that serious efforts be made by the Danish authorities to improve the access to mental health care in prisons. This should include recruiting more mental health professionals and facilitating transfer to appropriate mental health care facilities, for as long as needed on medical grounds, of prisoners whose condition so requires. If necessary, suitable procedures need to be discussed and agreed with the Ministry of Interior and Health. The CPT also recommends that custodial staff be provided with more specialised training on dealing with mentally disturbed prisoners.**

As a rule, only inmates suffering from less severe mental illness (psychiatry minor) serve their sentence in prison. However, inmates suffering from severe mental illness (psychiatry major), including psychosis, delusions etc. are sometimes held in remand prisons, while they wait for referral and transfer to a forensic psychiatric unit. If an inmate develops serious mental illness during incarceration, the inmate will be assessed by relevant health care staff and if needed transferred to a psychiatric ward for treatment as soon as possible.

A huge pressure on the capacity in the psychiatric wards and hospitals may imply that mentally ill (psychotic) prisoners in institutions of the Danish Prison and Probation Service have to wait for transfer to a psychiatric ward or hospital, including forensic psychiatric units. To meet these challenges the health care units in the prison service and representatives from the regional psychiatric system have ongoing meetings every six months to strengthen the cooperation and coordination between the prison service and psychiatric system.

The prisons and remand prisons have affiliated psychiatrists that can carry out treatment in-house. Some prisons also have affiliated psychologists. Inmates can also be referred to treatment at a hospital or at a specialised doctor.

As part of the political multi-year agreement 2022-2025 concerning the finances of the Danish Prison and Probation Service, the Danish Prison and Probation Service has also made targeted efforts to recruit more psychiatrists.

However, recruiting psychiatrists – as well as psychologists - is an increasing challenge within both the Danish Prison and Probation Service as well as the public health care system in general. As such the Danish Prison and Probation Service recognise the need to enhance efforts in order to meet the needs in regard to prisoners' mental health and also increase focus on preventive measures, e.g. through psychosocial programmes. Reference is also made to par. 36-37 regarding the current emphasis on training prison staff.

As part of the implementation of the multi-year agreement concerning the finances of the Danish Prison and Probation Service, it was agreed to set up an inter-ministerial working group tasked with looking into the challenges that the prison service experience in working with prisoners who suffer from mental illness. The working group is expected to be established in the summer of 2025, and it will among other things examine how to handle prisoners with mental health issues within the Prison and Probation Service and how to improve co-operation between the Prison and Probation Service and psychiatric services in Denmark.

#### **Paragraph 78 in the CPT's report**

**The CPT recommends that the aforementioned legal discrimination be abolished and foreign prisoners be given the same free-of-charge access to both primary and secondary health care as their fellow Danish inmates.**

As mentioned under paragraph 74 the Danish Prison and Probation Service's health care service to inmates is organised in such a way that it reflects the role of the general practitioner in the surrounding community. On that basis foreign inmates have the same access to primary health care as Danish inmates, while they are incarcerated.

The Danish Health Act is based on a universal public health insurance model, where insurance is granted to those who are resident in the country. 'Resident' is understood as being registered in the Civil Registration System.

Persons who are not civilly registered – e.g., because of the short nature of their stay – have access to acute and continued hospital care. As a rule, such care for unregistered persons is on a paid basis, albeit with an ability for the regional authority to waive the payment obligation on humanitarian grounds.



The only special rules regarding prisoners in the Health Act are rules providing that otherwise insured persons who are detained for more than three months, are not entitled to primary care or medicine subsidies under the Health Act, to the extent that those are already provided by the Danish Prison and Probation Service.

The rules regarding access to health care while in detention are based on a premise that prisoners should as far as possible be treated the same as the general population with regard to healthcare. This means that if a prisoner is not publicly insured according to the Health Act, they are subject to the rules pertaining to uninsured persons whenever they interact with the regular healthcare system, including the aforementioned payment obligation for acute and continued hospital care.

Some prisoners are persons who were not civilly registered prior to their detainment/conviction because they did not fulfil the relevant criteria. Placement in institutions belonging to the Danish Prison and Probation Service does not affect civil registration status. As a result, they are treated as uninsured under the Health Act when interacting with the general healthcare system. This is not a result of a rule specifically designating foreign prisoners, but rather the aforementioned principle of equivalence with the general population.

#### **Paragraph 80 in the CPT's report**

**The CPT calls upon the Danish authorities to take the necessary measures to ensure that all prisoners are properly interviewed and physically examined by a medical doctor, or a fully qualified nurse reporting to a doctor, within 24 hours of their admission to prison, and preferably on the day of arrival at the establishment.**

**Further, each prison health-care service should have in place a screening procedure to enable them to properly assess the health-care needs of each newly-admitted prisoner, including mental health needs. The procedure should also include symptomatic TB screening and systematic voluntary testing for HIV and hepatitis B and C.**

**Regarding the recording of injuries, see paragraph 16 above. The Committee also reiterates its long-standing recommendation that whenever injuries are recorded by a doctor which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the record is immediately and systematically brought to the attention of the relevant investigatory authorities. Health-care staff should further advise prisoners that the**

**forwarding of the report to the relevant investigatory authorities is not a substitute for the lodging of a complaint in a proper form.**

During the admissions procedure, remand prisoners, convicted prisoners and administratively detained foreigners undergo a preliminary psychiatric screening by the custodial staff within 24 hours and an additional medical screening performed by a nurse. The medical screening provides a general knowledge of the inmate's former and current medical problems described by the inmate and objectively observed by the nurse.

Reference is made to the response to paragraph 74 for further information about the health care service of the Prison and Probation Service, including the initial medical screening performed by nurses.

Based on the above, the Danish Prison and Probation Service finds that the medical screening performed by a nurse within 24 hours from admission is adequate and sufficient to ensure targeted and timely intervention to all inmates, who wish to receive healthcare. Examination and treatment of an inmate requires an informed consent from the inmate according to the Danish Health Act. Reference is made to the response to paragraph 38-40.

#### **Paragraph 81 in the CPT's report**

**The CPT recommends, once again, that steps be taken to ensure that prisoners have confidential access to the health-care service in all the prisons in Denmark. In particular, prisoners should not be obliged to state to prison officers the reason why they wish to see a member of the health-care staff. Submitting request forms in sealed envelopes should become a standard procedure; for this purpose, the forms should always be handed over to prisoners together with envelopes.**

The Danish Prison and Probation Service can confirm that it is now possible to hand in requests for seeing a doctor or a nurse in a closed envelope to custodial staff.

Reference is made to the response to paragraph 43.

#### **Paragraph 82 in the CPT's report**

For both confidentiality and safety reasons, the preparation of prescription medicines should always be entrusted to qualified staff (pharmacist, nurse, etc.)

and medication should be distributed by health-care staff. **The Committee reiterates its long-standing recommendation that steps be taken to ensure that this is the case in all the prisons in Denmark.**

Medicine prescribed by a doctor is exclusively prepared by the medical staff. However, ordinary over-the-counter medicine as paracetamol can be administered by the prison officers in case of urgent need.

Distributing medicine to inmates is handled by the custodial staff who are trained as medical assistants according to the Danish rules on delegation of health care. Because the custodial staff act as medical assistants, they must have access to health information.

According to guidelines from the Danish Board of Patient Safety the person who distributes medicine is responsible for checking that the number of pills on the medicine list matches the pills distributed. The custodial staff is however, not made aware of the reason why an inmate must be handed the medicine in question, as information on prescription medicine and a person's possible diagnosis is confidential information only known by the healthcare staff.

The Prison and Probation Service finds that the above-mentioned procedures sufficiently respect the balance between maintaining confidentiality and securing proper distribution of medicine.

Reference is made to the response to paragraph 42.

### **Paragraph 83 in the CPT's report**

The health-care facilities and equipment varied from basic at Police Square Prison (which did not even have a proper examination couch), to generally adequate at the Western and Nyborg Prisons, and excellent at Enner Mark Prison. That said, there was no electrocardiography (ECG) machine at Police Square and Nyborg Prisons, which meant that prisoners requiring an ECG had to be transferred to the Western Prison (in the case of Police Square Prison) or to a local general hospital (in Nyborg). **The CPT recommends that steps be taken to address these deficiencies.**

All healthcare facilities have the same basic equipment. The facilities vary in standard, since several of the facilities are located in old buildings, some of the clinics are very small, but still offer sufficient facilities for examination of clients. There is a continuous renovation of the facilities.

In relation to electrocardiography (ECG) machines all prisons and remand prisons – except Polititorvet Remand Prison (remand prison by the Copenhagen police headquarters) – have ECG machines. It should be noticed in this connection that it is possible to examine the inmates that are in Polititorvet Remand Prison in Western Prison, which is located nearby.

#### **Paragraph 84 in the CPT's report**

Due *inter alia* to the absence of a systematic screening upon admission, the main burden rested upon custodial staff who had to be alert to, and bring to the attention of health-care staff, signs of possible drug dependence. In this context, **reference is made to the recommendation in paragraph 80 above.**

Inmates' use of intoxicating substances are a part of the initial medical screening. If an inmate is heavily affected by alcohol or another intoxicating substance, the person must be assessed in an emergency room at a hospital and have a treatment plan before being incarcerated in the medical ward at Western Prison for further treatment and observation. Substitution treatment is available if indicated.

The Danish Prison and Probation Service has an ongoing focus on decreasing the use of intoxicating substances among inmates and has carried out an extensive urine sample screening in August 2024. The aim of the urine sample screening was to uncover the current picture of drug abuse in prisons and remand prisons.

In connection with the screening, 468 urine samples were taken, of which 123 were positive (26 percent). The most frequently occurring euphoriant substance was cannabis, followed by opioids, including Tramadol. None of the tests was positive for fentanyl.

#### **Paragraph 85 in the CPT's report**

The CPT finds this very questionable and regrettable; **the recommendation in paragraph 78 above should be interpreted as applying to this aspect of health care as well.**

An inmate who has been sentenced to deportation is not entitled to free treatment for substance abuse unless special circumstances apply. Therefore, these individuals are generally not offered treatment equivalent to the services

provided by municipalities under the Social Services Act, such as motivation and pre-treatment, therapeutic counseling, and aftercare. However, inmates sentenced to deportation are not restricted in accessing somatic treatment and can receive treatment for withdrawal symptoms and substitution therapy or other *medical* treatment related to substance abuse.

If special circumstances apply, the Danish Prison and Probation Service can assess whether inmates sentenced to deportation – despite the deportation ruling – should be offered substance abuse treatment. For example, inmates sentenced to deportation may be offered substance abuse treatment if they are to serve a long sentence before being transferred to continue serving the sentence in their home country, and other factors justify this. This could be the case if it is deemed necessary for the individual's health or if it is required for them to integrate into daily life with other inmates and staff.

