

THE EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT (CPT): OPERATIONAL PRACTICE¹

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1. Introduction

The CPT is the creation of a Convention of the same name which came into force in February 1989. The Convention does not establish any new norms, but aims to strengthen the obligation found in the European Convention for the Protection of Fundamental Human Rights and Freedoms, Article 3 states that: 'No one shall be subjected to torture or to inhuman or degrading treatment or punishment'. The Convention does so by non-judicial means of a preventive nature. A state party to the Convention agrees to a system of visits carried out by the CPT to 'any place within its jurisdiction where persons are deprived of their liberty by a public authority' (Article 2). This includes prisons, police stations, closed psychiatric hospitals, immigration detention centres, juvenile reformatories, and so on. The system is based on the parallel principles of co-operation and confidentiality. At the time of writing (May 1997) 33 countries are bound by the Convention² and more have committed themselves to ratifying the Convention system in the near future.³

¹ This paper is an adaptation of a briefing document prepared for delegates attending a workshop in April 1997 organised by the Geneva-based Association for the Prevention of Torture at the Onati Institute for the Sociology of Law on the topic of preventing ill-treatment in custody in the Mediterranean countries.

² These being: Albania, Andorra, Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

³ At the time of writing there are 40 member states of the Council of Europe. This suggests that Croatia, Latvia, Lithuania, Moldova, Russia, TYFRO Macedonia and the Ukraine will shortly become parties to the ECPT. The Parliamentary Assembly of the Council of Europe now requires States joining the Council of Europe to ratify the ECPT within a year of accession.

The work of the CPT revolves entirely around organising visits, preparing for visits, undertaking visits, reporting on visits and following up visits. These sub-headings are used below briefly to describe the methodology of the Committee.

The CPT comprises one person from each member state elected by the Committee of Ministers of the Council of Europe. Members 'shall be independent and impartial' [Article 4(4)], and they 'shall be chosen from among persons of high moral character, known for their competence in the field of human rights or having professional experience in the areas covered by this Convention' [Art 4(2)]. There are currently 28 members of the CPT.⁴ They include lawyers with varied backgrounds and experience (13), medical doctors (8, including 3 psychiatrists), psychologists (2), parliamentarians (2) and persons with experience of penal administration (3, plus 2 of the lawyers). The Committee elects a central Bureau (a President and two Vice-Presidents) and is served by a Secretariat, currently comprising eleven staff, based in Strasbourg.

Information about the CPT and its working methods are available from a variety of sources. The Council of Europe produces information leaflets on the work of the Committee. The CPT itself produces an annual report which describes the activities it has undertaken in the previous year and, from time to time, the methods it employs and the standards it looks to when conducting visits and the safeguards against torture and inhuman or degrading treatment or punishment that it generally promulgates in visit reports. Of particular importance are the second and third Annual Reports which summarised the Committee's standards in relation to police and penal custody and medical issues respectively.⁵ The Committee has indicated that its Annual Report for 1996, which should appear shortly, will provide a similar statement relating to the detention of foreign nationals, a growing phenomenon throughout the Council of Europe member states.⁶

⁴ At the time of writing members have not yet been elected for Albania, Andorra, Estonia and Slovenia and no new member has been elected for Portugal following the expiry of the previous member's term of office in September 1996.

⁵ CPT/Inf (92)3, paras 35-60 and CPT/Inf (93)12, paras 30-77.

⁶ See CPT/Inf (96)21, para 3.

2. Organising Visits

CPT visits comprise *periodic* visits and *ad hoc* or *follow up* visits. *Periodic* visits are those regularly planned by the Committee and which the Explanatory Report to the Convention envisaged would be made 'as far as possible ... on an equitable basis'.⁷ The CPT initially hoped that this would mean each country being visited every two years⁸, but it is already clear that this is not feasible given the resources available and that every four years is now a more realistic target.⁹ *Ad hoc* and *follow up* visits are 'those required in the circumstances' [Article 7(1)] either to investigate allegations, to clarify situations or to see if situations in previously visited institutions have improved or recommendations been implemented.¹⁰ Most visits are *periodic* and generally six are planned for each year. They are normally supplemented by several *ad hoc* or *follow up* of which a greater number are now occurring and are likely in future.

