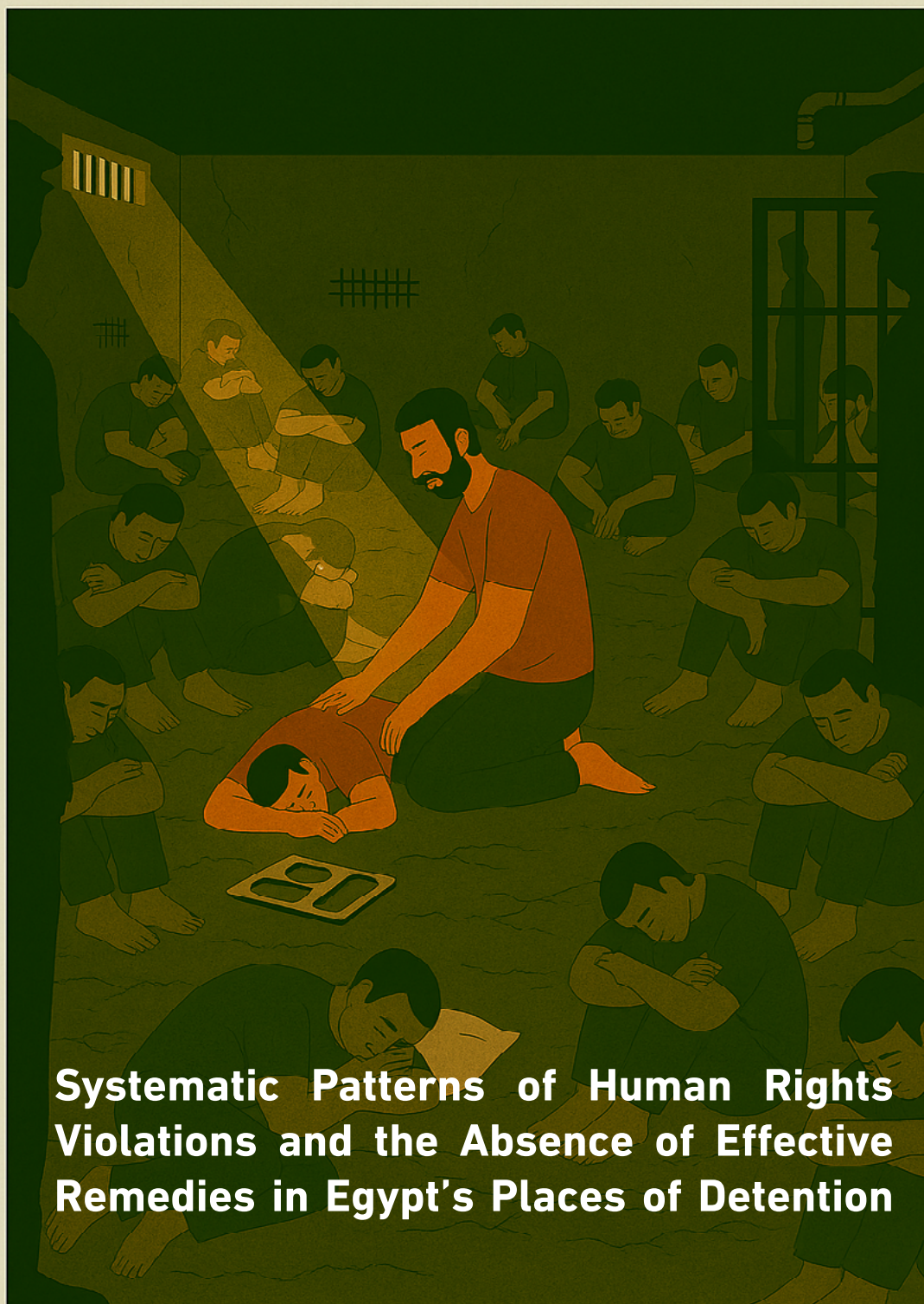




**COMMITTEE
FOR JUSTICE**



**DETENTION
JUSTICE**



Systematic Patterns of Human Rights Violations and the Absence of Effective Remedies in Egypt's Places of Detention

**Annual Analytical Report
2025**

CONTACT    

Writing and Analysis

Usame Mehmetoglu

Statistics

Mariam Gamal

Design

Kareim El-Sayed

TABLE OF CONTENT

ABOUT US	5
Executive Summary	6
Legal and Normative Framework	7
Monitored Violations Inside Places of Detention	8
Medical neglect and denial of healthcare	9
Torture and ill-treatment (psychological and physical)	9
Solitary confinement as punishment and control	10
Poor detention conditions as an enabling environment	13
Restrictions on contact, visits, and legal safeguards, including remote renewals by courts	14
Lethal outcomes in custody: extrajudicial killings and deaths linked to detention practices	15
Escalation into protest inside prisons: hunger strikes and self-harm indicators	16
Documented Incidents Illustrating Conditions of Detention	17
Hunger Strikes and Suicide Attempts in Badr Prison Complex	17
Medical Neglect and Death in Custody in Borg El-Arab Prison	19
Hunger Strike and Death in Custody in "10th of Ramadan" Prison	20
Assaults and Hunger Strikes Inside Wadi Al-Natrun Prison 440	21
Accountability Gaps and Lack of Effective Remedies	22
CONCLUSION & RECOMMENDATIONS	24

ABOUT US

The Committee for Justice

The primary mission of the Committee for Justice (CFJ) is to contribute to the protection and defense of victims of human rights violations, especially in the Middle East and North Africa. To achieve this goal, the organization collects data and provides a highly credible picture of the human rights situation in the region. Our method is to monitor, document, and verify violations taking place inside prisons and detention centers, in addition to violations of fair trial rules taking place in judicial institutions. We also monitor the relevant policies and practical steps, which represent an important source of information in countries suffering from a lack of information, media blackouts, and restrictions on lawyers and human rights workers.

Detention Justice

Detention Justice is a crucial project of CFJ, focused on addressing the pervasive human rights abuses in both formal and informal detention facilities. The project operates by systematically documenting and verifying daily data on violations, subsequently publishing periodic reports that analyze the collected information. The ultimate objective is to bring attention to the brutal conditions faced by detainees at both local and international levels. By doing so, the project aims to play a role in promoting a more equitable political system and a more humane penal system in Egypt.

Prisons and Places of Detention

The report outlines and analyzes the documented and verified violations occurring inside official and unofficial detention centers, considering the difference between them.

Official detention centers

Article No. 1 on prisons, in Law No. 396 of 1956, outlines four types of prisons: reformatories, general prisons, central prisons, and prisons of a special nature. In addition to prisons, the Ministry of Interior has identified other detention centers in decision No. 5 of 1969, which are connected to police checkpoints, centers, stations, and criminal investigation departments where prisoners and detainees remain in custody.