#### **Paragraph 86 in the CPT's report**

**The CPT recommends that steps be taken to make naloxone nasal spray available to both health-care and custodial staff (and to train the latter in how to administer naloxone in case of emergency).**

Naloxone nasal spray is currently only available to healthcare staff in the Danish Prison and Probation Service.

The prison service will, based on the newly made availability of nasal spray containing naloxone in Denmark as an over-the counter medicine, introduce a standardised more lenient practice for the use hereof within the service.

#### **Paragraph 90 in the CPT's report**

Whilst acknowledging steps being taken by the Danish authorities to recruit and retain staff, **the CPT recommends that more efforts be made to increase custodial staff complements and times of presence in the prisons visited (especially at the Western Prison and Nyborg Prison), in particular at night and on weekends. These efforts should include providing competitive working conditions and supporting staff's wellbeing through initiatives to improve their mental, emotional, and physical health and to build their resilience and capacity to deal with challenging situations.**

Mitigating staff shortage is a top priority for the Prison and Probation Service and the institutions assess the current staffing situation every day, both in terms of the work environment and of safety.

The Prison and Probation Service has an internal psychology corps that, among other things, holds group sessions and preventive interviews with employees as well as debriefings after serious incidents to prevent PTSD and other psychological stress reactions. The Danish Prison and Probation Service has also established a prevention and mediation corps. Reference is made to the response to paragraph 91.

The Prison and Probation Service also offers a health scheme to all employees with the possibility of help/relief of acute physical and/or psychological stress. It is also possible to assign a personal support course of at least 12 months of duration to employees who are affected by illness or injuries related to work. All this in order to improve the mental, emotional and physical health of staff members and to build their resilience and capacity to deal with challenging situations.

The prison staffing shortage is also countered with focused recruitment activities. Since 2019, the recruitment unit of the Prison and Probation Service has designed and implemented various strategies to increase the numbers of prison officer applicants, especially in the eastern part of Denmark. These efforts have focused, among other things, on communication initiatives and campaigning.

As part of the recruitment activities, the number of locations in different parts of Denmark where applicants can undergo basic prison officer training has increased. The Prison and Probation Service has introduced the concept of temporary schools – pop-up schools – meaning that the pop-up schools will open at different locations. The temporary schools are established where, for instance, more staff will be needed because of building and/or expanding prison capacity. For example, a pop-up school has been established at Sdr. Omme Prison, with new classes in January, April, August and October 2025.

Additionally, other initiatives deserve special mention: (i) Securing full salary benefits for all prison officer students during the entirety of their three-year basic training. (ii) Increasing the presence of recruitment personnel in public spaces using a special presentation truck. (iii) Shortening the training period for prison officer students with relevant backgrounds and training. (iv) Collaborating with local municipalities targeting unemployed labour, and lastly (v)

adjusting the recruitment and selection process in order to increase the number of prison officer students and to foster greater diversity among candidates.

### **Paragraph 91 in the CPT's report**

In the light of the above, **the CPT recommends that the Danish authorities improve ongoing training for custodial staff in communication, conflict prevention and management of mentally ill prisoners, including de-escalation techniques. The initiative, observed at Enner Mark Prison, of involving a psychiatric nurse in training and mentoring custodial staff on the special needs of mentally ill prisoners merits being positively highlighted in this context.**

The Prison and Probation Service has a compulsory educational programme for uniformed personnel concerning conflict management. Each employee is trained once a year and each training session lasts 7.4 hours.

The content of the educational programme includes:

- Use of force and self-defence
- Conflict understanding and communication
- Scenarios, including de-escalating communication

The Prison and Probation Service has, in 2024, furthermore set up a corresponding educational offer of continuing education for civilian personnel. The purpose of the course is to strengthen civilian employees' professional and personal competencies in conflict management. Participants will have the opportunity to work actively with communication and conflict understanding, including the understanding of emotional arousal and de-escalation as a tool. In addition, participants will strengthen their security awareness and understanding of dynamic security on a general level.

In addition, the Prison and Probation Service has in 2024 set up continuing education targeted at working with mentally vulnerable inmates. The corps of psychologists teaches this programme.

Furthermore, the Prison and Probation Service has established a prevention and mediation corps. The main purpose of the prevention and mediation corps is to attribute to improve the work environment by enhancing the ability to prevent and handle conflict throughout the organisation.

The prevention and mediation corps is used, among other things, for mediations where work environment challenges occur – typically in the aftermath of an incident.

### **Paragraph 92 in the CPT's report**

In the light of the above, **the CPT strongly reiterates its recommendation that disciplinary solitary confinement should never be imposed for more than 14 days for a given offence (and should preferably be shorter). Whenever an additional period of disciplinary solitary confinement is imposed on a prisoner, there should be an interruption of several days between the two placements in the *strafcelle*.**

For the development in the use of solitary confinement as a disciplinary measure (unconditional penalty cell) regarding adults, reference is made to Annex 1, table 4.

In general, the new disciplinary penalty system, which entered into force in September 2023, has led to a decrease in solitary confinement as a disciplinary measure and in particular a substantial decrease in long-term solitary confinements exceeding 14 days. Only in special cases, e.g. repeated offences or especially challenging or aggressive behaviour, the maximum duration can be more than 14 days per decision and no longer than 4 weeks.

While the maximum duration of disciplinary solitary confinement thus, in general, has been reduced to 14 days per decision, additional and successive disciplinary solitary confinement may be imposed, if a prisoner commits a new disciplinary offence while already serving time in solitary confinement.

An imposed disciplinary measure must, however, be both noticeable and effective given the specific circumstances (cf. the preparatory remarks to act no. 893 of 21 June 2022, which introduced the new disciplinary penalty system in the Sentence Enforcement Act). If additional solitary confinement is ineffective, the prison and probation service must apply other disciplinary penalties.

The prison and probation service remains highly aware of the detrimental effects of solitary confinement on a prisoner's physical and mental well-being.

Limited community time may be granted during solitary confinement imposed as a disciplinary measure if special circumstances justify it (section 2(4) of



executive order no. 1129 of 17 August 2023 on the serving of solitary confinement, interrogation cell and the processing of disciplinary actions).

Following internal guidelines, disciplinary solitary confinement can be interrupted if the prisoner's physical or mental well-being deteriorates. Consultation with healthcare personnel is advised in such cases. Furthermore, the disciplinary solitary confinement should only be resumed if it is justified in terms of the prisoner's well-being.

### **Paragraph 93 in the CPT's report**

Consequently, **the Committee reiterates its recommendation that solitary confinement as a disciplinary punishment for juveniles be abolished in Denmark.**

The Ministry of Justice can refer to its response to paragraph 82 of the report to the Danish Government on the visit to Denmark carried out by the CPT from 3 to 12 April 2019.

For persons under the age of 18, the maximum period of solitary confinement is seven days, unless the case concerns violence against staff in the institution, cf. section 70(1) of the Criminal Enforcement Act.

In addition, the Ministry of Justice can inform that the conditions for using solitary confinement in relation to persons under the age of 18 are very strict and the use of such a disciplinary reaction is only used in exceptional cases.

For the development in the use of solitary confinement as a disciplinary measure (penalty cell) regarding juveniles, reference is made to Annex 1, table 5.

The Department of the Danish Prison and Probation Service continuously monitors the imposition of penalty cell on juvenile prisoners.

During 2023 and 2024, no juvenile prisoners under the age of 18 were placed in solitary confinement as a disciplinary measure for more than seven days. In the same period, there has been five placements of juvenile prisoners in solitary confinement for more than three days but less than seven days. Three of these involved either fighting with a fellow prisoner or threats against staff. In the other two cases solitary confinement exceeding three days was imposed due to multiple and repeated offences, several of which involved inappropriate behaviour.

### **Paragraph 96 in the CPT's report**

**The CPT recommends that inmates in all prisons in Denmark be systematically provided with a copy of the disciplinary decision, the receipt of which they should be asked to acknowledge in writing.**

At the time of the visit, the Danish version of the leaflet was ready and translations into several foreign languages were being prepared. **This is a positive initiative which merits to be followed in other prisons in Denmark.**

According to section 9 of Executive Order 1129 of 17 August 2023 on the serving of solitary confinement, the use of interrogation cell and the processing of disciplinary actions (the Executive Order on disciplinary actions), a prisoner must be provided with a copy of the decision on disciplinary sanction upon request. A prisoner must be informed of the possibility of being provided with a copy of the decision, cf. Section 7.

Regarding the information provided to prisoners about the new disciplinary system, the Danish Prison and Probation Service produced a leaflet and posters explaining the new rules of the disciplinary system in a simple manner, when the new disciplinary system was implemented. The leaflet and posters were translated into 17 languages.

With regard to the committee's mentioning of another leaflet produced by Western Prison supplementing the one mentioned above, the prison and probation Service will evaluate the need for a national distribution of a leaflet similar to the one produced by Western Prison.

### **Paragraph 97 in the CPT's report**

**The Committee therefore calls upon the Danish authorities to reconsider Denmark's reservation to Rule 43.2 of the European Prison Rules and introduce the necessary legislative changes to bring Chapter 11 of the Criminal Enforcement Act in compliance with the aforementioned standard.**

The Ministry of Justice can inform that Denmark stated a reservation to the revised Prison Rules during the 952nd meeting of the Ministers' Deputies for the following reason:

“When this recommendation was adopted, and in application of Article 10.2c of the rules of Procedure for the meetings of the Ministers’ Deputies, the Representative of Denmark reserved the right of his government to comply or not with Rule 43, paragraph 2, of the appendix to the recommendation because it is of the opinion that the requirement that prisoners held under solitary confinement be visited by medical staff on a daily basis raises serious ethical concerns regarding the possible role of such staff in effectively pronouncing prisoners fit for further solitary confinement.”

The Danish government is not currently considering repealing this reservation.

#### **Paragraph 99 in the CPT’s report**

By contrast, at the Western Prison and Nyborg Prison, prisoners placed in high-security units were, as a rule, informed orally of the placement decision and were only given a written copy upon request. **The CPT recommends that the procedure followed in this respect at the Western Prison and Nyborg Prison be aligned with that applied at Enner Mark Prison.**

The Danish Prison and Probations Service generally focuses on making sure to align procedures across institutions as far as possible while still considering local conditions.

Thus, the Department of the Danish Prison and Probation Service will issue guidelines stating that when placing inmates in high-security units, prisoners must be ensured the right to raise objections, be offered a copy of the placement decision, and receive information on available complaint avenues.

#### **Paragraph 100 in the CPT’s report**

Further, special programmes existed to assist gang members in leaving their gangs and reintegrating the society. **The Committee would like to receive more detailed information about these special programmes.**

As part of efforts to combat crime committed by organised biker and gang members, the government launched in 2011 a frame model for “exit programmes” for those biker and gang members who have a desire to exit these criminal circles.

