



New Zealand's 7th periodic review under the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

Submission of the New Zealand Human Rights Commission to the Committee against Torture's 60th session

The New Zealand Human Rights Commission is an independent Crown entity pursuant to the Crown Entities Act and derives its statutory mandate from the Human Rights Act 1993. The long title to the Human Rights Act states it is intended to provide better protection of human rights in New Zealand in general accordance with United Nations human rights Covenants and Conventions.

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1. The New Zealand Human Rights Commission (“Commission”) welcomes the opportunity to make this submission to the Committee against Torture (“Committee”) to inform its development of a list of issues prior to reporting (“LOIPR”) on New Zealand’s upcoming 7th periodic report under the Convention against Torture and other Cruel, Inhuman or Degrading Treatment (“CAT”)
2. This submission sets out what the Commission views as key challenges in relation to New Zealand’s implementation of CAT. A summary of recommendations, including questions that the Committee may wish to ask and information that it may wish to request, is set out below. This summary is followed by detailed background information and a table recording progress in implementing the Committee’s 2015 recommendations.

SUMMARY OF RECOMENDATIONS

The Commission recommends that the following questions (and requests for information) be included in the Committee’s LOIPR for New Zealand:

General matters of implementation – Article 2

Sustainable Development Goals

- What steps is the Government taking to incorporate the SDGs into its public policy and legislative framework?
- How does the Government intend to monitor and review its progress in meeting its commitments under the SDGs?
- What steps is the Government taking to develop systems to collect robust disaggregated data to ensure no population group is left behind in meeting the SDGs.

Recommendations from International Bodies

- What steps has the Government taken to implement the recommendations from the SPT and WGAD?

OPCAT

- Provide information on the scope, adequacy and funding of current oversight and monitoring frameworks with responsibility for preventing torture and ill treatment in all places where people are deprived of their liberty

Violence and abuse – Article 2

- Provide statistical data disaggregated by sex, age, race, sexual orientation, family status and disability on violence and abuse in New Zealand including:
 - the number of complaints received

- the number of cases prosecuted
- the number of convictions secured and acquittals
- reparation and support provided to victims.
- Provide statistical data disaggregated by sex, race, sexual orientation, family status and disability on violence and bullying in schools
- Provide statistical data on the rates of abuse and neglect of children over the reporting period
- Update the Committee on the work of the Ministerial Group on Family Violence and Sexual violence, and the actions the Government has taken in response to the Law Commission’s report on proposals to better support victims of sexual violence
- Provide statistical data on the number of girls who have undergone sterilisation without their consent or therapeutic benefit.
- What steps is the Government taking to review the current framework for sterilisation?
- What legislative and regulatory measures has the Government taken to ensure workplace policies support employees who are experiencing family violence?
- What steps has the Government taken to monitor all interventions to prevent violence and abuse wherever occurring and to ensure that they are adjusted and extended as required on the basis of robust empirical evidence?
- What measures does the Government intend to take to evaluate the impact of new policies on preventing and reporting violence and abuse against children?
- What steps is the Government taking to ensure that the Domestic Violence Act 1995 applies to disabled people in community care?
- What steps is the government taking to protect disabled people and gender minorities from violence and abuse? How will the Government specifically measure and track violence/domestic violence against people with disabilities and gender minorities?

The Criminal Justice System – Article 11

- Provide an update on the achievements – including implementation of *Turning of the Tide* - made to reduce discrimination against Māori in the criminal justice system
- Provide information on the numbers of persons with disability, including neuro-disability, imprisoned in New Zealand prisons.
- Provide information on what the Government considers are the underlying root causes which lead to the high proportion of Māori among accused persons as well as among victims of crime and update the Committee on improvements made to address these.
- Provide updated statistical data on Māori and disabled people at all stages of the criminal justice system.

- What programmes has the government implemented to extend the focus on partnerships with iwi across all areas of the criminal justice system?
- What actions is the government taking to ensure that justice, social sector and care and protection initiatives for Māori are linked up and are based on partnerships with iwi and/or Urban Maori Authorities?