Unofficial detention centers:

The unofficial detention centers include all detention centers not mentioned in the provisions of the law or the provisions of the ministerial decree. Detainees are usually subject to enforced disappearance in these detention centers, which include central security camps, headquarters of the state security apparatus, and military prisons- all are illegal secret detention centers.

Unofficial places of detention	Official places of detention
Central Security Forces Camps	Penitentiaries
	General Prisons
National Security Agency Headquarters	Central Prisons
	Prisons with special status
Military Prisons	Police stations
	Criminal Investigation Departments

Table 1: illustration of types of official and unofficial places of detention addressed in CFJ reports.

EXECUTIVE SUMMARY

This report presents the Committee for Justice's annual analytical assessment of monitored and verified human rights violations inside places of deprivation of liberty in Egypt during 2025, including prisons, police stations, and other places of detention. The assessment is based on CFJ's incident-based documentation, conducted through continuous monitoring and verification of individual cases using information provided by detainees' families, lawyers, and indirect communications emerging from closed detention environments¹. The analysis relies on documented cases and should be understood as reflecting a minimum evidentiary baseline, rather than a comprehensive measure of the scale of violations. Visibility remains structurally constrained by communication blackouts, restricted and monitored visits, retaliation risks, and limited access for families, lawyers, and independent actors, particularly in high-security facilities where information often reaches the outside world only through indirect channels.

CFJ's 2025 documentation shows that serious harms inside detention rarely occur in isolation. Instead, violations repeatedly intersect within the same detention environments, producing cumulative effects in which restricted contact and weakened safeguards facilitate medical neglect, torture and other ill-treatment, prolonged isolation, and degrading detention conditions. In this context, hunger strikes and self-harm indicators emerge as distress signals linked to closed complaint pathways and the perceived absence of effective remedies.

Medical neglect and denial of healthcare constitute a dominant pattern in the 2025 monitored information. CFJ monitored 48 incidents of denial of medical care and 55 deaths linked to denial of medical care and ill-treatment. Monitored incidents show concentration in specific periods and facilities, led by the Badr Prison Complex, followed by New Valley Prison and the Wadi El Natrun Prison Complex. Torture and ill-treatment also persist in psychological and physical forms, with 37 monitored incidents of psychological torture and 21 incidents of physical torture, alongside 12 deaths linked to torture. Solitary confinement was documented as a punitive practice concentrated in the Badr Prison Complex, where nine of twelve incidents occurred, while poor detention conditions were repeatedly documented as a driver of harm, with clusters in Badr and New Valley.

Restrictions on contact with families and counsel remain a central enabling condition. CFJ documented 19 incidents of denial or severe restriction of family visits, predominantly in Badr. The report also documents continued reliance in some facilities on Covid-era visit arrangements, including brief visits of approximately 10–15 minutes under officer monitoring with no private conversation, undermining detainees' ability to report ill-treatment or urgent medical needs. Remote detention renewals conducted by video from inside prisons further reduce meaningful participation and confidential access to counsel.

Lethal outcomes remain a defining dimension of the detention landscape. CFJ monitored 55 deaths in custody in 2025 in prisons and police stations with patterns showing an acute concentration in August. Case studies in this report illustrate how these patterns function across facilities, including escalation into hunger strikes, suicide attempts, severe medical deterioration, retaliatory discipline, and intensified isolation.

The report concludes that the documented violations persist within an environment where accountability mechanisms remain largely ineffective in practice, including the limited engagement of prosecutorial and judicial authorities with detainees' complaints. The recommendations set out targeted measures to restore safeguards, enable independent oversight, ensure accountability, and prevent the recurrence of documented harm inside places of detention.

¹ The documentation and verification methodology applied in this report follows CFJ's established documentation framework. CFJ Methodology and Use of Legal Terminology. <https://www.cfjustice.org/cfj-methodology-and-use-of-legal-terminology/>

LEGAL AND NORMATIVE FRAMEWORK

The analysis presented in this report is grounded in applicable domestic and international legal standards governing deprivation of liberty, treatment of detainees, and the availability of safeguards and remedies. These standards provide the normative basis for assessing whether documented practices constitute violations and for determining when such violations amount to systematic or targeted patterns rather than isolated misconduct.

At the domestic level, Egypt's Constitution establishes core protections relevant to detention. Article 54 guarantees personal liberty and requires that any deprivation of liberty be lawful, justified, and subject to judicial oversight, while Article 55 explicitly prohibits torture, intimidation, coercion, and degrading treatment, and affirms the right of detainees to humane treatment and access to medical care. These constitutional guarantees are further operationalized through Law No. 14 of 2022, which amended Law No. 396 of 1956 regulating prisons, which set out minimum standards concerning healthcare, disciplinary measures, family visits, communication, and the use of solitary confinement. In particular, the law restricts the use of solitary confinement as a disciplinary sanction and imposes obligations on prison administrations to provide necessary medical treatment and ensure detainees' physical safety.

At the international level, the analysis is informed by Egypt's obligations under binding treaties to which it is a State Party, notably the International Covenant on Civil and Political Rights and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. These instruments prohibit torture and ill-treatment in absolute terms, require humane treatment of all persons deprived of liberty, and impose obligations on States to prevent abuse, investigate allegations, and provide effective remedies. The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules) further elaborate authoritative minimum standards for detention conditions, healthcare, disciplinary practices, contact with the outside world, and the prohibition of prolonged or indefinite solitary confinement.

These legal frameworks are applied in this report not as abstract benchmarks, but as practical reference points against which monitored and documented detention practices are assessed. Violations are considered systematic where they recur across time, facilities, and cases, and where similar forms of harm -such as medical neglect, prolonged isolation, restrictions on contact, or coercive disciplinary measures- are repeatedly monitored within specific detention environments. The analysis also considers whether violations are facilitated by institutional arrangements, including the discretionary authority of prison administrations, the weakening of judicial and prosecutorial safeguards, and restrictions on independent oversight.

The report further assesses whether certain violations are disproportionately directed at specific categories of detainees, particularly political detainees and prisoners of conscience. Patterns such as prolonged pretrial detention, extended solitary confinement, heightened restrictions on visits and communication, and retaliatory measures following complaints or protest actions are examined in light of non-discrimination principles under both domestic and international law. Where similar practices are consistently documented in politically sensitive cases, and where safeguards fail to operate in practice, the repeated nature of these practices indicates intentional targeting against specific individuals/groups, not occasional administrative failure.

Finally, the legal framework is relevant not only to the classification of violations, but also to the assessment of gaps, accountability and remedies. Domestic and international standards require that detainees have access to effective complaint mechanisms, judicial review, and independent investigation of allegations of torture, ill-treatment, and deaths in custody. Where documented practices show that complaints are ignored, proceedings are reduced to formalities, or detainees are unable to safely raise allegations due to isolation or fear of reprisal, the report treats this as a substantive failure to meet legal obligations, reinforcing findings related to accountability gaps and the normalization of harm within detention environments.