The frame model was drawn up by the Ministry of Justice in cooperation with the Ministry of Employment, the Ministry of Social Affairs, the Ministry of Education, the Ministry of Integration, the Ministry of Health, the Ministry for the Interior, the Ministry of Culture, the Ministry for Economic and Business Affairs, the Customs and Tax Administration, and Local Government Denmark as well as involving the Danish National Police.

The frame model, which presupposes a targeted and coordinated cooperation between among other the police, the prison and probation service, and local authorities, provides an overview of the opportunities that are at hand for those biker and gang members who wish to leave these circles.

#### Exit programme in the prisons

To be included in the programme within the prison the individual must be known as a gang member or with relations to a known organised biker or gang group.

People convicted under the so-called “organised crime provision” (article 81 a of Danish criminal code) cannot be released on parole, unless they participate in an exit programme. It is a condition of a possible parole that the person continues the participation in the exit programme.

The content in the exit programme in the prison is;

- Visitation of inmates who wish to exit, including assessment of motivation and suitability
- Ongoing monitoring efforts and assessment of people who want to exit and inmates who currently have an exit agreement
- Coordination and support of the individual in the exit process
- Strategic placement of the individual for security reasons
- Implementation of special efforts as mentoring, anger management programmes and therapy treatment
- Preparation of statements for both internal and external cooperation partners

If a biker or gang member during his serving a sentence expresses his wish to enter an exit programme, the prison and probation service shall contact the local “exit unit” in the municipality to which the person will be released from prison eventually. The local exit units include representatives from the police, the prison and probation service and the municipality.

If a biker or gang member is deemed qualified to continue an exit programme after release, the local exit unit draws up an exit programme adapted

individually to the specific person, in cooperation with relevant authorities and in particular with the social authorities.

The relevant authority decides whether specific actions may be initiated as part of the exit programme. It must be assessed which of the available options are relevant for the person, e.g. relocation, education, work and work training, substance or alcohol abuse treatment, security measures and motivation.

The local exit unit is responsible for drawing up an agreement in regard to the exit programme, which describes in detail the measures decided by the local exit unit to be initiated during the course of the exit programme. The agreement shall also contain demands to the participant as well as a time frame of the individual actions to be taken.

### **Paragraph 102 in the CPT's report**

That said, in the light of the delegation's findings regarding the quality of mental health care in the prisons visited (see paragraph 77 above), **the Committee recommends that steps be taken to strengthen the psycho-social support provided to prisoners segregated on security grounds. More generally, such prisoners should be followed individually by multidisciplinary teams involving the custodial, social and health-care staff, the objective being to assist the prisoners concerned to gradually (re)integrate the mainstream prison population. Reference is also made to the recommendation in paragraph 77 above.**

Reference is made to the response to paragraph 77 above.

In general prisoners segregated on security grounds has the same rights to mental health care as other prisoners. Furthermore, those prisoners are monitored on a weekly basis by health-care staff (including mental health professionals) who can, if deemed necessary, recommend their release from the high-security unit and/or their transfer to a mental health facility.

As part of the political multi-year agreement 2022 -2025 concerning the finances of the Danish Prison and Probation Service, the service is implementing an improved education curriculum for the custodial staff, with an increased focus on training custodial staff to handle mentally ill inmates. This is done with a view to strengthening the *general* psycho-social support as a supplement to efforts of the healthcare staff.

Reference is made to the response to paragraphs 36-37.

Reference is also made to the response to paragraph 71, regarding activities for remand/sentenced persons in remand sections.

#### **Paragraph 104 in the CPT's report**

The delegation noted that the recourse to placements in “observation cells” had indeed decreased at two of the establishments visited: from 388 placements in 2022 to 361 in 2023 at the Western Prison, and from 27 placements from January-May 2023 to 12 from January-May 2024 at Nyborg Prison. The number of placements in “observation cells” had, however, increased at Enner Mark Prison, from 154 in 2022 to 193 in 2023. **The Committee would welcome the Danish authorities’ observations on the possible reasons behind this increase.**

For the number of placements in observation cell in Enner Mark Prison from 2020 to 2024, reference is made to Annex 1, table 6. The table reads that the number of placements in observation cell in Enner Mark Prison has increased from 2020 to 2023 and decreased from 2023 to 2024.

The Danish Prison and Probation Service cannot identify with certainty the reasons behind the increase from 2020 to 2023.

The Danish Prison and Probation Service will monitor the development in this area.

Reference is made to the response to paragraph 105 and Annex 1, table 7, which outlines the number of placements in observation cell nationwide. The number of nationwide placements in observation cell has a general decreasing tendency from 2020 to 2024.

#### **Paragraph 105 in the CPT's report**

**The CPT calls upon the Danish authorities to limit the duration of prisoners’ placements in “observation cells” to the time strictly necessary for the inmate concerned to calm down.**

With regard to the duration of placements in observation cell nationwide from 2022 to 2024 reference is made to Annex 1, table 7. As shown in table 7 the vast majority of placements in observation cell has a duration under 6 hours.

The Department of the Prison and Probation Service agrees with the committee that the placement of an agitated or violent prisoner in an observation cell is limited to the time strictly necessary for the prisoner concerned to calm down. Following national legislation, a placement in an observation cell must be discontinued promptly when the conditions justifying such a placement no longer exist (section 64(1) of the Sentence Enforcement Act and section 18(2) of Executive Order 429 of 9 April 2015 on Exclusion of Inmates from Association, Including Segregation in Observation Cells, etc.).

A prisoner placed in an observation cell must be regularly attended to by the staff of the institution (section 21(1) of the Exclusion from Association Order). The attending staff are required to document the prisoner's condition and make notes on whether continued placement in the observation cell is necessary.

#### **Paragraph 106 in the CPT's report**

**The CPT recommends that the relevant provisions be amended so that placement in "observation" cells for "special observation" (i.e. to prevent suicide and self-harming by a prisoner with a mental-health related condition) is only decided as a last resort and immediately brought to the attention of health-care staff who should visit the prisoner without delay; the same should apply to any prolongation of the measure. Any prisoner whose condition requires "special observation" in excess of 24 hours should be transferred to an appropriate mental health facility (see the remarks and recommendation in paragraph 77 above).**

The Danish Prison and Probation Service agrees that placement in observation cell for special observation should only occur as a last resort. This is stipulated in the Sentence Enforcement Act and the Executive Order 429 of 9 April 2015 on Exclusion of Inmates from Association, Including Segregation in Observation Cells, etc. Hence, placement in an observation cell may not occur 'if, for the purpose of the intervention and the violation and the discomfort that the intervention must be assumed to cause, it would be a disproportionate intervention' (section 16(2) of the Exclusion from Association Order).

Concerning the Committee's recommendation that a prisoner placed in observation cell for special observation should immediately be brought to the attention of health-care staff, the Danish Prison and Probation Service notes that a medical doctor must be contacted if there is any suspicion of illness or injury

related to the placement, or if the prisoner requests medical attention (section 20 of the Exclusion from Association Order.

Reference is made to the response to paragraph 105 regarding regular inspections by staff, which also include a continuous assessment of the need for a doctor's consultation.

Furthermore, reference is made to the response to paragraph 51 regarding the Prison and Probation Service's effort to enhance the qualifications of custodial staff in managing mentally vulnerable inmates.

As stated in the response to paragraph 51, the Danish Prison and Probation Service is currently working on updating and promoting guidelines and procedures on self-harm and suicide prevention to further enhance the general and long-term safety of detainees. This will include an assessment of the need to introduce guidelines ensuring that placement in observation cell for the purpose to prevent suicide and self-harm is immediately brought to the attention of health-care staff.

Regarding the recommendation that any prisoner whose condition requires "special observation" in excess of 24 hours should be transferred to an appropriate mental health facility it is stated that if an inmate is assessed to require hospitalisation, they will be attempted transferred accordingly, either voluntarily or coerced. This is based on the severity of the prisoner's condition rather than on the duration of placement in an observation cell, and steps to this effect may as such also be taken before 24 hours has passed.

#### **Paragraph 107 in the CPT's report**

Further, whenever the period of fixation exceeded 24 hours, a doctor was required to visit the prisoner once per day. The delegation was not able to ascertain whether analogous procedures were applied at Nyborg and Enner Mark Prison. **The CPT would like to receive clarification of this point from the Danish authorities.**

According to section 66 (5) of the Sentence Enforcement Act, the institutions must, when fixating a prisoner in a security cell, immediately request a medical doctor to attend the prisoner. The medical doctor must see the person in question, unless the medical doctor, on the basis of a medical assessment, deems that such supervision is clearly unnecessary.



According to section 3(3), of Executive Order 175 of 31 January 2022 on the Use of Means of Restraint in Prisons and Remand Prisons, a doctor must be informed daily to assess, based on their knowledge of the prisoner, etc., whether medical attendance is necessary, if means of restraint are used for more than 24 consecutive hours.

Furthermore, section 15(3) of the Means of Restraint Order stipulates that the institution must promptly submit a report to the Department of Prison and Probation Service if a prisoner's placement in a security cell with fixation exceeds 24 hours. The Department of the Prison and Probation Service reviews all cases where a prisoner has been placed in a security cell with fixation for more than 24 hours.

Regarding debriefing, section 13 of the Means of Restraint Order requires the Prison and Probation Service to offer the prisoner a debriefing as soon as possible after the conclusion of a security cell placement, both with and without fixation.

This obligation is described in more detail in the Circular 9723 of 24 June 2022 on the Use of Means of Restraint. As outlined in section 3 of the Circular, the debriefing must generally take place no later than 7 days after the end of the placement, depending on the prisoner's physical and mental condition. The purpose of the debriefing is to help the prisoner process the experience, calmly assess what led to the incident that resulted in the placement in a security cell, and to discuss ways to avoid such incidents in the future.

The Danish Prison and Probation Service can confirm that placements in security cells in Nyborg and Enner Mark Prison are carried out in accordance with the abovementioned rules and regulations. Healthcare staff are not available in-house after 15:30 at either Enner Mark or Nyborg Prison. Concerning health care coverage reference is made to the response to paragraph 75.

### **Paragraph 111 in the CPT's report**

**The Committee reiterates the recommendation that the Danish authorities abolish the practice of fixation of prisoners for security reasons and develop alternative approaches; the CPT would like to be provided with a detailed plan to achieve this objective. Pending this, the Danish authorities must ensure that the following minimum safeguards are strictly applied in all prisons resorting to fixation:**

- fixation may only be used as a measure of last resort, when all other reasonable options have failed satisfactorily to deescalate violence; previous (unsuccessful) measures should be clearly indicated either in the decision to apply fixation or in dedicated register;
- any fixation may only be of a very short duration (minutes rather than hours);
- fixation may only be resorted to in a medical setting, namely as expressly ordered by a doctor or immediately brought to the doctor's attention. The doctor should proactively visit fixated prisoners immediately upon fixation to document and treat any injuries, review the prisoners' health condition as well as assess the necessity to continue applying the measure;
- fixated inmates should be under continuous, personal and direct supervision by prison staff physically present in the "security cell"; observing patients through a window is not sufficient.