Mental Health in Detention – Article 16

- What steps is the Government taking to develop a national strategy and agree a set of actions to ensure the provision of mental health care in places of detention which includes mechanisms to ensure the timely and appropriate sharing of individuals' health information across Government agencies?
- What actions has the government adopted to collect evidence, track and design interventions for individuals in youth justice custody who have neuro-disability issues?

Seclusion and Restraint – Article 16

- Provide data about the use of seclusion across different detention contexts and advise of the measures taken to reduce and/or eliminate the use of seclusion.
- Advise what measures have been taken to reduce/eliminate the use of restraints, tie-down beds, waist restraints, and restraint chairs.

Historic cases of abuse in State care – Article 12,13,14,16

- As regards the MSD and other processes welcomed by the Committee in its 2015 Concluding Observations please provide information on the progress in resolution of the complaints made in these processes and advise of any other outstanding issues
- What steps is the Government taking to conduct prompt, impartial and thorough investigations into all allegations of ill-treatment in State care - including health-care institutions as recommended by the Committee in its 2015 concluding observations?
- What steps is the Government taking to prosecute persons suspected of ill-treatment and, if they are found guilty, ensure that they are punished according to the gravity of their acts; and provide effective remedies and redress to victims?
- What steps has the Government taken to fully understand and acknowledge publicly the prevalence of historic abuse in State care and its impact on those affected, with particular regard for Māori and disabled people? In addition to any private apologies that the State may have made to victims of such historic abuse has the State made a public apology to those victims? If not why not?

- Did the Government act on all the recommendations made by Judge Henwood in her final report of the Confidential Listening and Advice Service – “Some Memories Never Fade”?¹ If not why not?
- Is the State confident that there are or will be robust independent accountability mechanisms in place to ensure that the child is at the center of every decision made about them? Can the State advise why any new accountability mechanism cannot be empowered to resolve historic abuse complaints as recommended in the “Memories Never Fade” report?
- What was the response of the Minister of Corrections to the invitation from the Minister of Social Development to consider the merit and viability of the proposal as recommended in the “Memories Never Fade” report to “Create an Independent Listening and Assistance Service for prisoners who have concerns over the abuse and neglect of them as children in State care to reduce recidivism and lower the risk to the community?”

Intersex issues - Article 2, 12,13

- Provide updated information on the implementation of a child rights-based health-care protocol for intersex children
- Provide statistical data on incidents of surgical and other medical treatment of intersex children without consent and detailed information on redress provided to victims including support and compensation
- What steps has the Government taken to educate and train medical and psychological professionals on the range of biological and physical sexual diversity and on the consequences of unnecessary surgical and other medical interventions on intersex children?
- What steps has the Government taken to extend free access to surgical interventions and medical treatment related to their intersex condition to intersex children between the age of 16 and 18?

Detention of asylum seekers – Articles 1,3,4,10,11 and 16

- Provide updated information on the detention of asylum seekers (and undocumented migrants) in correctional facilities (including their conditions of detention) and on the development and use of alternatives to detention for this group.

¹ [https://www.dia.govt.nz/diawebsite.nsf/Files/Confidential-Listening-and-Assistance/\\$file/Confidential-Listening-and-Assistance-Service-Final-Report-Some-Memories-Never-Fade.pdf](https://www.dia.govt.nz/diawebsite.nsf/Files/Confidential-Listening-and-Assistance/$file/Confidential-Listening-and-Assistance-Service-Final-Report-Some-Memories-Never-Fade.pdf)

3. Background information to each of the above issues is included at **APPENDIX 1**. In addition, attached at **APPENDIX 2** is a table recording progress in implementing the Committee's 2015 concluding observations.

APPENDIX 1.

GENERAL MATTERS OF IMPLEMENTATION – ARTICLE 2

A. Implementation of the Sustainable Development Goals

1. The New Zealand Government has endorsed the 2030 Agenda for Sustainable Development (“the SDG Agenda”). The SDG Agenda is the benchmark by which achievements in human development and human rights will be measured until 2030. Goal 16 (Peace, Justice and Strong Institutions) is directly linked to the Government’s CAT obligations.² However, all the Goals are relevant to the implementation of CAT.
2. The Commission considers that implementation of the SDG Agenda in New Zealand’s policy and legislative framework has considerable potential to drive enhanced human rights outcomes.