MONITORED VIOLATIONS INSIDE PLACES OF DETENTION

This section examines recurring patterns of human rights violations documented during 2025 that occurred inside places of deprivation of liberty, including prisons, police stations, and other unofficial detention places. The analysis is based on CFJ's monitored and documented incidents and is presented as minimum documented incidents, not a prevalence estimate. This is because access to information is routinely obstructed, documentation pathways are constrained, and retaliation risks shape what families, lawyers, and other sources can safely report; accordingly, figures may change as additional information becomes available.

Across the year, the monitored information shows that the most serious harms inside detention are not isolated or random. Instead, multiple violations frequently converge around the same detention environments, producing a cumulative effect: restrictions on contact with the outside world, coercive practices, blocked safeguards, and deprivation of healthcare and basic living conditions reinforce each other.

In interpreting the patterns below, it is essential to emphasize that the documented figures represent a minimum subset of incidents rather than the full scale of violations occurring inside Egypt's places of detention. The limited visibility reflected in the data is not incidental; it is shaped by structural opacity and the deliberate isolation of detainees from the outside world, including restrictions on visits and communication that constrain what families, lawyers, and human rights organizations can verify and safely report. In high-security settings where detainees are effectively cut off, documentation is often only possible through indirect and high-risk channels, including letters and written messages that detainees manage to transmit despite strict controls, an inherent barrier that produces undercounting and delays. This dynamic is particularly pronounced in facilities such as Badr 3, where detainees are widely reported to include prisoners of conscience and individuals detained in politically motivated cases, and where communication blackouts have been repeatedly documented

Medical neglect and denial of healthcare



Medical neglect emerges as a systematic practice linked to the absence of independent medical oversight, the discretionary authority of prison administrations, and the use of health deprivation as a punitive measure. In 2025, CFJ monitored 48 incidents of denial of medical care inside detention places, alongside 54 deaths linked to denial of medical care and ill-treatment. The temporal distribution is not uniform: documented incidents of denial of care spike in July (13 incidents) and again in October (13 incidents), while deaths linked to denial of care peak sharply in August (16 deaths), with additional concentrations in July (5 deaths) and October (5 deaths). These time-bound concentrations indicate a recurring pattern of intensified healthcare deprivation during specific periods rather than sporadic administrative failure.

The facility-level distribution reinforces the structural nature of this pattern and also reinforces recurring testimonies about medical neglect in these prisons. Denial of medical care in 2025 is concentrated in a small number of major detention sites, led by Badr Prison Complex (33 incidents), New Valley Prison (10 incidents), and Wadi El Natrun Prison Complex (9 incidents). This concentration matters analytically because it suggests that medical deprivation is repeatedly reproduced within identifiable detention environments, rather than being randomly distributed across the system.

Qualitative documentation further explains how deprivation of health care happens in practice. Essential medications may be stored outside detainees' cells and dispensed at the discretion of administrative officials, enabling delay, denial, and manipulation of access to treatment, including as a pressure tactic against detainees. In newer "correction and rehabilitation" complexes such as Badr 3 Prison, designed to reduce direct human interaction, reliance on intercom-based requests and delayed responses to emergencies can function as a structural barrier to timely healthcare, with serious consequences for morbidity and mortality.

When read together with the documented volume of deaths linked to denial of care (54 incidents), these operational features help clarify why medical neglect should be treated as an enabling mechanism for severe harm and ill-treatment, which may amount to torture inside detention rather than a secondary, incidental issue.

Torture and ill-treatment (psychological and physical)



Throughout 2025, we monitored a sustained pattern of torture and ill-treatment inside detention settings. CFJ recorded 37 incidents of psychological torture and 21 incidents of physical torture, as well as 12 deaths linked to torture. The distribution across time indicates heightened intensity during the second half of the year: psychological torture peaked in July (10 incidents) and rose again in December (6 incidents), while deaths linked to torture show a notable peak in August (4 deaths). This aligns with wider escalation patterns in other categories during the summer months.

Facility concentration provides additional analytical insight. Psychological torture is most frequently documented in Badr Prison Complex (14 incidents), followed by Wadi El Natrun Prison Complex (7 incidents) and New Valley Prison (5 incidents). Physical torture is most concentrated in Wadi El Natrun Prison Complex (7 incidents), with smaller clusters in Badr Prison Complex (2 incidents) and several police stations. This divergence indicates that torture is not experienced in a uniform way across detention settings; rather, different facilities appear to reproduce different modalities, as there is sustained psychological coercion in some places of detention and more acute physical assaults in others. At the same time, the monitored dataset should be understood as a minimum documented subset. Based on recurring testimony patterns received from detainees, families, and lawyers, CFJ assesses that torture inside police stations occurs at a far greater scale than what case-based monitoring can capture; the annual volume is assessed to reach hundreds of incidents, and in some years may be significantly higher, even though restricted access, fear of reprisals, and the absence of transparent official data prevent precise quantification. This assessment is consistent with publicly documented incidents indicating severe abuse in police custody, including deaths resulting from torture in police stations, such as [CFJ's documentation of a death in police custody due to torture in October 2025](#), as well as visual and testimonial evidence of stress-position torture and severe beatings inside [Cairo police station](#).

The qualitative pattern documented inside high-security places of detention also points to a coercive detention environment where multiple tools of abuse operate together: continuous artificial lighting, intrusive surveillance inside cells, prolonged in-cell shackling, retaliatory electric shocks, and denial of medication and hygiene supplies sent by families are described as systematic practices. These practices are significant not only because of their individual severity, but because they create an ecosystem in which detainees' physical integrity, mental well-being, and human dignity are systematically eroded over time.

Solitary confinement as punishment and control



Solitary confinement appears in the 2025 statistics as a concentrated and punitive practice in specific detention centers. CFJ documented 12 incidents of solitary confinement during the year, with 9 of 12 concentrated in Badr Prison Complex, indicating a highly site-linked systematic pattern. This level of concentration is analytically important as it suggests institutionalization of solitary confinement within specific detention environments rather than an exceptional response to individualized risk.

In practice, the ability to document solitary confinement and other abuses in such isolated detention environments is frequently dependent on indirect and high-risk channels. In facilities where detainees are effectively cut off from the outside world, information often emerges only through letters and written messages that detainees manage to transmit despite strict controls, creating an inherent undercount in monitored figures. This is particularly relevant in Badr 3 and newly established “rehabilitation and correction centers”, where they mostly include prisoners of conscience and political opponents, and where a sustained “blackout” on information and restrictions on contact have repeatedly been described as part of the established detention system. For example, [documentation published on 28 August 2025 regarding Badr 3](#) reflects the closure of communication channels with families and the deepening opacity around detainees' conditions. In parallel, remote court attendance practices—where detainees appear by video from inside the prison while counsel remains in the courtroom—

further undermine confidential consultation and reduce the practical ability to verify treatment, raise urgent complaints, or seek timely remedies.