Further, the CPT recommends that steps be taken to ensure that debriefing sessions involving the prisoners concerned and custodial and health-care staff are organized following each measure of fixation, for oversight and learning purposes. In this context, the establishment of a "Violence and Threats Committee" at Enner Mark Prison, assessing individual cases with a view to identify tools and techniques to deescalate violence and reduce the use of mechanical restraints, draw lessons learned and compile statistics, is to be considered as a good practice worthy of applying in all other prisons equipped with "security cells". The Committee also recommends that appropriate initial and refresher training be provided to staff regarding the use of fixation and de-escalation techniques.

Lastly, the CPT would like to receive statistics on the application of the measure of fixation in prisons countrywide in 2023 and 2024, broken down by prison establishment, gender, duration, reason for applying the measure and whether the inmates in question had a mental illness and/or had recently self-harmed or attempted to commit suicide.

Regarding the recommendation that fixation may only be used as a measure of last resort, the Danish Prison and Probation Service refers to section 66(3) of the Sentence Enforcement Act, which states that fixation must be proportional. Placement in security cell with fixation is considered a last resort measure and may only be effectuated when less intrusive measures – such as

conversation, deescalating techniques, placement in observation cell or placement in security cell without fixation – are rendered insufficient.

Regarding the recommendation that fixation may only be of a very short duration, the Danish Prison and Probation Service notes that, under section 15 (1) of Executive Order 175 of 31 January 2022 on the Use of Means of Restraint in Prisons and Remand Prisons, an entry regarding the supervision of an inmate must be made at least every 15 minutes while the inmate is fixated in a security cell. This entry must include information about the prisoner's condition as well as any comments on the necessity of continuing the placement in a security cell and the fixation.

With regard to the recommendation that fixation should immediately be brought to the doctor's attention, such an obligation already follows from national provisions. According to section 66(5) of the Sentence Enforcement Act, the institutions must, when fixating a prisoner in a security cell, immediately request a medical doctor to attend the prisoner. The medical doctor must see the person in question, unless the medical doctor, on the basis of a medical assessment, deems that such supervision is clearly unnecessary. Regarding additional medical consultation if means of restraint are used for more than 24 consecutive hours, reference is made to the response to paragraph 107.

As to the recommendation that debriefings are conducted following each measure of fixation, reference is made to the response concerning paragraph 107.

Concerning direct supervision: When inmates are placed in "security cells" under the use of coercive mechanical restraint, including belt fixation, they are observed through a window for the sake of both the inmate's and the employee's safety. Physical supervision can be perceived as intimidating and thus in theory contribute to a prolonged fixation of the inmate.

Concerning statistics: Annex 1, tables 8 and 9 present statistics on the use of fixation measures in prisons nationwide in 2023 and 2024, broken down by prison establishment, gender, and reason for applying the measure.

Regrettably, reliable statistical data on the duration of measures of mechanical restraint in prisons, including waist belt fixation to a bed, cannot be automatically extracted from the Danish Prison and Probation Service's Management Information System (LIS). This is due to the fact that data quality in this

particular area is assessed to be insufficient. The registered duration of the fixation often resembles the duration of the placement in security cell although the fixation has been of a shorter duration. Obtaining reliable information as to the duration of the fixation would require a manual review of all fixations in security cell listed in table 9. The prison and probation service has a strong focus on ensuring reliable data and will consider relevant initiatives to this end.

Additionally, it is not possible to extract statistical data regarding the number of fixations of prisoners with mental illness and/or recent self-harm or suicide attempts. This information would also require a manual review.

The Danish Prison and Probation Service will follow the development of possible alternative measures to the use of force by coercive mechanical restraint to a bed.

#### **Paragraph 112 in the CPT's report**

In this context, **reference is made to the comments and recommendation in paragraph 52 above, which apply *mutatis mutandis* also in the prison context.**

The Danish Prison and Probation Service advises that, according to section 6 (2) of the Executive Order 175 of 31 January 2022 on the Use of Means of Restraint in Prisons and Remand Prisons and section 10 of Guidance 9721 of 26 June 2022 on the Use of Means of Restraint in Prisons and Remand Prisons, the institution must check which items the prisoners have in their possession when placed in a security cell. Furthermore the prisoner will normally undergo a change of clothing. At a minimum, the prisoner must wear the institutions underpants or be provided with a blanket. In addition the inmate must be offered an undershirt.

As an exception, a change of clothing may be omitted if it is assessed that changing clothes in itself would escalate the situation. The Danish Prison and Probation Service has a general focus on the proportional and considerate use of means of restraint.

Reference is also made to the response regarding paragraph 52.

#### **Paragraph 114 in the CPT's report**

**The Committee would welcome the Danish authorities' observations on the possible reasons behind this significant increase at Enner Mark Prison (and the decrease at the Western Prison). The CPT would also like to be provided with the corresponding data in respect of the year 2024.**

The Department of the Danish Prison and Probation Service initially notices that the use of force includes and ranges from a relatively gentle, physical guidance of the inmates with hand power to the use of pepper spray and baton. Accordingly, the use of force and the registration as such varies considerably.

The number of incidents entailing the use of force occurring in any given prison depends on a number of factors, inter alia and primarily on the specific inmates, the inmates' interaction with each other and their interaction with the staff. A qualified estimate on the increase of incidents which entailed use of force in Enner Mark Prison in 2023 would require a thorough review of the more than 300 incidents that occurred in 2022 and 2023. Part of the explanation for the increase in the use of force, might be because of a specific group of inmates, whose members are considered to be very impulsive, aggressive and escalating conflict. A member of this group was convicted of attempted murder of a custodial officer in 2023, which called for a stricter regime in Enner Mark Prison for security reasons. Conclusively, it is not possible to give a detailed explanation to the increase in frequency of the use of force in Enner Mark Prison from the year 2022 (127 incidents) to 2023 (181 incidents). The registered number of incidents entailing the use of force in 2024 is 139 in Enner Mark Prison and thus a decrease since 2023.

The decrease in number of incidents that required the use of force in Western Prison from 2022 (427) to 2023 (372) may be attributed to a general focus on prevention of violence over the last couple of years, including a review of the local guidelines and procedures, which caused conflicts between inmates and staff. In Western Prison there has been a great focus on using dialogue instead of power as conflict management. The Department of the Danish Prison and Probation Service will look further into the practice conducted in Western Prison to examine whether this practice may be implemented in other prisons.

#### **Paragraph 115 in the CPT's report**

**The Committee would like to receive observations by the Danish authorities on the possible reasons behind this increase. Reference is also**

**made here to the comment in paragraph 111 above and the request for information in paragraph 114 above.**

In the years 2022 and 2023 a total of 16 and 18 incidents in Enner Mark Prison required the use of pepper spray. In comparison the same number in the year 2021 was 22 and in 2024 the registered number was 8. Thus, the number of incidents entailing the use of pepper spray in Enner Mark Prison fluctuates over the last number of years. The use of force, including the use of pepper spray, depends on various factors, mentioned above in regards to par. 114. Therefore, the Danish Prison and Probation Service cannot point out any possible reason for the rather minor increase in the use of pepper spray from 2022 to 2023.

#### **Paragraph 118 in the CPT's report**

**In the light of the above, the CPT recommends that the Danish authorities ensure that the decision to impose a strip search on a prisoner is indeed always based on an individual risk assessment. As concerns the procedure, the Committee reiterates its recommendation that prisoners who are subjected to a strip search be allowed to remove clothing above the waist and redress before removing further clothing.**

**Further, when prisoners are instructed to pass through a metal detector, they should in principle be allowed to keep their clothes (at least the underwear). As for instructing inmates to squat and cough, this should only be done if the X-ray machine detects the presence of a suspicious object inside the prisoner's body cavities.**

According to section 60 of the Sentence Enforcement Act, prison staff is authorised to do strip-searches on detainees without a court order, when it is considered necessary to ensure prison security or to prevent disorder or crime. It is practice in high-risk institutions (closed prisons and remand prisons) to conduct a strip-search in connection with visits and when the inmate is transported outside the institution by the staff. Furthermore it is stated in section 60, that strip-searches shall be proportional, carried out gently and must only be attended by prison officers of the same gender as the detained.

The Danish Prison and Probation Service does not use x-ray machines when searching inmates. When using metal detectors (without x-ray) the staff will not be able to see a suspicious object inside the prisoner's body when conducting searches.

The prison service plans to introduce national written guidelines on the procedure of strip-searches in 2025. The guidelines will separately describe the procedure for using metal detectors including that the inmate as a minimum shall be able to keep the underwear on, when using the metal detectors. Likewise, the conditions for instructing the inmates to squat or cough will be specified.

In the light of the committee's recommendation on two-stage strip search, the prison service is following experiences in other countries and is considering introducing this in Denmark.

### **Paragraph 119 in the CPT's report**

As for access to a telephone, sentenced prisoners could make telephone calls for up to 30 minutes per week. **The Committee invites the Danish authorities to increase this entitlement.**

According to section 57(1) of the Sentence Enforcement Act, sentenced prisoners have the right to make telephone calls to the extent that this is practically possible. However, access to telephone conversations may be denied if this is deemed necessary for reasons of order or security, in order to support the prison and probation service's efforts against radicalisation and extremism, for reasons of preventing crime or for reasons of protecting the victim of the offense, cf. section 57(2).

No national provisions or guidelines impose a general limitation on the duration of telephone calls for sentenced prisoners. Thus, there is no general 30 minutes limitation.

However, and according to section 5(2) of Executive Order no. 132 of 3 February 2025 on the access to telephone calls for sentenced inmates, the prison service may locally set rules on the actual implementation of the right of inmates to conduct phone calls, including limiting the frequency and duration of phone calls taking into account the personnel resources required to listen in, record or intercept the conversations, depending on applicable rules.

As stated in the Danish Government's response to the report of the CPT on its visit to Denmark from 3 to 12 April 2019, paragraph 38, different telephone arrangements exist in open prisons, closed prisons and remand prisons.

In open prisons, prisoners typically make their telephone calls from their own living quarters using mobile phones that are fixed to the wall.

For closed prisons and Copenhagen remand prisons, in wards with regular community time, the prisoners' right to telephone conversations can be implemented in the way that the individual prisoner is given a general permission to make telephone calls to 10 telephone numbers/owners.

Prisoners in remand prisons have access to borrow a telephone.

#### **Paragraph 120 in the CPT's report**

**the CPT recommends that continuous efforts be made by the Danish authorities to ensure that sentenced inmates at the Western Prison benefit from their full entitlement to visits and telephone calls.**

The Danish Prison and Probation Service acknowledges the need to improve conditions for visits to inmates in prisons and remand prisons.