In 1993, when the first round of *periodic* visits was completed, the CPT decided to conduct fewer full-length *periodic* visits in order that the Committee be able to react more speedily to events and concerns made known to them.¹¹ This was in accordance with expectations set out in the Explanatory Report to the Convention.¹² The pattern of visits since 1993 shows that this plan has been enacted. Thus in 1994 ten visits were undertaken, four of them *periodic* and six *ad hoc*, one of which, to Turkey, was to *follow up* an earlier visit.¹³ Once all the new member states have received their first *periodic* visit – a requirement that largely preoccupied the CPT in 1995 and to a lesser extent in 1996 – we should expect the balance to shift towards more *ad hoc* visits.

Ad hoc visits can take place very rapidly indeed. In June 1994, for example, the CPT carried out a brief visit to Spain, arranged at 'very short notice', specifically to interview several persons who had recently been in custody. The Committee had carried out a full-length *periodic* visit to Spain only two months earlier.¹⁴ *Follow up* visits

⁷ Explanatory Report, para 48.

⁸ CPT/Inf (91)3, para 89.

⁹ Interview with the CPT Bureau, September 1996.

¹⁰ Explanatory Report, para 49.

¹¹ CPT/Inf (94)10, para 21.

¹² Explanatory Report, para 48.

¹³ See CPT/Inf (95)10, paras 1-2.

¹⁴ See CPT/Inf (95)10, paras, 1-2

may also be highly focused. The *follow up* visits to France in July 1994, Portugal in 1996, and Greece and Italy in November 1996, for example, were all brief (three or four days) and were all to return to specific institutions about which the CPT had earlier expressed concerns, namely the Paris police 'dépôt', Oporto Prison, Attica State Mental Hospital for Children and the Milan Remand Prison.¹⁵

The first round of *periodic* visits, to what was then 23 member states, was determined by lot and completed in 1990-3. Thereafter countries, other than new member states, have been selected for visits according to assessed need and equity. Whereas some longstanding member states, generally smaller countries, have yet to receive a second visit¹⁶, others have been visited repeatedly.¹⁷

3. Preparing for Visits

The Strasbourg-based CPT Secretariat receives information relevant to the CPT's mandate from any number of sources – the press, official sources, NGOs and individual informants. All communications prepared for and sent specifically to the CPT are acknowledged by the Secretariat and notified to CPT members when meeting in plenary session, which they do three times each year. Receipt of general mailing list material from NGOs is not acknowledged though, if it is judged important, it is brought to the particular attention of CPT members when meeting in plenary session. Generally speaking the CPT does not solicit information and its rules of confidentiality are interpreted so as to absolutely prevent the Secretariat from telling correspondents how the information they have sent has been acted on. Correspondents may be able to infer that their information *has* been acted on only by reading the press releases issued by the Council of Europe shortly after visits have taken place (which list all custodial institutions

¹⁵ For these expressions of initial concern see CPT/Inf (93)2, paras 70-75, CPT/Inf (94)20, paras 192-251, CPT/Inf (96)31, paras 90-104 and CPT/Inf (95)1 paras 74-6, respectively.

¹⁶ For example, Iceland and Luxembourg, both visited in 1993.

¹⁷ The most visited country to date is Turkey (a *periodic* visit in 1992, and *ad hoc* or *follow up* visits in 1990, 1991, 1994 and twice in 1996), though Spain has also been visited repeatedly (*periodic* visits in 1991 and 1994 and *ad hoc* visits in 1994 and 1997).

visited) or the report on a visit made, providing the government of the country concerned authorises its publication. This one-way communication system concerns and is regarded as off-putting by some NGOs, but is arguably central to the CPT's confidential method as required by the Convention.

Once the CPT has decided in the autumn of each calendar year what its programme of visits is to be for the following year, the Secretariat informs the countries concerned and shortly thereafter the Council of Europe issues a press release naming the countries. The exact timing of visits is kept secret. Meanwhile the Bureau, together with the Secretariat, formulates a plan for the timing and duration of all visits and the composition of visiting delegations. The shape of this plan is constrained by: budgetary considerations; the need to ensure that all CPT members equitably take part in visits; and the need to ensure that all delegations are balanced in terms of expertise, experience and linguistic compatibility. Because they are in relatively short supply, for example, members with medical expertise tend to undertake above average numbers of visits. Most delegations are led by a member of the Bureau and members do not visit their own countries.