Under Law No. 396 of 1956, which regulates prisons and was amended by Law No. 106 of 2015 on 24 January 2015, solitary confinement is addressed in Chapter IX (Disciplinary Measures) and may not exceed thirty days as a disciplinary sanction. In practice, however, documentation and testimonies show that certain detainees—particularly those held under politically motivated cases—have been kept in solitary confinement for years, and in some cases for more than a decade. This stark deviation from the legislative limit illustrates how disciplinary measures have been transformed into mechanisms of prolonged punishment and control, contrary to both domestic and to international laws and standards such as the [Mandela Rules](#), which prohibit extended or indefinite solitary confinement.

Solitary confinement also appears closely connected to other patterns of harm and ill-treatment, particularly medical neglect, physical and psychological torture, and detainees on hunger strikes. Documentation reflects scenarios in which detainees with serious health conditions are placed in solitary confinement following attempts to demand medical intervention or protest detention conditions, compounding existing vulnerability and amplifying psychological deterioration. This interaction matters: solitary confinement does not operate as a standalone measure that intensifies suffering, obstructs access to care, and suppresses complaints.

The documented concentration of solitary confinement in Badr Prison Complex is further significant because it coincides with other documented patterns of violations in 2025, including denial of medical care, poor detention conditions, and physical and psychological torture, which suggests that isolation is used as part of a broader system of deprivation rather than a disciplinary tool. In detention settings where access to lawyers and family members is already restricted, solitary confinement deepens opacity and weakens external safeguards that might otherwise deter abuse or enable urgent intervention. In practical terms, prolonged isolation increases the risk that torture and ill-treatment will remain unreported, that medical emergencies will go untreated, and that detainees will be unable to effectively pursue complaints, remedies, or judicial review.

From an analytical perspective, the concentration of solitary confinement also supports an inference about institutional decision-making. If solitary confinement were applied primarily in response to individualized misconduct, it would be expected to show greater dispersion across facilities and over time. Instead, the strong facility-link points to patterns of authorization, administrative culture, or detention management practices that normalize isolation as a routine instrument. This is particularly concerning in light of the Mandela Rules' emphasis that solitary confinement must be exceptional, strictly time-limited to 15 days and 22 hours a day maximum as cited in Rule 44, and subject to review, and that prolonged solitary confinement is prohibited due to its predictable and severe physical and psychological effects.

The consequences of solitary confinement extend beyond immediate suffering and are best understood as cumulative. Isolation frequently restricts access to sunlight, movement, social interaction, and meaningful mental stimulation, all of which are essential components of humane detention. In combination with denial of healthcare, such deprivation can accelerate physical deterioration and intensify mental health crises, including anxiety, depression, disorientation, and suicidal ideation. Where isolation follows demands for medical treatment or participation in hunger strikes, solitary confinement functions not only as punishment but also as deterrence, signaling that any attempt to assert rights or draw attention to abuses may trigger further harm.

The practice also raises particular concerns regarding oversight and accountability. When detainees are held in isolation for prolonged periods, independent verification of their conditions becomes exceptionally difficult, especially in contexts where monitoring visits are restricted and family contact is controlled. This creates a closed environment in which disciplinary measures can be applied arbitrarily, extended in practice beyond legal limits, and used to facilitate or conceal other violations. For this reason, solitary confinement should be treated in this report not merely as one violation among others, but as an enabling condition that increases exposure to torture, reinforces medical neglect, and entrenches impunity within detention settings.

Poor detention conditions as an enabling environment



Monitoring during 2025 records 49 incidents of poor detention conditions, reflecting a persistent pattern in which the material environment of detention itself becomes a driver of harm. Poor conditions are documented most frequently in Badr Prison Complex (16 incidents) and New Valley Prison (15 incidents), followed by Wadi El Natrun Prison Complex (7 incidents) and Borg El Arab Prison Complex (5 incidents). The time pattern shows noticeable clustering in July (14 incidents) and October (13 incidents), which mirrors the month-level spikes observed for denial of medical care as well. This temporal convergence strengthens the analytical inference that poor conditions and health deprivation often operate together as mutually reinforcing patterns.

Qualitative documentation helps specify and define what “poor conditions” means in practical terms: sub-standard health provision, limited sanitation and ventilation, inadequate food and water, ability to exercise, and diminished meaningful contact are described as recurring features of detention environments, with requests for transfers and specialist care frequently denied.

Importantly, poor conditions should not be treated as background context. In a closed detention environment, deprivation of ventilation, hygiene, movement, and sunlight is itself a form of harm that can accelerate illness, heighten psychological pressure, and increase the likelihood of severe medical outcomes, especially when combined with delayed or denied access to healthcare.

Restrictions on contact, visits, and legal safeguards, including remote renewals by courts



Restrictions on contact with families and counsel emerge as a consistent pattern and a central enabling condition for other violations. In 2025, CFJ documented 19 incidents of denial or severe restriction of family visits, with 15 concentrated in Badr Prison Complex. Even in prisons where formal “visits” exist, practices may include speaking through a glass barrier via telephone under surveillance, and, in many cases, detainees experience prolonged denial of meaningful contact with relatives and lawyers.

The analytical significance is that isolation is not merely a social harm; it weakens the most basic external safeguards that can prevent torture, secure timely medical intervention, and enable accountability. This isolation is reinforced by procedural practices that reduce detainees’ ability to participate meaningfully in detention reviews and to consult counsel confidentially. In particular, detention renewal sessions are often conducted remotely from within prisons, a practice that can obstruct lawyers’ access to their clients, prevent private consultation, and contribute to renewals being processed in a standardized or collective manner rather than through individualized scrutiny. In parallel, when detainees are not physically brought to renewal hearings and are instead presented by video conference, the practical ability to understand proceedings, communicate instructions, challenge allegations, or raise complaints about detention conditions is significantly weakened.

Restrictions on private communication extend beyond court procedures and also shape family contact. In a number of facilities, visitation arrangements introduced during the Covid-19 period in 2020 appear to have persisted in practice. Where family visits are permitted at all, they may be limited to approximately 10–15 minutes once a month and conducted under close supervision, with an officer standing or sitting nearby and monitoring the conversation. As a result, detainees are frequently unable to speak privately with family members, undermining their capacity to safely disclose ill-treatment, report urgent medical needs, or convey concerns regarding their own conditions or those of other detainees.

These practices matter because they operate at the level of safeguards. When detainees are physically absent from meaningful judicial review, cannot consult counsel confidentially, and are structurally isolated from families, abuses inside detention become harder to detect and harder to contest. In practice, the denial of contact and weakened review mechanisms function as enabling conditions for torture, medical neglect, and coercive detention practices.