B. Recommendations from International Bodies

3. The United Nations Subcommittee on Prevention of Torture (“SPT”) visited New Zealand for the first time in April 2013. Its report to the New Zealand Government confirmed a number of issues that the Commission and the National Preventive Mechanisms (“NPMs”) have also identified.³
4. In addition, the United Nations Working Group on Arbitrary Detention (“WGAD”) conducted a country visit to New Zealand from 24 March to 7 April 2014. The WGAD acknowledged that, overall, legislation and policy concerning deprivation of liberty in New Zealand is well-developed and generally consistent with international human rights law and standards. However, they drew special attention to the over-representation of Māori in the prison population, the detention of refugees and asylum-seekers, and loopholes in law and practices regarding judicial proceedings involving persons with intellectual disabilities.

C. OPCAT

5. An overarching challenge that some of New Zealand’s National Preventive Mechanisms (“NPMs”) have consistently raised, is the resources available for OPCAT monitoring.

² See <http://www.humanrights.dk/our-work/sustainable-development/human-rights-sdgs>

³ SPT, *Visit to New Zealand undertaken from 29 April to 8 May 2013: observations and recommendations addressed to the State party*, CAT/OP/NZL/1

6. The SPT expressed concern that the significant resource constraints facing the NPMs severely impedes the full implementation of New Zealand's international obligations: At paragraph 12 of its report to the New Zealand Government the SPT stated:⁴

Most of the components of the NPM have not received extra resources since their designation to carry out their OPCAT mandate which, together with general staff shortages, have severely impeded their ability to do so.

7. The SPT was equally concerned about the current number of staff and the lack of specific expertise in some areas:⁵

Whilst the SPT was impressed by the commitment and professionalism of NPM experts, it was concerned that the number of staff were inadequate, given the large numbers of places of detention within their mandates. It was also concerned at the lack of NPM expertise in medical and mental health issues.

8. While there have been some positive developments, including increased funding for the Office of the Ombudsman, concerns remain. The Ombudsman's funding has been increased by Parliament on recommendation of a select committee made up of a majority of opposition Members of Parliament. Other NPMs whose funding is determined by Government agencies have not received any increases for their OPCAT work.

9. Several areas where people are deprived of their liberty are not currently monitored by NPMs. This includes facilities where people reside subject to a legal substitute decision-making process, such as locked aged care facilities and dementia units.

10. A 2016 report *He Ara Tika; A pathway forward* considered the scope and role of OPCAT in relation to aged care and disability residences and facilities.⁶ The report concluded by recommending *inter alia* that the New Zealand Government commit without delay to meeting with NPMs to discuss gaps in the OPCAT monitoring framework and to develop a plan, with relevant sector bodies and civil society, to address these gaps.

11. NPMs have collectively been following up on the recommendations from the report and are working with the Ministry of Justice to consider current designations.

VIOLENCE AND ABUSE – ARTICLE 2

12. Despite the efforts of successive governments, violence and abuse remains one of New Zealand's greatest contemporary challenges. Children, women and girls, disabled people, and Maori suffer greater amounts of violence and abuse than others.

⁴SPT, *Report on the visit of the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment to New Zealand*, at 12.

⁵ *Ibid*, at 13.

⁶ https://www.hrc.co.nz/files/9314/7251/4226/He_Ara_Tika_Report_2016.pdf The report was prepared as part of the APF/APT Torture Prevention Ambassador Project.

Bullying in our schools also disproportionately affects disabled students and GLBTI students.