When this visit plan has been approved by the CPT meeting in plenary session the members selected to form the delegation meet and begin to plan the detail of the visit. They decide matters such as: the duration of the visit; which institutions to visit; whether the delegation will need to be assisted by experts; and, if so, by what sort of expert and whom; whether specific NGOs should be approached with a view to meeting their representatives during the course of the visit; whether the delegation should be split during part of the visit so as to enable different parts of the country to be visited; and so on. To assist the CPT members in this task the Secretariat prepares a dossier of information received about the country on the basis of which proposals are made as to which institutions should be visited. It follows that receipt of good quality up-to-date information from organisations and individuals in the country concerned is vital to the effective carrying out of the CPT's mandate.

About two weeks before the visit is due to take place the official liaison officer of the country concerned is informed of the proposed date and duration of the visit, as well as the identities of the Committee members, experts and interpreters making up the delegation. Finally, a few days before the visit commences, a provisional list of places to be visited is sent to the country. This

procedure is designed to give the country time to: make necessary practical arrangements: collate and transmit information about the institutions notified and fix meetings with officials. The notification period is, arguably, too short to allow the authorities time to make significant changes to conditions or the regime at the places to be visited. However, it should be noted, the CPT always reserves the right to visit places not notified and invariably does so. Most visits, with the exception of *follow up* visits focused on one or two institutions, typically involve the delegation going to places of custody not notified, particularly small loci like police stations and immigration holding centres.

4. Making Visits

The size of visiting delegations and the duration of visits depends on the size of the country being visited and the complexity of the issues which it is anticipated have to be addressed. *Periodic* visits typically last ten to twelve days though *periodic* visits to very small countries and *ad hoc* or *follow up* visits may be as short as three or four days. Delegations on longer visits typically comprise four or five members of the CPT accompanied by one or two *ad hoc* experts recruited for the purpose, plus two or more interpreters and two members of the Secretariat. Most delegations include two medically qualified members, one of whom is generally a CPT member and one an *ad hoc* expert. Brief *ad hoc* or *follow up* visits lasting three or four days are generally undertaken by much smaller delegations.

Visits tend to follow an established pattern.¹⁸ They generally begin on a Sunday with private meetings with local NGO representatives or individuals who it is felt can advise the delegation about recent developments that the delegation may wish to take into account when deciding to make last minute alterations to their programme. On the following day meetings are typically held with ministers and officials responsible for the institutions to be visited. But most members of delegations are only briefly involved in these formal exchanges. Delegations quickly get on with the principal business of visits – namely, going to places where persons are held in custody – police stations, prisons, youth detention facilities, closed psychiatric

¹⁸ The pattern is described in the CPT's 1st Annual Report, see CPT/Inf (91)3, paras 64-8.

hospitals, immigration detention centres and so on – looking closely at the conditions in which detainees are held, scrutinising custody records and, above all, talking to prisoners about their experience in custody, both that where they are currently held and other places where they may have been since their initial arrest or detention.

The CPT enjoys considerable powers when carrying out a visit. They have: unlimited access to the territory of the state concerned and the right to travel without restriction; unlimited access to any place where people are deprived of their liberty, including the right to move inside such places without restriction; access to full information on places where people deprived of their liberty are being held, as well as other information, including medical records, available to the state which is necessary for the Committee to carry out its task [Article 8(2)]. The CPT is entitled to interview in private any persons deprived of their liberty [Article 8(3)], though such persons may of course refuse and to communicate freely with anyone else who the Committee believes can supply relevant information about the treatment of persons deprived of their liberty [Article 8(4)].

The Committee sets great store by having immediate and unrestricted access to places of detention, and all areas within them, and published CPT reports testify to the fact that the Committee is insistent on compliance with this letter of the Convention. References are made from time to time to difficulties which the Committee has encountered. The CPT's 1st Annual Report, for example, cited a 'certain amount of reticence' met in police stations¹⁹ and the following year the Committee reported that 'there were some isolated examples (in both police and prison establishments) of access to a place that a delegation wished to visit being delayed'.²⁰ These minor difficulties have continued. Thus the 6th Annual Report notes problems relating to delayed access and to officials sometimes instructing that detainees be not seen without the prior authorisation of judges or public prosecutors, instructions which the CPT has unequivocally stated to be 'in clear breach of the Convention'.²¹

Whenever delegations encounter obstacles to their access they are adamant about their rights and to date it appears from published

¹⁹ CPT/Inf (91)3, para 69.