Lethal outcomes in custody: extrajudicial killings and deaths linked to detention practices



The monitored cases demonstrate severe and at times fatal outcomes occurring within detention facilities. During 2025, [CFJ monitored 55 deaths in custody](#), 50 deaths linked to denial of medical care, and 11 deaths linked to torture, 33 linked to poor detention conditions, and one during solitary confinement. These categories may overlap in individual incidents; however, even read conservatively, the figures demonstrate that lethal harm is not marginal within the documented detention context.

Time-based patterns underscore acute periods of risk. Extra-judicial killing peaks in August (16 incidents), while deaths linked to denial of medical care also peak in August (12 deaths). This alignment identifies August 2025 as an especially lethal month inside detention places in Egypt, consistent with the broader clustering of torture-linked deaths in the same period. Facility identification in lethal cases is not always complete, which itself is analytically meaningful, since opacity and restricted information channels are a structural part of the risk environment. At the same time, the repeated appearance of specific detention places across multiple categories indicates that certain detention environments repeatedly concentrate severe risks.

A core safeguard against lethal harm is the right to contact the outside world and the availability of reliable information about location, supervising authority, and detainees' health status; when these safeguards are restricted, risks of torture and extra-judicial killing increase. This is why patterns of isolation and blocked communication should be read not only as violations in themselves, but also as conditions that elevate the likelihood of irreversible harmful outcomes.

Escalation into protest inside prisons: hunger strikes and self-harm indicators



The convergence of isolation, medical deprivation, and degrading conditions creates a predictable detention trajectory when detainees cannot seek remedies through complaints, lawyers, or meaningful channels, escalation into collective protest becomes more likely. Documentation reflects detainees' intent to undertake [collective hunger strikes](#) in response to persistent denial of basic rights, including restrictions on visits and communication with the outside world, and continued deterioration of detention conditions.

The same convergence is reflected in indicators of severe psychological distress, including documented suicide attempts in contexts characterized by prolonged isolation and deprivation. In July 2025, [documentation from inside Badr Prison describes multiple suicide attempts](#) and a broader pattern of cumulative psychological harm linked to detention conditions and blocked safeguards.

Such incidents are analytically important because they function as distress indicators within a closed environment, and they point to the lived impact of sustained violations and to the failure of internal accountability mechanisms to prevent harm or respond effectively when violations are raised.

DOCUMENTED INCIDENTS ILLUSTRATING CONDITIONS OF DETENTION

In this section, we present a selection of case studies drawn from CFJ's documented incidents to illustrate how the violations analyzed in the preceding sections happen in practice inside places of detention. These cases are chosen to reflect recurring patterns—such as medical neglect, torture and other ill-treatment, solitary confinement, restrictions on contact with family and lawyers, hunger strikes, and suicide attempts—rather than to provide an exhaustive account of all documented incidents. The selection reflects the uneven visibility of different detention settings in high-restriction facilities as information often becomes available only through detainee communications that reach the outside world indirectly, including leaked letters. As a result, the incidents summarized here are best understood as “trace evidence” of broader practices that remain difficult to quantify fully in closed environments. Accordingly, the cases below should be read as representative examples that help clarify the lived impact of the patterns identified, and the lived experiences of victims in places of detention in Egypt in the 2025 dataset; they do not capture the full scale of violations, nor do they exclude other serious incidents documented during the reporting period.

Hunger Strikes and Suicide Attempts in Badr Prison Complex

Documentation during July 2025 points to a sustained escalation in Sector 2 of Badr 3 Prison Complex, where detainees' protest actions, health deterioration, and coercive responses by security authorities appear to have reinforced one another over an eleven-day period. This period is best understood as a “closed-loop” of harm. Detainees resorted to hunger strikes as a last-resort mechanism to make their conditions visible, while the restrictive nature of the facility limited the flow of information and reduced external safeguards.

Documentation from Badr 3 during the escalation period records an exceptional number of suicide attempts and severe self-harm incidents. Since the escalation began, no fewer than sixteen detainees attempted suicide, with some attempting more than once. These incidents were framed by detainees as acts of protest against prolonged abuse, denial of basic rights, and the perceived absence of any effective pathway for complaint or protection inside the facility.

The first wave of suicide attempts and self-harm was documented in early July. On 4 July 2025, cardiologist Dr. Abdel Rahim Mohamed attempted suicide in his cell, in front of surveillance cameras, and was saved at the last moment. Around the same period, detainee Reda Abu El-Gheit slit his wrists and then bit into the wounds, while economist Dr. Abdullah Shehata attempted suicide by hanging. On 5 July 2025, several detainees raised the catastrophic detention conditions and the suicide attempts occurring among them before a Criminal Court panel presided over by Judge Mohamed Said El-Sharqawy. The court refused to listen or document their testimonies. Detainee Ahmed Sherif Ahmed El-Laithy El-Shafei attempted suicide by cutting his veins, refused medical intervention until he lost consciousness, and was forcibly revived. The incident was not recorded in prison logs, raising serious concerns that severe harm is being administratively obscured rather than investigated.

The escalation was not confined to a handful of cases. Documentation further describes repeated suicide attempts by surgeon Dr. Sayed Hikal, Amin al-Serafi, Khaled Said Morsi (nephew of the late President Mohamed Morsi), and Dr. Abdullah Shehata, all in the context of deepening despair and deteriorating conditions. Engineer Asaad al-Sheikha attempted suicide by swallowing a large quantity of medication during a hunger strike and survived only narrowly in the absence of adequate medical care. One of the most severe self-harm incidents involved detainee Khalil al-Aqeed, who cut his wrist violently, requiring 36 stitches.

On Saturday, 12 July 2025, detainee Mohamed Anis Mohamed El-Sherif attempted suicide inside the courtroom cage during a pleading session before the First Terrorism Circuit at Badr Court, presided over by former Prosecutor General Hamada El-Sawy. He slit his wrists in front of the court panel and those present. The session was ended and scheduled to reconvene on 13 October 2025, with no documented protective measures taken in response to the detainee's condition and no indication that the underlying reasons behind the suicide attempt were examined as an urgent alarm requiring immediate intervention.

Within the same period, the hunger strike expanded and became a focal channel through which detainees sought to force attention to conditions and basic rights. Documentation indicates that by late July the hunger strike reached 35 detainees, including 15 described as being in extremely critical health condition. Names documented among those striking include Abdel Rahman El-Barr, Mohamed Saad Aliwa, Asaad al-Sheikha, Refaat al-Tahatawy, Amin al-Serafi, Bassem Ouda, Osama Morsi, Osama Yassin, Ahmed Aref, and Khaled al-Azhari. In parallel, other detainees were also documented as participating in hunger strikes during the period, including Mohamed El-Beltagy, Yousry Anbar, engineer Amr Zaki, and lawyer Sobhy Saleh. The strike was consistently presented as a response to inhumane treatment and dire conditions, and as a last resort after repeated attempts to raise concerns were ignored or blocked.