13. Most family violence, including sexual violence, is not reported to the criminal justice system so reported offences may rise without indicating an increase in actual violence and abuse. Of reported violence over 50% of it is perpetrated by 6% of the population on 6% of the population. There is therefore a significant group of multiple victims and offenders.
14. The Government is committed to addressing the high levels of violence and abuse in New Zealand and has established a substantial work programme which touches on law and policy, awareness raising, training and support, and culture change. This work is substantive and ongoing.
15. For example, in 2014 the Government established a Ministerial Group comprising Ministers responsible for 16 portfolios who are committed to making collective decisions to systematically improve the whole family violence system in New Zealand. In addition to completing background research and analysis, a number of new approaches and pilots are now being tested throughout New Zealand. Once evidence on effectiveness has been gathered, the Government has advised that it will consider further investment to improve the family violence system.
16. The Government has announced that it will be introducing major State care reforms to improve the long-term outcomes for New Zealand's most vulnerable children. Initial legislative changes include amendments to the Children, Young Persons, and Their Families Act 1989. In addition, the Ministry for Vulnerable Children, Oranga Tamariki will – from 1 April 2017 – be a single point of accountability to ensure that government agencies work together to provide coherent and complete services to vulnerable children and their families.
17. The Commission is very supportive of the work being led in New Zealand by the Minister of Justice and the Minister of Social Development on violence.
18. A study⁷ focusing on violence against disabled people highlighted the hidden nature of much abuse directed against disabled people living in care situations akin to a family relationship within the community. In addition to the physical, emotional and sexual abuse experienced by non-disabled people, “locked in” and “silencing” violence is often specifically directed at disabled people. The report noted that it was reasonable to interpret the Domestic Violence Act 1995 as generally excluding people

⁷ *The Hidden Abuse of Disabled People Residing in the Community: An Exploratory Study*, Roguski, M (18 June 2013) <http://www.communityresearch.org.nz/wp-content/uploads/formidable/Final-Tairawhiti-Voice-report-18-June-2013.pdf>.

in employer/employee relationships, such as care workers, from the definition of a domestic relationship. The author continued:⁸

As such, it is not clear whether the Act adequately protects disabled people experiencing abuse in home-care/live-in support situations. There appears to be an uncertainty about the legal protection available to disabled people experiencing such abuse, and particularly emotional and psychological abuse.

19. The consent of an intellectually disabled girl under the age of 18 is not required before sterilisation can be performed. The Care of Children Act 2004 provides that a minor's guardians together with the appropriate medical professionals have the authority to decide which medical treatments they will receive and the High Court has observed that court authorisation in a case of sterilisation is not required.⁹
20. This is in stark contrast to similar jurisdictions, such as Australia, where a court order is required. The Commission is unaware of any progress on any government work programme to review or amend the current framework.
21. Genital-normalising treatment, involving both surgery and hormone therapy, occurs in New Zealand. Concerns have been raised with the Commission that it is often not medically necessary, not always consistent with the person's gender identity, can pose severe risks for sexual and reproductive health and is often performed without free and fully informed consent. Section 240A of the Crimes Act 1961 criminalises surgery on the female genitalia of any person, in certain situations. Despite international developments regarding the prohibition of surgical genital normalising interventions until children are able to make their own full and informed decisions, this issue has not been directly addressed by the New Zealand Government

CRIMINAL JUSTICE SYSTEM - ARTICLE 11

22. New Zealand has a disproportionately high incarceration rate. New Zealand has 204 prisoners per 100,000 people, the 7th highest rate in the OECD. The criminal justice system discriminates against Māori and disabled people at every stage of the process.
23. While Māori make up only 15% of New Zealand's population, they account for a disproportionate amount of those coming into contact with the criminal justice system - both as victims and offenders. Rates of victimisation across most offence types - particularly violent offences - are significantly higher for Māori. Māori are also overrepresented at the other end of the criminal justice spectrum; in New Zealand's arrests, prosecutions, convictions, imprisonments and re-imprisonments.