²⁰ CPT/Inf (92)3, para 21.

²¹ CPT/Inf (96)21, paras 5-6.

country reports they have always prevailed. During the 1993 visit to Greece, for example, the delegation requested that police officers' private lockers in the police station at Thessaloniki be opened, a request that was vigorously resisted. The Committee stood firm and eventually got its way. This proved to be a strikingly important example because when eventually opened one of the personal lockers was found to contain an electric shock device of a type which former detainees had alleged had been used against them in that police station.²²

The CPT concentrates its attentions on relatively few places of custody which are looked at rather thoroughly. During the course of a *periodic* visit, a CPT delegation will typically visit perhaps half a dozen police stations (some of which will have been notified, but others not), two or three prisons, a psychiatric hospital, a youth facility and an immigration holding centre. The precise balance of institutions will depend on the country, the problems it presents and whether it has been visited previously. CPT delegations often split up when carrying out visits. This is particularly the case in large countries where different regions are being visited.²³

Finally, visits end as they formally begin, with a meeting with ministers and senior officials responsible for the places visited. At this meeting the head of the delegation provides an oral summary of the delegation's preliminary findings and, if any, its immediate concerns. This enables the government concerned to correct any misapprehension under which they may contend the delegation is operating and possibly take rapid steps to act on the Committee's immediate concerns. This is ideally the first step in the ongoing dialogue which results from the Committee's visit and report.

Shortly after the delegation has left the country, the CPT issues a press release announcing that the visit has taken place. This press release provides details of the membership of the delegation and the places visited. But the press release contains no reportage of the Committee's findings and the CPT tries, not always successfully, to

²² CPT/Inf (94)20, paras 22-25.

²³ The *periodic* visit to Spain in 1991, for example, involved the delegation splitting into two groups after initial meetings and visits in Madrid, one group going to Algeciras and Cadiz in the South and the other group going to Bilbao in the North (see CPT/Inf (96)9, para 3). The delegations to Italy in 1992, Greece in 1993, Spain in 1994 and Portugal in 1995 appear to have made similar arrangements.

avoid publicity during the course of visits.²⁴ For example, the Committee enjoins those NGO representatives with whom delegations have contact during the course of visits to preserve their virtual public invisibility during the course of the visit.²⁵ These efforts have not always been successful and there have been examples of the Committee's activities being misreported, something the CPT has a policy of immediately remedying by issuing a public correction.²⁶ Thus during the course of its visit to Turkey in August 1996, a visit unique in CPT annals, in that it was made in response to an invitation from the Turkish Government to visit Eskisehir Prison where a mass hunger was in progress, the following Council of Europe press release was issued:

“According to certain reports in the Turkish media, the CPT's delegation commented favourably upon the situation of Eskisehir Special Type Prison. Such reports are figments of the imagination: the CPT's delegation made no comments whatsoever concerning this prison establishment during its visit to Turkey.”²⁷

It may not be necessary to speculate as to the origins of these media reports.

5. Reporting on Visits

The CPT strives to transmit reports on visits, the text of which is agreed at full plenary meetings of the Committee, to the governments of member states within six months of visits taking place. This target is not always met, though the Committee's record is improving.²⁸

Following a visit the Secretariat prepares a draft report which is

²⁴ For a detailed statement of the CPT's policy relating to the media see the Committee's 1st Annual Report, CPT/Inf (91)3, paras 78-84.

²⁵ Information derived from interviews with NGO representatives in many countries.

²⁶ See CPT/Inf (91)3, para 83.

²⁷ Council of Europe Press Release Ref 454 (96).

²⁸ At the time of writing the most recent published report relates to Denmark and arising out of a visit in October 1996. The report was transmitted to the Danish Government at the beginning of April 1997 and publication authorised almost immediately. The report was published in late April 1997 [CPT/Inf (97)4], that is almost exactly six months after the visit took place. This is the shortest period yet achieved between carrying out a visit, preparing, agreeing and transmitting the report and authorisation of publication.

based on delegation members' fieldnotes. The visiting delegation, including the *ad hoc* or *follow up* visits may be shorter. Reports are clearly designed with publication in mind. The facts of the visit are set out in full together with a brief account of the legal framework, followed by the Committee's findings and concluding with *recommendations, comments* and *requests for information*.