Health deterioration and self-harm incidents were documented as the hunger strike continued. On 29 July, Saad Aliwa collapsed from extreme exhaustion. During the same timeframe, Ahmed Aref suffered a blood sugar drop to 33, persistently stating that he would continue his hunger strike until the outside world knew what was happening in Sector 2, explicitly linking protest to the absence of meaningful safeguards. Further incidents were recorded around the end of July, including Dr. Mustafa El-Ghoneimy attempting suicide by ingesting five strips of medication and being transferred to intensive care in critical condition, followed minutes later by detainee Hani Shaaban.

Another suicide attempt was involving Abdel-Salam al-Meligi, aged 65, who was transferred to a hospital restrained to his bed and injected with morphine; the same intervention was reported as having been used following earlier suicide attempts, including those of Abdullah Shehata and Reda Abu El-Gheit.

Documentation also reflects coercive responses that extended beyond the detainees themselves. On 19 July, 3 senior national security officers, including the Deputy Head of the Agency, met with detainees Amin Al-Sirfi and Mohamed Al-Beltagy. During this meeting, they issued explicit threats to arrest female family members and to execute death sentences against detainees should the hunger strike not be terminated within 48 hours.

Such threats are significant because they indicate that family ties were treated not as protected relationships but as pressure points, reinforcing detainees' isolation and multiplying the coercive impact of detention. Detainees' demands throughout this escalation were consistently framed in basic terms: family visitation, exposure to sunlight, access to adequate medical care, and an end to solitary confinement and threats. Some detainees warned of collective suicide attempts beginning on 1 August if these demands remained unmet, illustrating the level of despair and the perceived closure of remedies.

This case study also highlights why incidents in Badr 3 are frequently under-documented despite their severity. The facility's restrictive design and communication constraints mean that information often reaches the outside world only through indirect channels, including leaked letters and messages detainees manage to transmit despite strict controls. A significant number of those held in Badr 3 are described as prisoners of conscience and political opponents, and prolonged isolation from family and counsel compounds both the risk of abuse and the difficulty of independently verifying conditions. Within such an environment, hunger strikes, collapse, and suicide attempts become not only indicators of acute harm but also signals of a detention system in which safeguards are weakened, accountability is absent in practice, and basic human dignity is systematically eroded.

In the months that followed this escalation, the blackout of information has deepened. Over the past four months, no reliable updates have been received regarding the situation inside the facility, including the health and safety of the detainees identified above or the status of those reported to be in critical condition. This absence of information is not incidental; it reflects a detention environment in which communication channels are systematically restricted and external scrutiny is effectively obstructed. As a result, the outside world remains unable to verify whether urgent medical needs have been met, whether protective measures were taken following the documented suicide attempts, or whether conditions have deteriorated further, leaving detainees effectively out of public view and beyond meaningful accountability.

Medical Neglect and Death in Custody in Borg El-Arab Prison

Documentation during January 2025 records two deaths linked to medical neglect and deteriorating detention conditions in Borg El-Arab Prison, illustrating how deprivation of health care can become fatal when oversight is absent, and prison administrations retain broad discretion over access to diagnosis, treatment, and transfer to hospitals.

On 19 January 2025, [Ahmed Gaber](#) died at Alexandria University Hospital after a prolonged deterioration links to sustained medical neglect across multiple stages of detention. Gaber, a 42-year-old chemical engineer, was married and a father of two. He was arbitrarily arrested in March 2015 together with his wife and child, while his wife and child were released a few days later. After his arrest, he was subjected to enforced disappearance for seven days, during which he was severely tortured in State Security facilities. He was later sentenced to life imprisonment in Case No. 108 of Alexandria Military Felonies. During detention, he was diagnosed with a brain tumor, yet medical negligence prevented him from receiving proper treatment in a timely manner. Despite his worsening condition, he was transferred from Borg El-Arab Prison to New Valley Prison, where the denial of adequate health care continued, contributing to further deterioration. His health worsened sharply as he developed a fever and fell into a coma, after which he was transferred to an external hospital, where he ultimately died.

One day later, on 20 January 2025, we documented the death of another political detainee at Borg El-Arab Prison: [Saad Al Sayed Al Sayed Madin](#), aged 57, from Al-Azizia village in Minya El-Qamh/Sharkia Governorate. He worked as an Arabic language supervisor at the Ministry of Education. He died inside Borg El-Arab Prison, following intentional medical negligence and poor detention conditions.

The proximity in time between these deaths underscores how medical neglect in detention operates not as an exceptional failure but as a recurring risk factor that can escalate quickly into irreversible harm, particularly for detainees whose illnesses require specialist care, consistent medication, and timely access to external hospitals.

Documentation from April 2025 shows that Borg El-Arab also functioned as a site of retaliatory discipline and punitive deprivation directed at political detainees and prisoners of conscience. On 30 April 2025, four detainees—Mansour El-Sayed, Amr Al-Wansh, Abd al-Rahman Saleh, and Muhammad Al-Bandari—were subjected to punitive measures after objecting to what they described as humiliating search procedures by prison officers. Following this objection prison authorities placed them in disciplinary solitary confinement where they were deprived of mattresses and blankets and were left with no personal belongings beyond the prison uniform they were wearing at the time. This type of deprivation is significant because it transforms disciplinary control into a mechanism of physical hardship and psychological breakdown, particularly when imposed in isolation and without accessible complaint mechanisms.

Following the incident, the four detainees were transferred to Al-Wadi al-Gedid (New Valley) Prison, a remote desert prison. In practice, such transfers are not neutral administrative steps; they deepen isolation by raising the logistical barriers to family contact and legal follow-up, while also increasing vulnerability to further abuse in environments where external monitoring and communication with the outside world are minimal.

Hunger Strike and Death in Custody in “10th of Ramadan” Prison

Documentation from 2020 concerning detention facilities in 10th of Ramadan City (Sharqia Governorate) traces a recurring pattern in which restrictive detention conditions, the narrowing of complaint channels, and the escalation of detainees’ protest actions appear to reinforce one another. Across the year, the recorded incidents point to a setting where deprivation is not limited to material conditions alone, but extends to procedural and relational safeguards, including meaningful access to family visits, medical care, and effective avenues to raise grievances and submit complaints without reprisal.