In August 2024, a practitioner committee consisting of staff and associations representing lawyers and prisoner relatives concluded an analysis and evaluation of the area. Implementation of 22 of the committee's 41 recommendations and initiatives began in 2024, including the introduction of a digital booking system for visitors and improved written information for inmates and visitors. The prison and probation service will examine the possibility of implementing the remaining recommendations and initiatives in 2025.

In addition, Western Prison has expanded the number of visits from relatives by 64 additional visits per month starting 1 March 2025. Furthermore, the telephone hours for visit bookings at Western Prison were changed on 1 August 2024, to accommodate relatives who found it difficult to wait in the phone queue during regular working hours.

#### **Paragraph 121 in the CPT's report**

**In the light of the above remarks, the CPT reiterates its recommendation that the legal, regulatory and practical framework governing remand prisoners' contact with the outside world be reviewed, particularly as concerns the "B&B" provisions. Steps must be taken that all remand prisoners, without exception, effectively benefit from the entitlement of at least one visit lasting one hour every week. Regarding access to a telephone, this must be granted as a rule; if there is a risk of collusion, calls to a particular person could be restricted by a prosecutor for a certain**



amount of time but, in any event, the privileged option should be that particular telephone calls could be monitored (rather than prohibited). Further, efforts should be made to ensure that letters sent by and addressed to remand prisoners on “B&B” restrictions are forwarded without undue delay.

More generally, the Committee recommends that any restrictions on remand prisoners’ contact with the outside world be subjected to a prior authorization by a body unconnected with the case at hand (e.g. a judge) and be applied for a specified period of time (for example, two weeks or a month), with reasons stated in writing. The relevant decision should be made available to the prisoner concerned and (if the inmate has one) the prisoner’s lawyer.

The rules on remand prisoners' right to contact with the outside world are set out in Chapter 70 of the Danish Administration of Justice Act, which is supplemented by provisions in the Executive Order on remand custody. It is the view of the Ministry of Justice that these rules contribute to safeguarding the fundamental rights of remand prisoners in accordance with Denmark’s international obligations.

It follows from section 770(1) of the Administration of Justice Act that a remand prisoner can only be subject to the restrictions, which are necessary for the purpose of the remand or the maintenance of order and security in the remand prison.

The rules on supervised visits are set out in section 771 of the Administration of Justice Act. A remand prisoner is entitled to receive visits to the extent that the maintenance of order and security in the remand prison permits it. However, visits can be supervised by police if, among other things, it is deemed necessary for the purpose of custody, e.g. if there is a risk of impact or to prevent evasion. In addition, supervision may be used in certain gang-related criminal cases. At the same time, it should be noted that the remand prisoner always has the right to unsupervised visits by his or her lawyer, and the remand prisoner can also demand that the question of supervision be submitted to the court for a decision.

The rules on supervision of letter correspondence are set out in section 772 of the Administration of Justice Act. A remand prisoner has the right to receive and send letters. However, the police can inspect letters before the remand prisoner receives or sends them. In addition, the police may withhold a letter if the content could jeopardise the investigation or the maintenance of order

and security in the remand prison, or if the remand prisoner's circumstances make it necessary to prevent evasion. If a letter is withheld, the question must immediately be submitted to the court for a decision.

In practice, the decision on supervised visits and letter correspondence is taken by the prosecutor at the time when the decision on remand (or the prolonging thereof) is taken by the court. It should be noted that the Director of Public Prosecutions has guidelines for the use of supervised visits and letter correspondence, which state, among other things, that the prosecutor can only decide to impose restrictions that are deemed necessary in accordance with section 770 of the Administration of Justice Act.

The rules on the right of remand prisoners to make telephone calls are set out in chapter 23 of the Executive Order on remand custody. Remand prisoners may be authorised to make telephone calls if communication by letter correspondence cannot be awaited without significant inconvenience and it is practically possible. The police may object to a remand prisoner making telephone calls for the purpose of the remand in custody. In addition, the Prison and Probation Service may refuse to allow a remand prisoner to make a telephone call if this is deemed necessary for reasons of public order or security. Telephone conversations are recorded, listened to or monitored unless this is not necessary for public order or security reasons. It should be noted that a remand prisoner generally has the right to telephone calls with his or her lawyer. Such telephone conversations shall not be recorded, listened to or monitored.

Thus, there are a number of important reasons for the restrictions on remand prisoners' contact with the outside world, including to ensure that the purpose of the remand detention can be achieved. At the same time, legal guarantees are built in for remand prisoners, including the rules on referral to court. The Ministry of Justice and other relevant authorities continuously consider whether there is reason to change the rules and practices in the area to ensure the right balance between effective law enforcement on one hand and the right of remand prisoners to contact with the outside world on the other.

#### **Paragraph 122 in the CPT's report**

**The CPT encourages the Danish authorities to explore ways to facilitate prisoners' communications through modern technologies (such as VoiP), with due regard to necessary security requirements.**

The Department of the Danish Prison and Probation Service continuously work towards modernisation of prisoners' communication with the outside world, and to that end, the use of modern technologies is under consideration. A specific project under implementation in 2025 shall introduce the option of video-calls between inmates and their children. In the future, the prison service will continue to consider introducing other new technologies such as to improve availability of modern means of communication for prisoners.

#### **Paragraph 123 in the CPT's report**

In the light of the above, **the CPT reiterates its recommendation that written information on house rules and prisoners' rights be systematically distributed to all prisoners upon admission.**

The Danish Prison and Probation Service follows a fixed admission procedure when receiving new inmates in remand prisons and prisons. As part of the admission procedure, inmates are given written information on house rules and must be briefed on and given written information on being remanded in custody or serving a sentence.

In the written information, the inmate is informed about the most important rules that apply to those arrested and remanded in custody or to those serving a prison sentence. This includes information on their rights and responsibilities, for example the right to receive visitors, the right to and duty of occupation – through work, education or other approved activity, including treatment – as well as information on leisure activities, case management, parole, leave, avenues of complaint etc.

The written information on being remanded in custody or serving a sentence has been translated into sixteen different languages.

In order to ensure that the information given by arrival is sufficiently updated and easy to understand, house rules are currently being revised.

#### **Paragraph 125 in the CPT's report**

**The Committee reiterates its recommendation that the Danish authorities take steps to improve internal complaint mechanisms by ensuring that prisoners are timely informed of the action taken to address their concerns or of the reasons for considering the complaint unjustified.**

Further, **dedicated complaints registers should be set up in each prison, which would assist the management in assessing the functioning of the complaints system and identifying areas of discontent to be addressed at local, regional or national level.**

The Danish Prison and Probation Service implemented two organisational changes in 2015 and 2023, establishing two regional offices in eastern and western Denmark. These regional offices support daily operations in prisons and provide guidance to the prison staff, which also provides the means for better assistance and guidance of prisoners.

More staff with legal education have been employed in continuation of the latest organisational change, including in prisons, improving the quality of guidance available to prisoners regarding complaints.

Additionally, standardised decision templates are continuously being developed, which include complaint guidelines to ensure clarity and accessibility.

A cooperation forum with representatives from various lawyer organisations has also been established. This forum discusses topics relevant to lawyers working with prisoners thereby enabling the prison and probation service to adjust workflows based on their input.

Regarding complaints against personnel, the prison and probation service introduced a procedure in December 2020 to ensure the necessary confidentiality for inmates. This procedure must be followed when inmates file complaints about correctional staff.

The procedure specifies where complaints should be submitted and which institutions are responsible for processing them.

Complaints from inmates about staff are handled by the Human Resources unit in each regional office.

A specific text is also included in the house rules of procedure: "You are hereby informed that you have the right to file a complaint if you have been subjected to mistreatment etc. from staff in the institution. This also applies if you have experienced staff behaviour or use of language as degrading or inappropriate. You may submit your complaint to the staff in a sealed envelope and request that it be forwarded to the institutional management."

## D. Psychiatric establishments

### Paragraph 137 in the CPT's report

The CPT's observations concerning paragraph 137:

- [...] Some patients [in the Psychiatric Departments of Aarhus University Hospital] had apparently not (always) received printouts of their (updated) plans and some plans lacked mention of the patients' views on the proposed treatment. **The CPT trusts that the shortcomings will be remedied.**

Region Midtjylland Psychiatry (hereinafter 'Region Midtjylland') who are responsible for the Psychiatric Departments of Aarhus University Hospital has informed the Ministry of Interior and Health (hereinafter 'the Ministry') of the following:

"In accordance with the psychiatric guideline "Treatment Plans in Psychiatry – General Psychiatric Guideline", Region Midtjylland confirms that patients receive their updated treatment plans. Following the CPT's visit, this practice has been further reinforced. "

### Paragraph 141 in the CPT's report

The CPT's observations concerning paragraph 141:

- [...] **the CPT reiterates its recommendation that the Danish authorities place continued focus on preventing and reducing recourse to means of restraint in psychiatric hospitals, and instances of fixation in particular. This obviously implies that a reduction in recourse to fixation should not be substituted by an increased use of other, similarly or even more intrusive/coercive means of restraint (e.g. chemical restraint).**

Initially, the Ministry wishes to express that the Ministry appreciates the CPT's acknowledgement of the efforts the Danish Government has made in recent years in order to prevent and reduce recourse to means of restraint in psychiatric hospitals.

For a number of years, the Government has had – and continues to have – a strong focus on helping people with mental illness.

Thus, in September 2022 the Government and a majority of the political parties concluded an agreement of a 10-year plan to improve the psychiatric and mental health field. The 10-year plan is an agreement based on a report from the Danish Health Authority (Sundhedsstyrelsen) and the National Board of Social Service (Social- og Boligstyrelsen) which outlines the primary challenges and improvement points as well as potential solutions regarding mental illness and mental health in Denmark. The agreement is a long-term plan focusing on the direction for mental health treatment in Denmark as well as prevention and a stronger coherence between general practice, psychiatric hospital services and the social services.

As stated in the response of the Government in 2019, the Ministry decided in 2014 to set an ambitious goal to reduce coercive measures with 50 % by 2020. This goal was not reached, although the number of prolonged belt restraints have been reduced significantly. The Ministry is also aware of the so-called “substitution effect”, as mentioned by the CPT.

In 2023, as part of the 10-year plan, the Government set a new and ambitious goal to reduce coercive measures by 30% by 2030. This goal includes belts, restraints and forced medication with a particularly focus on young people and children.

In order to ensure that the new guidelines and measures are applied correctly and effectively in order to reach the 30% reduction in 2030, the five Danish regions, who carry the responsibility to secure and improve psychiatric hospital service, have received funding to support their efforts towards achieving the goal to reduce coercion.