⁸ *Ibid.*

⁹ *Re X* [1991] 2 NZLR 365 (HC)

24. At every stage in the criminal justice process, the outcomes for Māori are generally more severe than they non-Māori. Māori are less likely to receive diversion or cautions and are more likely to be sentenced to prison. Māori are more than six times more likely to be imprisoned than non- Māori. If Māori were imprisoned at the same rate as non- Māori the total prison population would roughly halve and New Zealand’s incarceration rate would drop to 20th in the OECD.
25. As the Working Group on Arbitrary Detention (“WGAD”) acknowledged, it is important to address those underlying risk factors which increase the likelihood of exposure to the criminal justice system. The WGAD stated:¹⁰

*the search needs to continue for creative and integrated solutions to **the root causes which lead to disproportionate incarceration rates of the Māori population.***

(Emphasis added)

26. A crime and crash prevention strategy, *The Turning of the Tide*,¹¹ sets targets for reduced Māori offending, repeat offending and apprehensions. The *Turning of the Tide* approach is based on developing relationships and partnerships with iwi. It has proved successful and the Commission understands that it has now been extended across other areas of the justice system.

MENTAL HEALTH IN DETENTION – ARTICLE 16

27. The high prevalence of mental health issues amongst people in detention, and their access to care and treatment in detention are longstanding issues. Sixty to seventy percent of people in prison have either a learning disability or mental illness.
28. Despite some very positive developments, such as increased adolescent mental health services, improved screening for mental health issues in prisons, efforts to reduce seclusion, and a successful pilot initiative placing mental health nurses in several Police watch houses, overall, mental health issues in detention remain a concern. An ongoing concern is that detainees experiencing mental illness should be professionally treated in a therapeutic environment, rather than managed in a custodial setting.
29. Police have developed new training packages for both recruit and frontline officers based on feedback from Mental Health Service User (“MHSU”) groups, and acknowledged the importance of having MHSU involved in future thinking around mental health crisis response. Police watch houses with on-site mental health nurses in two police stations also appear to have resulted in better monitoring and continuity of care during police custody. The SPT recommended this practice be applied nationally.

¹⁰ Supra note 23.

¹¹ <http://www.police.govt.nz/sites/default/files/resources/the-turning-of-the-tide-strategy.pdf>

SECLUSION AND RESTRAINT – ARTICLE 16

30. An independent report into seclusion and restraint in New Zealand illustrated a high use of seclusion across prisons, mental health facilities, and children’s residences when compared to similar jurisdictions and raised concerns that seclusion was not being used as a last resort or for the shortest possible period. The revised (UN Standard Minimum Rules on the Treatment of Prisoners (the Mandela Rules)¹² clarify that solitary confinement can amount to cruel, inhuman or degrading treatment or punishment, especially for children and people with disabilities, including mental health issues. Concerns were raised about the use of seclusion in New Zealand on these vulnerable groups.

31. The NPMs have raised concerns about forms of restraint across different detention contexts. The Ombudsman has highlighted possible cruel, inhumane, degrading treatment or punishment in prison through the use of restraints. The Ombudsman’s report *A question of restraint* noted the treatment of a prisoner who spent 37 consecutive nights secured on a tie-down bed and another prisoner who was almost continually kept in a waist restraint for a three-and-a-half-month period. An independent report of seclusion and restraint in New Zealand also highlighted concern about the use of restraint chairs in police cells noting they are inherently degrading.

HISTORIC CASES OF ABUSE -ARTICLES 12,13,14,16

32. Many New Zealanders who were placed in government institutions suffered sexual, physical and psychological abuse. Allegations of abuse in State care are dealt with through a variety of mechanisms. These include:
 - The existing social security regime
 - The Accident Compensation framework
 - The Ministry of Social Development’s Historic Claims process
 - The Courts (to a very limited degree)

33. The Committee has welcomed the Ministry of Social Development’s Historic Claims process. However, as the Committee has noted in its 2015 concluding observations there is no similar process to “conduct prompt, impartial and thorough investigations into all allegations of ill-treatment in prisons and health-care institutions, both public and private; prosecute persons suspected of ill-treatment and, if they are found guilty,

¹² For a guide on the interpretation of the revised Mandela Rules see: Penal Reform International and Human Rights Centre, University of Essex, Essex paper 3: Initial guidance on the interpretation and implementation of the UN Nelson Mandela Rules, 2017. (<https://www.penalreform.org/resource/guidance-on-implementation-the-nelson-mandela-rules/>).

ensure that they are punished according to the gravity of their acts; and provide effective remedies and redress to victims.”