In January 2020, political detainees at “10th of Ramadan 1” Reform and Rehabilitation Center initiated a hunger strike beginning on 8 January. The strike started in response to prolonged pretrial detention without perceived legal grounds, and deteriorating detention conditions. The detainees’ demands focused on concrete measures: release of those exceeding the pretrial detention limit, restoration of visit duration to the legally mandated one hour rather than the 15-10 minute, the end of degrading search procedures, the guarantee of daily outdoor exercise, the removal of the National Security officer stationed at the facility due to allegations of mistreatment, access to a news channel in cells, and improvement of food quality to meet basic health standards. These demands show that the protest is as an attempt to restore minimum safeguards and a baseline of lawful treatment.

The same documentation records an immediate procedural dimension to the protest. On 11 January 2020, several detainees refused to attend pretrial detention renewal sessions conducted remotely from inside the prison, while others turned their backs to the cameras during video sessions, signaling rejection of a process they viewed as non-responsive to their complaints. The presiding judge, Counselor Gharib Mohamed, renewed detention without documenting the detainees’ grievances or investigating the reasons behind their refusal to participate in the session.

On 9 January 2020, during a session before the Supreme State Security Prosecution, a detainee aged 34 refused to appear by video and informed the prosecutor that he intended to join the hunger strike, explicitly linking his refusal to the conditions of detention and the perceived injustice of continued detention. In parallel, documentation indicates that detainees had called on the Public Prosecutor, Counselor Mohamed Shoukry, to conduct an inspection visit and hear complaints directly, yet their complaints were not considered or recorded during renewal sessions by both the Supreme State Security Prosecution and the First Circuit of the Cairo Criminal Court.

In February 2020, we documented a death that illustrates how these conditions can become lethal when medical neglect is imposed systematically by prison authorities and independent oversight is absent. Hisham Al-Haddad died on Saturday, 1 February 2020. His death is due to worsening health conditions amid continued detention without transfer to the prison hospital for treatment, alongside the prevention of family delivery of necessary medication. The case demonstrates the operational reality behind “medical neglect” in closed detention settings: not merely inadequate care, but the active withholding or obstruction of pathways to treatment and medication at the very moment deterioration demands urgent intervention.

By April 2020, we documented another death in the same detention facility. Saad Abu Al-Einen, died inside his cell at 10th of Ramadan Prison, following suffering from health issues and failure to provide adequate healthcare by the prison authorities.

In December 2020, documentation concerning Rehabilitation Center (8) in 10th of Ramadan City pointed to a continuation of the systemic violations. Testimonies received during this period described severe restrictions on family visits, including arbitrary denial and mistreatment of relatives, alongside reported financial extortion practices imposed inside the facility that further burdened families and functioned as an additional layer of coercion. We further documented serious medical neglect, including deliberate refusal to provide healthcare and the delay or denial of access

to specialist doctors despite urgent medical needs. This indicates that the patterns documented during ۲۰۲0 were not resolved through corrective measures; rather, a sustained structure of deprivation, shaped by isolation, financial pressure, torturing prisoners by denying them their right to medical examination. The situation is further aggravated by the absence of independent oversight, the lack of safe and effective complaint mechanisms, and the persistent failure to ensure accountability for abuses committed inside the prison.

Assaults and Hunger Strikes Inside Wadi Al-Natrun Prison 440

Throughout ۲۰۲0, Wadi Al-Natrun Prison ۴۴۰ witnessed a series of incidents involving physical assaults, hunger strikes, and punitive measures against political prisoners and prisoners of conscience. These incidents occurred across multiple wards and reflected a broader pattern of escalating repression inside the facility.

In January ۲۰۲0, detainees in Ward ۱ initiated a hunger strike in response to deteriorating detention conditions and repeated mistreatment by prison authorities. The protest followed weeks of reported verbal and physical abuse, restrictions on access to medical care, and interference with family visits. Several detainees refused food as a form of protest, warning that the situation inside the ward had become untenable. The strike was accompanied by threats from prison officials, who warned detainees of disciplinary consequences should the protest continue.

During the same period, detainees reported repeated physical and verbal assaults by prison officers, including beatings using sticks and batons. These assaults took place inside cells and during movement within the prison. Some detainees were handcuffed behind their backs while beaten, while others were placed in solitary confinement as punishment for protesting or attempting to communicate complaints to the administration. Testimonies by family members and lawyers indicated that detainees were denied adequate medical care following these incidents.

In the following weeks, conditions further deteriorated. Several detainees were subjected to prolonged restrictions on food, outdoor exercise, and access to personal belongings. Visits were limited or suspended, and in most cases detainees were prevented from contacting their families or lawyers altogether. The situation escalated again when a group of detainees announced an expanded hunger strike, stating that earlier requests and complaints had gone unanswered.

In September ۲۰۲0, a serious incident was reported in Ward ۲, Room VA. Prison forces conducted a forceful raid on the ward, during which detainees were beaten and forcibly removed from their cells. Several detainees were assaulted with batons, subjected to electric shocks, and stripped of their clothing. Three detainees—Abdelgaid Radwan Abdelhamid Amara, Salah Salah Abdelati Youssef, and Yasser Mohamed Abdelrahim Borai—were chosen during the operation and transferred to disciplinary cells. They were held without food, water, or adequate clothing, despite suffering from chronic health conditions.

Following the incident, detainees were redistributed across different wards as a punitive measure. Communication between detainees was restricted, and family visits were either suspended or severely limited. The prison administration heightened fear among detainees and created a climate of intimidation aimed at preventing further collective action.

ACCOUNTABILITY GAPS AND LACK OF EFFECTIVE REMEDIES

Across the incidents and patterns documented in this report, a defining element is not only the occurrence of violations inside places of detention, but the repeated absence of any pathway that functions as an effective remedy in practice. Detainees' experiences through family and lawyer testimonies, and communications that emerge from closed facilities indicate that the safeguards that should interrupt abuse are routinely neutralized. This is visible in how complaints are blocked, how judicial and prosecutorial procedures are reduced to formalities, and how the combination of isolation and retaliation makes reporting both difficult and dangerous.

One recurring indicator is the systematic weakening of complaint channels inside detention. In multiple incidents, detainees' attempts to communicate urgent concerns about medical neglect, assault, or degrading conditions are met with punitive measures rather than protection. This is a direct violation of section seven of the Egyptian Prison Regulations No.14 of 2022. In Wadi Al-Natrun 440, beatings and the use of electric shocks are paired with subsequent disciplinary confinement under conditions of deprivation, including denial of food, water, and clothing. In such circumstances, the immediate consequence of reporting or protesting is not investigation or remedy, but heightened exposure to harm. This dynamic turns the complaint process into a trigger for retaliation, and it helps explain why information that reaches the outside world is often delayed, partial, and transmitted through indirect channels.