The Government has also developed a new model for monitoring the use of coercive measures according to the new ambitious goal to reduce coercive

measures. The national task force established in 2014 by the Health Authority (Task Force for the prevention of use of coercive measures) has been strengthened and will continue to monitor and follow closely the developments in the psychiatric field with a particular focus on the use of coercion in psychiatric hospitals and discuss potential issues or ways of improvement in order to reach the goal of reducing belts, restraints and forced medication by 30% by 2030.

The Government has since 2019 prioritized over 4,5 billion DKK (EUR 600 million) permanently for a fully funded 10-year plan in 2030.

Finally, the Government would like to note that the Government in April 2025 has begun the negotiation of the last and final step of the 10-year plan towards 2030 with the purpose of ensuring the necessary capacity and quality of care as well as the reduction in coercion in the psychiatric field. As part of the negotiations, the possibility to introduce new coercive measures of a less intrusive character, are being discussed. As an example of the things being discussed is the possibility to tell patients to go their patient room for a shorter period of time (without the door being locked) or to use chemical restraints if a patient is a danger to themselves or others (today, this is only allowed if the patient is very restless). The discussion of new coercive measures is based on a report from the Danish Health Authority who has assessed that the use of coercive measures of a less intrusive character will reduce the use of the most intrusive forms of coercion, here amongst especially the use of belts.

#### **Paragraph 145 in the CPT's report**

##### **The CPT's observations concerning paragraph 145:**

- [...] **the Committee strongly encourages the managements of Aarhus University Hospital and Glostrup Psychiatric Centre to pursue their efforts to reduce the length and the frequency of fixation and other forms of restraint.**

The Ministry agrees with the CPT's remarks that fixation is a very intrusive measure, and that all psychiatric hospitals should pursue their effort to reduce the length and frequency of fixation and other forms of restraint.

Region Midtjylland has informed the Ministry that of the following regarding their efforts to reduce the length and frequency of fixation and other forms of restraint:

“Region Midtjylland is working systematically to prevent and reduce the use of fixation. The following initiatives have been initiated:

Region Midtjylland has an overall plan for preventing and reducing fixation, which is updated annually. This plan is managed by the hospital management and a multidisciplinary task force.

All psychiatric departments, including the Department of Affective Disorders, the Department of Psychoses, the Department of Forensic Psychiatry and the Department of Child and Adolescent Psychiatry have developed their own action plans to prevent fixation. The hospital management monitors these plans and the achievement of set objectives in frequent dialogue with the departments.

From 2025 to 2030 a focused initiative will be implemented for patients who are repeatedly subjected to fixation (focus patients). As part of this initiative, clinical coordinators will be employed in all departments. These coordinators will work on fixation prevention and will be responsible for:

- Ensuring an overview of the department's focus patients and high-risk patients.
  - Supporting workflows for coherent patient care both internal and intersectorial.
  - Ensuring systematic learning and quality assurance after fixation incidents.
- Supporting the initiatives outlined in the department's action plan for fixation prevention.
- Continued focus on de-escalation training for both new employees and existing staff.
  - Strengthening the field of self-harm.



- Leadership training regarding fixation prevention for leaders of departments and clinics.”

Region Hovedstadens Psychiatry (hereinafter ‘Region Hovedstaden’) who are responsible for Glostrup Psychiatric Centre, has informed the Ministry of the following regarding their efforts to reduce the length and frequency of fixation and other forms of restraint:

“Management and staff at Glostrup Psychiatric Centre work systematically to reduce the use of coercion. Over the last three years there has been a substantial decrease in the use of coercion. This is a result of the implementation of a wide range of measures described below, combined with a strong and continuous focus on narratives, how we talk about coercion and the patients in general, from the hospital’s top management. It is imperative for management and staff to continue to maintain and improve these results.

The specific efforts include:

- Implementation of the so-called “Safewards model” in all in-patient units. The model contains ten interventions designed to reduce conflict and containment. The interventions are: Clear Mutual Expectations, Soft Words, Talk Down, Positive Words, Bad News Mitigation, Know Each Other, Mutual Help Meeting, Calm Down Methods, Reassurance and Discharge Messages. Learn more at <https://www.safewards.net/>.

- De-escalation coaches are present in all evening shifts at the center’s in-patient units. The de-escalation coaches are experienced members of staff with a thorough and broad experience in mental health care, experience with de-escalation techniques, conflict prevention and relationship work. The de-escalation coaches are available to the staff as an extra resource and as a sounding board to help prevent conflicts.

- The center conducts systematic reviews every time an episode of restraint has occurred. The calendars of all heads of in-patient units are pre-booked to secure the time to conduct reviews when needed. The Chief Nurse and Chief Medical Doctor always participate, and the main aim is to learn from the specific situation and make sure that there are strong and feasible plans for

preventing coercion in relation to the specific patient and in other similar situations.

- Several specially trained members of staff, “local instructors”, are employed in all in- and out-patient units. Their task is to ensure a consistent and high level of de-escalation techniques and conflict handling in their unit, as well as helping to maintain the competencies all employees acquire through the mandatory courses in prevention and management of conflicts.

Another important effort to prevent the use of coercion, is that hospitalized patients are offered a variety of both group and individual activities by the staff in the in-patient units and the center’s physiotherapists and occupational therapists.

The center has a particularly strong focus on patients prone to severe self-harm. This has required the staff to acquire special skills and competences as well as a need to ensure close collaboration and teamwork regarding the individual patients.

In 2025, Glostrup Psychiatric Centre have started a new effort to reduce coercion involving double-admitted patients, where the restraint takes place at the somatic hospital at Amager Hvidovre Hospital. The center is in the process of establishing an advisory and outreach team consisting of doctors and nurses, who can help prevent the use of restraints on double-admitted patients. The team is inspired by a similar team in a neighboring mental health center, Copenhagen Psychiatric Centre.”

#### **Paragraph 146 in the CPT’s report**

##### **The CPT’s observations concerning paragraph 146:**

- **The CPT recommends that steps be taken at Aarhus University Hospital to ensure that a debriefing with the patient takes place after the end of each episode of fixation, and that this fact is systematically recorded.**

Region Midtjylland has informed the Ministry of the following:

“Region Midtjylland will strengthen the focus on this area. Including debriefing with the patients and correcting documentation. This to ensure compliance with the guideline: “Debriefing with the Patient After Fixation – General Psychiatric Guideline.”

#### **Paragraph 148 in the CPT’s report**

- The CPT’s observations concerning paragraph 148:

[..] the CPT must reiterate its view that, in light of the particular vulnerability of underage patients, it has serious misgivings about the application of mechanical and chemical restraint in respect of them. Both means should only be used, if at all, as a measure of absolute last resort and any fixation should be terminated as soon as possible. In some cases, when manual restraint (holding) is not sufficient to calm down agitated juveniles, they might be contained in unlocked “time out” rooms with staff present.

**The Committee recommends that steps be taken to fully implement these precepts at the Department for Child and Adolescent Psychiatry of Aarhus University Hospital and, more generally, in all other psychiatric establishments accommodating juvenile patients in Denmark.**

Initially, the Government would like to emphasize that it is a fundamental principle in Denmark, that patients have a right to make an informed decision about receiving or not receiving medical treatment. Furthermore, although it is allowed to apply coercive measures to juvenile patients, it is a basic principle in the Mental Health Act (hereinafter “MHA”), that coercion should not be applied to this patient group.

The Government has in recent years increased its focus on juvenile patients with psychiatric illnesses.

Among other things, the Government has an increased focus on juvenile patients in the new goal for reducing coercion by 30% by 2030, as stated in the Ministry’s notes under paragraph 141.

Furthermore, the Government amended the MHA in June 2024, whereas juvenile patients under the age of 15 was given the right to consent to treatment in psychiatric hospitals, regardless of a possible consent from the parents or guardian of the juvenile patient<sup>1</sup>. As a result of this amendment, all patients regardless of age have the same legal rights, including the right to a patient adviser and the right to complain to the Psychiatric Patients' Complaints Board. All coercive measures are now registered as such. Before the amendment, coercive measures with consent from the parents or guardian were registered as "use of force".

For clarification, the Government would also like to note that the possibility to contain juveniles in unlocked "time-out" rooms with staff present, as mentioned by the CPT in para. 148, is not permissible according to MHA, unless the juvenile consents to go to the room.

In regards to the recommendation regarding the Department for Child and Adolescent Psychiatry of Aarhus University Hospital, Region Midtjylland has informed the Ministry that of the following:

"The past four years Child and Adolescent Psychiatry has worked systematically to prevent and reduce fixation. This has resulted in a decrease in both the number of initiated fixation incidents and the number of patients affected by fixation.

This progress can be attributed to strong leadership focus, targeted competence development, and well-planned organization. Initiatives include:

A hand-off strategy for patients with self-harm behavior.

A new treatment strategy for patients with eating disorders, focusing on motivating patients experiencing food refusal and milieu therapy.

Structured use of patient-directed admissions, which has shown positive outcome.

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<sup>1</sup> Section 1, (4-6) MHA.

To further reduce fixation, continuous efforts are made to enhance collaboration with patients and relatives through systematic matching of expectations before, during and after admission.

The ward for adolescent patients has introduced a mobile outgoing function, where staff visit patients who, due to their psychiatric condition or cognitive level (e.g., autism or intellectual disability), experience significant difficulties in being transferred from their home or residential care facility. This initiative prevents admission that often can lead to fixation.

The ward also offers post-discharge follow-up through:

A helpline for adolescent patients, parents, and care facilities.

Proactive telephone follow-ups, where staff actively contact the patients or their parents.

For patients at risk of repeated acute admissions with a high likelihood of fixation, scheduled voluntary admissions every one to two weeks can be arranged.

The department for eating disorders does not handle acute admissions. The practice of this department is to have pre-admission consultations for all patients, involving parents, care facilities, and out-patient clinics. Similar consultations are conducted before discharge to strengthen collaboration and reduce fixation.

Prospectively, there will be a continued focus on strengthening cross-sector collaboration, as well as developing additional measures to reduce the need for fixation regarding children and adolescents.”

### **Paragraph 150 in the CPT’s report**

#### **The CPT’s observations concerning paragraph 150:**

- **The Committee recommends that steps be taken at Aarhus University Hospital and Glostrup Psychiatric Centre (and in all other psychiatric establishments in Denmark, as applicable) to limit any presence of police officers to absolutely exceptional situations.**
- **The CPT further recommends that if, very exceptionally, it is considered necessary by the healthcare professional involved that police**

**officers remain present upon an agitated patient's admission, the medical examination must be conducted out of their hearing and, if possible, also out of their sight.**

- **“Special means” (including handcuffs) should never be used in a psychiatric setting to handle agitated patients, including during a patient's admission.**

Initially, the Ministry would like to note that the presence of police officers in psychiatric hospitals should be used only when strictly necessary, and with consideration of the confidentiality between patient and hospital staff.