The overwhelming majority of member states have published their CPT reports (over 30 visit reports at the time of writing), but the manner in which they have emerged has varied as has the time they have taken to emerge. We can distinguish four responses to date. First are the states which authorise publication very soon after they receive the report, about six to nine months after the visit. Second are the states which authorise publication simultaneously with their response, which may take a considerable time (eighteen months to two years after the visit is typical). Third are those states which for reasons that are usually obscure and no doubt vary, authorise publication of the CPT report, and possibly their response, long after they were received from and transmitted to Strasbourg. In one instance, Spain, this happened five years after the visit.²⁹ Finally there are those countries that after a very long interval have not authorised publication – currently Cyprus and Turkey – though, given the third category, it is always possible that they may yet authorise publication.³⁰

It is notable that the Mediterranean states include those which, to date, appear to be most reluctant to publish CPT findings or to do so speedily. Cyprus and Turkey stand alone now as non-publishers. Spain currently holds the record for the longest delay in authorising publication of a CPT report. Italy took almost three years to authorise publication of the report arising out of the *periodic* visit in 1992. Malta and Portugal took two years to authorise publication of the reports arising out of their first *periodic* visits and Malta failed to publish a response, though the Maltese Government has published

²⁹ The reports resulting from the first three visits to Spain – in 1991, 1994 and 1994 respectively – were not published until March 1996, that is almost exactly five years after the first visit. The reports were published in a single volume with the Spanish Government's responses [see CPT/Inf (96)9] and this was done shortly after the change of government which resulted from the General Election in Spain in February 1996.

³⁰ It is suggested that the Government of Cyprus may yet authorise publication of the report arising out of the CPT's *periodic* visit in November 1992.

a response to the second *periodic* visit to Malta.³¹ No Mediterranean state has adopted the typically Scandinavian stance of authorising publication of CPT reports as soon as they are received.

6. Following Up Visits

The CPT has always emphasised that a visit, *periodic* or *ad hoc*, is but a stage in an ongoing dialogue. The dialogue is conducted on the basis of co-operation and in confidence and is designed to prevent ill-treatment of persons in custody taking place. The purpose of the exercise is not to condemn states but to work towards prevention in the future. It follows that country reports represent the beginning of a process, not the end of it.

The CPT asks each member state to submit an interim response to a visit report within six months of receipt and a final response within twelve months of receipt. Most states have met these deadlines, but a minority have failed to do so, some conspicuously so.³² Government responses are then considered by the Committee, following which observations, in the form of extended letters, are sent to the governments concerned. The pressure on the CPT's limited Secretariat resources has meant that the Committee is itself 'far from satisfied with its own record as regards the on-going dialogue', which presumably means that government responses are not reacted to as rapidly or fully as the Committee considers appropriate and would wish.³³

The CPT's written observations are, like the CPT's original reports, sent in confidence, though they could be published or made available to commentators requesting copies were the recipient governments to authorise it. In practice this has seldom happened: most governments have authorised publication of their interim and final responses at the same time as they have submitted them, that is, well before receipt of the CPT's observations.

The distinction between *recommendations*, *comments* and *requests for information* in CPT visit reports is important because the Convention refers only to *recommendations*, failure to respond to which may lead to the CPT's only sanction being triggered. If a

³¹ CPT/Inf (96)26.

³² See CPT/Inf (95)10, para 10 and CPT/Inf (95)21, para 10.

³³ CPT/Inf (95)10, para 10.

member state fails to co-operate with the CPT or refuses to improve the situation regarding torture or inhuman or degrading treatment or punishment in the light of the CPT's *recommendations*, then the Committee may, by a two thirds majority vote, decide to make a public statement on the matter [Article 10(2)]. It should be stressed that in this event, it is not the report of the CPT which is made public – that remains confidential – but a statement on the matter. Article 10(2) has to date been invoked only twice, both with regards to Turkey, in December 1992 and December 1995.³⁴ In Turkey, the Committee concluded in 1992, 'the practice of torture and other forms of severe ill-treatment of persons in police custody remains widespread', is a 'deep-rooted problem' and the Turkish authorities are failing to take steps to improve the situation.³⁵ These conclusions were repeated in 1995.