A second consistent gap concerns the function of oversight that is supposed to be exercised by prosecutorial or judicial authorities. The report documents situations where detainees attempted to raise grievances and complain during detention renewal proceedings, but their complaints were not heard, recorded, or followed by any protective measure. In the 10th of Ramadan case study, detainees refused to appear by video or turned away from cameras as an explicit signal that the renewal process was not responding to their conditions or complaints. Yet detention was renewed without engagement with the substance of these allegations, and without any documented investigative step aimed at verifying the claims. The procedural outcome remains the same even when the underlying circumstances include hunger strikes, denial of care, or deaths in custody, reinforcing the perception that the process functions as an administrative routine rather than a meaningful safeguard.

This accountability gap is compounded by the practical effects of remote renewals and the erosion of confidential access to counsel. Where detainees appear by video from inside detention facilities while counsel remains in court, confidential consultation becomes structurally difficult, and the space for detainees to safely describe ill-treatment is reduced. This is not a technical inconvenience. In contexts where communication is monitored and reprisals are feared, the inability to consult privately and to speak freely before an independent authority can remove one of the few remaining mechanisms through which urgent allegations might be raised and verified. When detention review is conducted in this format, and when detainees are physically absent from the courtroom, the opportunity to trigger intervention at the moment of risk is significantly narrowed.

Isolation from families functions as another central barrier to effective remedies. Even where visits exist nominally, the continuation of Covid-19 restrictions in some facilities, including brief visits of approximately 10–15 minutes under officer supervision with no private conversation, undermines the role that family contact plays in detecting abuse and mobilizing urgent intervention. In facilities described as operating under prolonged communication blackouts, such as Badr 3, the outside world may not receive reliable information for months or years. In that environment, the absence of contact is not merely a restriction; it becomes an enabling environment for continued violations and an obstacle to any remedial action, because harm can occur without timely visibility, documentation, or follow-up.

Deaths in custody further illustrate the lack of effective accountability. The report notes multiple lethal outcomes linked to medical neglect, torture, and poor conditions. Yet the incidents, as documented through available sources, repeatedly show the same sequence: deterioration, delayed or denied care, limited access to families and lawyers, and then death, with no indication that a credible, independent, and transparent process intervened in time to prevent harm. When deaths occur in a context where detainees are isolated and medical access is discretionary, the absence of an effective remedy is not confined to post-incident accountability;

it also manifests as a failure of prevention. [The high number of deaths](#) linked to denial of medical care underscores that the system is not only failing to respond after harm occurs but also failing to activate basic safeguards while the harm is unfolding.

A final element of the accountability gap is the mismatch between the documented severity of violations and the information environment inside detention. Where documentation depends on leaked letters, testimonies from family or lawyer visits that are themselves restricted, the evidentiary burden is pushed onto detainees and their relatives in conditions designed to suppress disclosure. This contributes to undercounting and delays, but it also has a legal and practical impact because when documentation is fragmented by design, it becomes easier for authorities to deny, minimize, or ignore allegations, and harder for detainees to pursue any formal avenue of complaint, even in cases of serious violations. The overall result is a closed system in which remedies are formally imaginable but operationally inaccessible.

CONCLUSION & RECOMMENDATIONS

The documentation presented in this report demonstrates that the violations observed inside places of detention in Egypt during 2025 are neither isolated nor incidental. Rather, they reflect a persistent pattern in which deprivation of liberty is accompanied by the erosion of fundamental safeguards, including access to healthcare, protection from ill-treatment, meaningful contact with the outside world, and effective avenues for complaint or redress. Across facilities, the convergence of medical neglect, prolonged isolation, restricted communication, and coercive disciplinary practices has created conditions in which harm is both foreseeable and recurrent.

What emerges is not simply a series of individual failures, but a structural environment in which safeguards exist in form but are routinely neutralized in practice. The cumulative effect of restricted access to lawyers, limited family contact, opaque detention procedures, and the absence of effective oversight has contributed to an accountability vacuum in which violations persist without timely investigation or remedy. Within this context, hunger strikes, self-harm, and deteriorating health are not isolated acts, but indicators of systemic breakdowns in protection and oversight.

The patterns documented throughout this report underscore the need to view conditions of detention not as isolated administrative concerns, but as central to the protection of life, dignity, and the rule of law. Without meaningful access to remedies, detention environments risk becoming spaces where violations are normalized and accountability remains out of reach.

The findings demonstrate that the documented violations are not the result of isolated misconduct, but rather reflect a deliberate and systematic pattern embedded within the operation of detention facilities. The practices observed—ranging from ill-treatment and medical neglect to prolonged isolation and denial of basic safeguards—appear to be enabled by institutional structures that permit or tolerate such conduct. This pattern is further reinforced by the consistent failure of prosecutorial and judicial authorities to meaningfully engage and listen to complaints raised by detainees, allowing abuses to persist without effective scrutiny. As a result, existing safeguards remain largely ineffective in practice, underscoring the need for concrete and structural reforms, as outlined in the recommendations below.

- Ensure the immediate release of individuals detained solely for the peaceful exercise of their rights to freedom of expression, association, or assembly, including journalists, human rights defenders, political detainees, and prisoners of conscience.
- Guarantee prisoners effective access to family visits, legal counsel, and medical care, including specialized and emergency treatment, across all places of detention without discrimination or undue restriction.
- Ensure that all detention practices, including pretrial detention and renewal procedures, comply fully with domestic law and international standards, particularly the rights to due process, judicial oversight, and effective remedy.
- End the use of prolonged or punitive solitary confinement and prohibit practices amounting to torture or other cruel, inhuman, or degrading treatment, including physical abuse, psychological coercion, and denial of basic necessities.
- Ensure that detention conditions comply with the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules), including adequate healthcare, hygiene, nutrition, ventilation, and access to outdoor exercise.
- End the use of remote or video-based detention renewal procedures where they undermine detainees' ability to communicate with legal counsel or meaningfully participate in proceedings.

- Transfer the authority overseeing the prison system from the Ministry of Interior to the Ministry of Justice, subject to independent civilian oversight, in order to ensure that detention facilities fulfil their fundamental rehabilitative purpose and to enable unannounced monitoring visits by independent bodies.
- Establish independent, impartial, and effective mechanisms to investigate allegations of torture, ill-treatment, deaths in custody, and other serious violations, and ensure that those responsible are held accountable through transparent judicial processes.
- Establish effective remedies and complaint mechanisms that are accessible, confidential, and capable of producing timely and enforceable outcomes for detainees and their families.





COMMITTEE FOR JUSTICE

Geneva office:

7 chemin de Balexert, Châtelaine, 1219
Geneva, Switzerland

Tel: +41 22 940 35 38

Paris office:

60, rue François 1er,
75008 Paris, France

Tel: +33 6 85 19 33 27

Gambia Office:

in front of the Independence Stadium
Gate, Bakau Newtown, Gambia

Tel: +22 02 38 4045

✉ oc@cfjustice.org

🌐 www.cfjustice.org

📘 @cfjusticeorg