That being said, the Ministry would also like to note that safety of staff and fellow patients in psychiatric hospitals or emergency rooms is of great importance to the Government.

In regards to the recommendation regarding Aarhus University Hospital and Glostrup Psychiatric Centre, Region Midtjylland has informed the Ministry that of the following:

“Region Midtjylland confirms that police assistance is only used when strictly necessary in extraordinary situations.

In cases of compulsory admission, police presence may be required if admission is deemed unnecessary, and the police must take the patient back into custody. Region Midtjylland Psychiatry will look into the possibilities regarding if police officers can remain in a separate room during the psychiatric evaluation.

In addition to this, in cases when patients are extremely aggressive or pose a significant risk to the psychiatric staff, police presence may be required to ensure safety. Region Midtjylland Psychiatry solely require police presence in special cases.”

Additionally, Region Hovedstaden has informed the Ministry of the following:

“As any psychiatric hospital, Mental Health Centre Glostrup cooperates with the police. This primarily takes place when the police escort a patient to the psychiatric emergency unit or an intensive care in-patient unit, or when the police are summoned in connection to a particular difficult or violent situation.

In the first-mentioned situations, when the police bring a patient to the mental health center, the police are responsible for the security up until the moment, when the patient has been searched and has entered the unit. Staff and police can agree that the police officers wait outside the consultation room during the medical examination of the patient. However, if it is not considered safe, the police officers are required to be present by the patient’s side, even though this means they will be present during a medical examination in the emergency unit. If the police then escort the patient to the in-patient unit, the accompanying doctor briefs the staff of the unit. However, if it is needed to share sensitive details, these will be given beforehand over the telephone. In most situations the police leave the unit as soon as the patient enters.

The second situation in which the police is present at the mental health center is if they are called in cases of serious emergencies. This only happens if the staff is not able to handle the emergency themselves to secure the safety of patients and/or staff. This rarely happens and the police are always present for the shortest time possible. In these cases, it is very important that the situation is handled in an orderly and respectful manner towards the patient. These situations are always evaluated and reviewed.”

### **Paragraph 151 in the CPT’s report**

#### **The CPT’s observations concerning paragraph 151:**

- In both psychiatric establishments visited, health care staff spoke very positively about a practice under which, when police brought a patient to the establishment, a nurse would be called to accompany the patient already in the police car and to advise police officers on how to interact with the patient. [...]. Unfortunately, the aforementioned practice had reportedly been discontinued shortly before the CPT’s visit. **The Committee would welcome the Danish authorities’ observations on this subject.**

The Ministry assumes that the practice referred to by the health care staff are the Joint Emergency Teams (“fælles udrykningsteams”). Joint Emergency Teams was a pilot project founded by the Government where police officers in a number of police precincts drove out with a psychiatric nurse, and dealt with incidents involving persons with mental illness. The purpose of the Joint Emergency Teams was to strengthen the cooperation between the police and health authorities and in doing so, giving persons with a mental illness a safe and integrated experience with the authorities.

The project ran from 2019 to 2021. After the end of the project, it was up to the police precincts to determine whether or not they wanted to continue with the project. To the Government’s knowledge, some police precincts have continued with the Joint Emergency Teams.

The Government notes that the Government finds the use of the Joint Emergency Teams very positive, and has made sure that no there are no legal obstacles for neither police or health care staff in using them. Thus, when an evaluation of the project pointed out some legal challenges with the psychiatric nurse sharing the necessary health information regarding the person to whom the police and psychiatric nurse had to contact, the Government amended the MHA. The amendment came into force in June 2024<sup>2</sup>.

### **Paragraph 158 in the CPT’s report**

The CPT’s observations concerning paragraph 158:

- [...] **the Committee reiterates its recommendation that if voluntary patients are considered to be in need of fixation, their legal status as “voluntary” should be reviewed immediately, with the aim of providing them with all legal safeguards accorded to involuntary patients. The review of their legal status should not be delayed until after release from fixation.**

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<sup>2</sup> Section 19 F MHA.



The Ministry respectfully refers to the Ministry's reply to para. 183 from CPT's report from 2019, where the Ministry noted that there currently are no plans to alter the current arrangement at this time.

As mentioned in the Ministry's reply to paragraph 183, the time limit of 24 and 48 hours<sup>3</sup> is stipulated so that the senior psychiatrist will obtain adequate time to establish whether the patient meets the conditions of being detained or discharged, as stipulated in the MHA, Section 5.

Furthermore, the Region Midtjylland has informed the Ministry of the following:

“Region Midtjylland Psychiatry aims to evaluate the patients' status as quickly as possible in accordance to existing laws and guidelines. However, acute situations may occasionally cause delay in the process. Nevertheless, ensuring timely medical evaluation is a priority.”

### **Paragraph 159 in the CPT's report**

#### **The CPT's observations concerning paragraph 159:**

- [...] As mentioned in the aforementioned paragraph, patients subjected to “civil” involuntary hospitalization have an independent patient adviser appointed *ex officio* as from the very outset of their placement. However, the delegation was not in a position to ascertain whether such patients also have access to *ex officio* legal assistance (in the manner the forensic patients do [...]). **The CPT would like to receive clarification of this point from the Danish authorities.**

As mentioned by the CPT, patients who are subjected to civil involuntary hospitalization will be appointed a patient adviser *ex officio*<sup>4</sup>. The CPT is correct in that such patients do not have access *ex officio* legal assistance in the manner

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<sup>3</sup> Section 10 MHA.

<sup>4</sup> Section 24 MHA.

the forensic patients do, where the competent prosecutor is required by law to assess the need for continued involuntary hospitalization.

Decisions regarding a civil involuntary hospitalization is solely based on a medical review by doctors, and can only be upheld as long as the conditions in MHA, Section 5 are met, whereas forensic patients' hospitalization is based on a court order in the context of criminal proceedings.

According to Section 5 in the MHA, the patient must be insane or in a condition similar to insanity in order to use involuntary hospitalization. The following two conditions must be met:

1. The patient must be insane (mentally ill) or in a similar condition, and
2. It must be deemed unjustifiable not to admit the patient for treatment.

This is the case when in the following situations:

1. The prospect of recovery or a significant and decisive improvement of the patient's condition would otherwise be seriously reduced, or
2. The patient exposes him or herself or others to significant harm.

Additionally, it appears from Section 4 (1), that no coercive measures may be applied unless all available alternatives have been tried to make patients cooperate voluntarily.

When reasonable in circumstances, patients must be given an appropriate period of reflection.

It appears from Section 4, subsection 2, that the use of coercive measures must be proportionate to the aim pursued. If less intrusive measures are sufficient, such measures must be used.

The Government would also like to add in regards to patient advisers and judicial review, that patient advisers must assist the patient with all matters regarding the patient's stay and treatment at the psychiatric department, here

amongst if the patient wishes to complain to the Psychiatric Patients' Complaints Board. Patient advisers takes classes about the rules in MHA, and are instructed on how to complain to the Psychiatric Patients' Complaints Board.

The Government would also like to note that cases involving administrative deprivation of liberty – including involuntary hospitalization - may be heard by the Danish courts under Part 43a of the Administration of Justice Act, which provides for a summary procedure for judicial review. The procedure for judicial review must be as simple and free of charge as possible for the person who has been or is currently administratively detained.

Thus, in situations where the Psychiatric Patients' Complaints Board has found an involuntary hospitalization or a coercive measure unlawful, the patient can request the region who is responsible for the psychiatric hospitals, to institute court proceedings in pursuance of Part 43a of the Danish Administration of Justice Act, if the patient wishes to seek compensation.

#### **Paragraph 161 in the CPT's report**

The CPT's observations concerning paragraph 161:

- **The CPT reiterates its recommendation that steps be taken, including at a legislative level, to ensure that the internal review of “civil” involuntary hospitalization require the opinion of a doctor independent of the psychiatric department accommodating the patient concerned. The Committee further invites the Danish authorities to introduce an effective mechanism for independent external reviews of patients' involuntary hospitalization, at reasonable intervals.**

The Ministry has taken note of the CPT's recommendation. The Ministry respectfully refers to the Ministry's reply from 2014 and 2019. Thus, it is still the Ministry's opinion that the current rules are sufficient to ensure the necessary safeguards for the patients, who must be fully informed if there is a discrepancy between the two doctor's assessments. Furthermore, patients can lodge a complaint to both the Psychiatric Patient's Board, in some cases the Psychiatric

Patient Appeals Board, and the civil courts regarding the matter of involuntary admission and coercive measures.

### **Paragraph 162 in the CPT's report**

The CPT's observations concerning paragraph 162:

- **The CPT recommends that the aforementioned legal provision be amended. Voluntary patients who no longer wish to remain hospitalized should be discharged without any delay.**
- [...] a “civil” patient’s voluntary stay in hospital may be transformed into involuntary hospitalization upon the decision of a senior psychiatrist. [...] such transformation of a voluntary hospitalization into an involuntary one still does not require the involvement of another doctor independent of the department accommodation the patient concerned. **The Committee recommends that the MHA be amended accordingly.**

The Ministry has taken note of the CPT’s recommendation regarding patients’ requests for discharge. However, as stated in the Ministry’s reply to paragraph 149 in the CPT’s report from 2014 and paragraph 183 in the CPT’s report from 2019, the Ministry has no plans to alter the current arrangement at this time.

As mentioned in the two aforementioned reports from 2014 and 2019, the time limit of 24 hours is stipulated so that the chief physician will obtain adequate time to establish whether the patient meets the conditions of being detained or discharged, as stipulated in MHA Section 5, as described in the Ministry’s reply to para. 159.

Furthermore, the Ministry has taken note of the CPT’s recommendation regarding involvement of an independent doctor. It is the Ministry’s opinion that the current rules are sufficient to ensure the necessary safeguards for the patients. As mentioned in the Ministry’s reply to para. 161, patients can lodge a complaint to both the Psychiatric Patient’s Board, in some cases the Psychiatric Patient Appeals Board, and the civil courts regarding the matter of involuntary admission and coercive measures.

### **Paragraph 163 in the CPT's report**

#### **The CPT's observations concerning paragraph 163:**

- [...] The competent prosecutor is required by law to assess the need for continued compulsory hospitalization (on the basis of the treating psychiatrist's opinion and, if required by the case, a statement from the DPPA). [...]. **The Committee therefore recommends that the frequency of *ex officio* judicial reviews be increased for patients detained under a forensic placement decision, to once per year for example. The CPT also recommends that the current legislation be amended so as to introduce the requirement of obtaining an external psychological or psychiatric opinion in the context of such judicial review.**

In response to the CPT's recommendation regarding the frequency of *ex officio* judicial review, the Ministry notes that the Prosecution Service by law has a duty to ensure that a compulsory hospitalization is not upheld for longer or to a greater extent than necessary.