However, although Turkey undoubtedly represents the worst case of ill-treatment of persons in custody that CPT inspections have yet revealed, it is apparent that most of the Mediterranean member states exhibit significant problems according to CPT accounts. We do not know for certain what conclusions the CPT came to regarding Cyprus in 1992. However, lengthy purported extracts from the unpublished CPT report appeared in the *Cyprus Mail* in the autumn of 1993. The extracts suggested that the CPT had received allegations of torture at the hands of the Cyprus police in Limassol, allegations sufficiently well-founded to lead the Committee to recommend that the Cypriot authorities hold an official inquiry. Subsequent reports in the Cypriot press suggest that an official inquiry was held and that allegations of torture were upheld. Whatever the truth of these reports we must assume that the absence of a public statement on Cyprus reflects the CPT's satisfaction with the steps taken by the Cypriot authorities to prevent further ill-treatment.

Following an *ad-hoc* visit to Spain in 1994 the CPT reported a series of serious allegations received of torture by means of asphyxiation, electric shock treatment, physical beating and threats. Though the delegation acknowledged the problem of false allegations by persons arrested in relation to terrorist offences in Spain, they concluded that 'the accounts of most if not all of the persons interviewed by the delegation were not of a stereotypical nature',

³⁴ CPT/Inf (92) and CPT/Inf (95).

³⁵ CPT/Inf (92) paras 2, 21 and 25.

and that though some of the allegations could have been exaggerated they had 'the ring of truth about them'.³⁶ Some of the interviewees displayed physical marks consistent with their allegations, including one person who bore marks consistent with having been given electric shocks.³⁷

In France, following its visit in 1991, the CPT came to the conclusion that 'persons deprived of their liberty by the security forces on the order of the court run a risk which is not inconsiderable of being ill-treated'.³⁸

The delegation heard a large number of allegations of ill-treatment, some of them serious, from persons deprived of their liberty by the security forces. The allegations included: punches and slaps; blows on the head with telephone directories; psychological pressure; verbal abuse; and deprivation of food and medicine. The allegations concerned: males and females; foreigners, young persons and other vulnerable detainees; and they related to police stations in both Paris and the provinces. The allegations were corroborated from so many sources that they merited belief.³⁹

Almost identical conclusions were reached regarding Italy, both with respect to the Carabinieri and the police.⁴⁰ In Portugal, following a visit in 1992, the CPT came to the conclusion that 'the ill-treatment of persons in police custody is a relatively common phenomenon'⁴¹ a conclusion to which the Committee came again following its visit in 1994: 'firm and unequivocal action' was required of the Portuguese authorities to address the situation.⁴²

In Greece the CPT found that though 'the (reported) frequency and severity of ill-treatment by the police had certainly diminished as compared to the situation some years ago' nevertheless:

a) certain categories of persons deprived of their liberty by the police in Greece (in particular persons arrested for drug-related offences; persons arrested for serious crimes such as murder, rape, robbery, etc) run a significant risk of being ill-treated, and that on

³⁶ CPT/Inf (96)9, para 29.

³⁷ *Ibid*, paras 30-34.

³⁸ CPT/Inf (93)2, para 11.

³⁹ *Ibid*.

⁴⁰ CPT/Inf (95)1, para 18-23.

⁴¹ CPT/Inf (94)9, para 15.

⁴² CPT/Inf (96)31, para 27.

occasion resort might be had to methods of severe ill-treatment/torture.⁴³

b) kicks, punches, slaps, stamping on feet, etc, were the most common type of ill-treatment alleged; further, a number of allegations of blows with the butt of a pistol or wooden stocks were heard. A few quite recent allegations were heard of a more serious kind, in particular of *falaka* or the administration of electric shocks.⁴⁴

Reference has already been made to the find made by the CPT delegation in a Greek police locker. It is apparent that there are no grounds for complacency regarding the CPT's mandate in the Mediterranean states.

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⁴³ CPT/Inf (94)20, para 25.

⁴⁴ *Ibid*, para 20.