The Director of Public Prosecutions has issued guidelines for the Prosecution Service's control when ensuring that a compulsory hospitalization is still necessary. According to these guidelines, as a general rule a statement from the institution is gathered once a year. This ensures that the hospitalization is not upheld longer than necessary.

Besides the forensic patient, the guardian ad litem, the Prosecution Service, the management of the institution and the Danish Prison and Probation Service can request a judicial review. Only the patient and the guardian ad litem are limited to requesting this review once every six months. This limitation does not apply for the Prosecution Service, the management of the institution and the Danish Prison and Probation Service.

In regards to the CPT's recommendation that an external psychological or psychiatric opinion should be introduced, the Ministry notes that there are no plans to change the current rules. This is due to the fact that the treating psychiatrist has a thorough knowledge of the psychiatric condition of the forensic

patient, including, for example, if the condition of the forensic patient is stable or not.

Based on the above the Ministry finds that the possibilities for judicial review of compulsory hospitalization are adequate and sufficiently balanced through the current rules.

### **Paragraph 166 in the CPT's report**

#### **The CPT's observations concerning paragraph 166:**

- **The CPT would like to be informed of the rules in force and criteria applied to restrict patients' use of their own mobile phones.**

As a general rule in psychiatric hospitals, patients are allowed to keep their mobile phones during their hospitalization.

It is however possible for the psychiatric hospitals to establish house rules with a number of restrictions, cf. Section 2 b in the MHA. In accordance with Section 2 b, the psychiatric hospitals can restrict a patient's access to the patient's mobile phone, if a patient's behavior when using the mobile phone is in the clear disinterest of the patient, or if the behavior is clearly harassing staff or fellow patients. An example of a situation where restricting access to a mobile phone is allowed can be if a patient due to the mental status of the patient take out a high number of online loans or online loans of such an economic size, that it must be considered harmful for the patient's future possibilities for a stable financial situation. Situations where the patient takes unwanted photos or videos of staff or fellow patients, and possibly posting these on social medias, can be mentioned as another example.

In addition, the Ministry notes that it is possible to restrict access to mobile phones for people placed in surrogate wards in the psychiatric hospital in consideration of safety and order, cf. Section 19 d. People placed in surrogate departments are awaiting trial and is being examined for suspected mental illnesses.



## Annex 1 – Statistics

Table 1. Unconditional penalty cells, Ellebæk Centre for Foreigners

Unconditional penalty cells in 2022-2024, Ellebæk Centre for Foreigners			
	2022	2023	2024
1-14 days	21	23	18
15 days or more	4	5	4
<b>Total</b>	<b>25</b>	<b>28</b>	<b>22</b>

**Source:** Data was extracted from the Danish Prison and Probation Service's Client Management System on January 28, 2025, and the tables shown reflect the condition of the data at that time. Data regarding 2024 are preliminary.

Table 2. Capacity expansions, prisons and remand prisons

Investments											
Budget in millions, DKK*	Price level	Upcoming capacity expansions (expected to open)	2024	2025	2026	2027	2028	2029	2030	2031	2032
194.5	2022	<i>Ringe Prison</i>		54							
838.5	2023	<i>Sdr. Omme Prison</i>		200							
		<i>Gjilan Prison**</i>				300					
2,501.9	2023	<i>New remand prison in Slagelse</i>							400		
3,000.0	2024	<i>New prison in Viborg</i>									400
<b>6,534.9</b>		<b>Expected total capacity (ultimo)</b>	<b>4,128</b>	<b>4,382</b>	<b>4,382</b>	<b>4,682</b>	<b>4,682</b>	<b>4,682</b>	<b>5,082</b>	<b>5,082</b>	<b>5,482</b>
		<i>Capacity expansion (accumulated)</i>		254	254	554	554	554	954	954	1,354

**Notes:** The table shows capacity expansions in the Danish Prison and Probation Service, approved in the multi-year agreement 2022-2025. Only currently approved capacity expansions are included.

\* The column shows the most recently approved investment expenses related to the establishment of the new capacity as allocated in the national budget. In addition, there are annual operating costs, which are also expected to be allocated in the national budget when the capacity is brought into use.

\*\* Rental of 300 cells in Kosovo. The exact date of opening is still unknown. The expenses are based on a special model, and financing is allocated in the national budget.



Table 3. Number of violent incidents and threats of violence committed by inmates against other inmates

	Threatened by inmate(s)	Attempted restrained by inmate(s)	Pushed by inmate(s)	Beaten without leaving a visible mark	Beaten leaving bruises	Beaten leaving wounds or injuries	Stabbed, shot or attacked with weapons	Other as-saults	Number of inmates exposed to violence and/ threats of violence**
<b>Closed prisons 2024*</b>	8	3	17	34	21	27	11	24	125
<b>Open prisons 2024*</b>	7	0	11	12	20	17	3	21	77
<b>Local re-mand prisons and Copenhagen remand prisons 2024*</b>	7	1	6	31	13	10	0	10	75
<b>2024 in Total</b>	<b>22</b>	<b>4</b>	<b>34</b>	<b>77</b>	<b>54</b>	<b>54</b>	<b>14</b>	<b>55</b>	<b>277</b>
<b>2023</b>	58	12	61	90	63	60	14	72	373
<b>2022</b>	41	10	46	90	48	63	17	53	306
<b>2021</b>	49	8	24	91	62	58	11	36	314
<b>2020</b>	43	11	37	87	65	74	12	44	329
<b>2019</b>	80	7	28	102	76	63	25	66	411
<b>2018</b>	62	4	40	89	73	53	15	47	348
<b>2017</b>	36	7	42	133	65	80	20	79	405
<b>2016</b>	49	12	37	88	64	77	10	38	343
<b>2015</b>	51	12	23	93	56	71	19	49	349

**Notes:**

\* In the three top rows, the numbers for 2024 are disaggregated by prison category.

\*\*The specific inmates may have been subject to more than one of the above-mentioned occurrences at the same time. Therefore, the sum of the occurrences is greater than the number of inmates exposed to violence or/and threats of violence.

**Source:** Data was extracted from the Danish Prison and Probation Service's Management Information System (LIS) on January 29, 2025. The information in LIS is based on manual registrations in the Danish Prison and Probation Service's Client Management System by the time data were extracted and transferred to LIS. Registration errors and deficiencies may occur. Data regarding 2024 are preliminary.

Table 4. Unconditional penalty cells, prisons, adults

Unconditional penalty cells in 2023, adults													
	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
1-14 days	268	246	271	217	272	226	243	203	156	133	144	145	2,524
15 days or more	62	53	63	40	40	54	49	36	8	2	9	8	424
<b>Total</b>	<b>330</b>	<b>299</b>	<b>334</b>	<b>257</b>	<b>312</b>	<b>280</b>	<b>292</b>	<b>239</b>	<b>164</b>	<b>135</b>	<b>153</b>	<b>153</b>	<b>2,948</b>

Unconditional penalty cells in 2024, adults													
	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
1-14 days	189	159	192	214	198	224	203	158	198	207	156	169	2,267
15 days or more	10	6	11	9	5	11	8	7	6	4	5	6	88
<b>Total</b>	<b>199</b>	<b>165</b>	<b>203</b>	<b>223</b>	<b>203</b>	<b>235</b>	<b>211</b>	<b>165</b>	<b>204</b>	<b>211</b>	<b>161</b>	<b>175</b>	<b>2,355</b>

**Source:** Data was extracted from the Danish Prison and Probation Service's Client Management System on January 28, 2025, and the tables shown reflect the condition of the data at that time. Data regarding 2024 are preliminary.

Table 5. Unconditional penalty cells, prisons, juveniles

Unconditional penalty cells in 2023-2024, juveniles		
	2023	2024
1-3 days	13	29
4-7 days	2	3
<b>Total</b>	<b>15</b>	<b>32</b>

**Source:** Data was extracted from the Danish Prison and Probation Service's Client Management System on January 29, 2025, and the tables shown reflect the condition of the data at that time. Data regarding 2024 are preliminary.

Table 6. Placements in observation cell by year, Enner Mark Prison

Number of ended placements in observation cells					
	2020	2021	2022	2023	2024
Enner Mark Prison	120	140	154	193	188

**Source:** Data was extracted from the Danish Prison and Probation Service's Management Information System (LIS) on March 20, 2025. The information in LIS is based on manual registrations in The Danish Prison and Probation Service's Client Management System and reflect the registrations that were made at the time data were extracted and transferred to LIS. Reservations are made for registration errors and deficiencies that may have occurred when data was transferred to LIS. Data regarding 2024 are preliminary.

Table 7. Placements in observation cell, duration

Number of ended placements in observation cells	Until 6 hours	6-12 hours	12-24 hours	1-3 days	3 days and over	Number of ended placements in observation cells
2020	671	162	216	72	29	1.150
2021	603	131	228	61	14	1.037
2022	695	133	190	49	9	1.076
2023	617	130	186	55	6	994
2024	598	121	171	43	4	937

**Source:** Data was extracted from the Danish Prison and Probation Service's Management Information System (LIS) on March 21, 2025. The information in LIS is based on manual registrations in The Danish Prison and Probation Service's Client Management System and reflect the registrations that were made at the time data were extracted and transferred to LIS. Reservations are made for registration errors and deficiencies that may have occurred when data was transferred to LIS. Data regarding 2024 are preliminary.

Table 8. Mechanical restraint in security cell by facility type

Number of mechanical restraint in security cells			
Type of facility	Reason	2023	2024
Closed prisons	Prevent imminent violence or overcome violent resistance	77	61
	Prevent suicide or self-harm	33	21
Open prisons	Prevent imminent violence or overcome violent resistance	7	9
	Prevent suicide or self-harm	8	4
Copenhagen remand prisons	Prevent imminent violence or overcome violent resistance	10	18
	Prevent suicide or self-harm	8	20
Remand prisons	Prevent imminent violence or overcome violent resistance	17	14
	Prevent suicide or self-harm	7	8
Total		167	155

**Source:** Data was extracted from the Danish Prison and Probation Service's Management Information System (LIS) on January 29, 2025. The information in LIS is based on manual registrations in The Danish Prison and Probation Service's Client Management System and reflect the registrations that were made at the time data were extracted and transferred to LIS. Reservations are made for registration errors and deficiencies that may have occurred when data was transferred to LIS. Data regarding 2024 are preliminary.

Table 9. Mechanical restraint in security cell by gender

Number of fixations in security cell	2023	2024
Men	154	144
Women	13	11
Total	167	155

**Source:** Data was extracted from the Danish Prison and Probation Service's Management Information System (LIS) on January 29, 2025. The information in LIS is based on manual registrations in The Danish Prison and Probation Service's Client Management System and reflect the registrations that were made at the time data were extracted and transferred to LIS. Reservations are made for registration errors and deficiencies that may have occurred when data was transferred to LIS. Data regarding 2024 are preliminary.