34. The Commission also continues to be concerned that existing processes do not enable examination of underlying systemic questions and therefore do not ensure that events like this are prevented from occurring in the future.
35. The Commission believes that – in addition to prompt and impartial investigation and redress processes - there are several things that need to happen to address Historic cases of abuse in State Care, namely:
 - The voices of those abused needs to be heard and the ongoing impact the events have had on their lives understood and officially acknowledged
 - A public apology needs to be provided to all those affected, including an apology for any systemic failings of past governments
 - The impact on disabled people (including those with intellectual disabilities) and Māori must be identified and recognized
 - Lessons need to be learned from the past and action taken to prevent future abuse

INTERSEX ISSUES

36. Intersex Trust Aotearoa New Zealand (“ITANZ”) has made a submission to the Committee in relation to its LOIPR for New Zealand. The Commission fully supports this submission.
37. In 2016, the Committee on the Rights of the Child made the following recommendations in relation to New Zealand’s fifth periodic report:¹³
 - Design and implement a child rights-based health-care protocol for intersex children, setting procedures and steps to be followed by health teams, ensuring that no one is subjected to unnecessary medical or surgical treatment during infancy or childhood, guaranteeing the right of children to bodily integrity, autonomy and self-determination and provide families with intersex children with adequate counselling and support
 - Promptly investigate incidents of surgical and other medical treatment of intersex children without informed consent and adopt legal provisions to provide redress to victims of such treatment, including adequate compensation

¹³ Committee on the Rights of the Child, Concluding observations on the fifth periodic report of New Zealand, CRC/C/NZL/CO/5, 21 October 2016.

- Educate and train medical and psychological professionals on the range of biological and physical sexual diversity and on the consequences of unnecessary surgical and other medical interventions on intersex children
- Extend free access to surgical interventions and medical treatment related to their intersex condition to intersex children between the age of 16 and 18




DETENTION OF ASYLUM SEEKERS – ARTICLES 1,3,4,10,11 AND 16




38. Detention of asylum seekers in New Zealand can occur under two circumstances. Those arriving at the border are initially held in police custody pending a risk assessment and court hearing. After the hearing, claimants are either detained at a prison if identity or security concerns are raised, conditionally released to an approved address in their community, or held at the Mangere Accommodation Centre. Those held at a prison are still generally detained together with convicted prisoners.

APPENDIX 2: IMPLEMENTAION OF 2015 CONCLUDING OBSERVATIONS





The following table is produced based on our current knowledge in relation to each recommendation.

Key:






		
No action	Some improvement / Work underway	Actioned







Recommendation	Status
Incorporation of the Convention in national legislation	
Enact comprehensive legislation to incorporate into domestic law the provisions of the Convention ¹⁴	
Strengthen the current mechanisms to ensure the compatibility of domestic law with the Convention	
Organize training programmes for the judiciary on the provisions of the Convention and the jurisprudence of the Committee	






¹⁴ The CAT is a schedule to the Crimes of Torture Act 1989





National Preventive Mechanism	
Increase without delay the funding available and ensure that the five entities are staffed with an appropriate number of personnel ¹⁵	
Support the mechanism in developing and maintain a collective identity through, inter alia, joint visits and joint public reports, harmonized working methods, shared expertise and enhanced coordination	
Independent Police Conduct Authority	
Ensure the Independent Police Conduct Authority is equipped with a broader mandate and full independence in order to investigate promptly, effectively and impartially all reports of violence	
Such investigations should not be undertaken by or under the authority of the police or military, but by an independent body	





¹⁵ The Ombudsman has put in a budget bid for increased funding.

Violence against women	
Take (sic) the measures necessary to encourage and facilitate the lodging of complaints by victims and to address effectively the barriers that may prevent women from reporting acts of violence against them, including by ensuring that education professionals, health-care providers and social workers are fully familiar and relevant legal provisions, are trained to recognize signs of violence against women and are capable of complying with their obligation to report cases	
Ensure the effective enforcement of the existing legal framework by promptly, effectively and impartially investigating all reports of violence and prosecuting and punishing perpetrators in accordance with the gravity of their acts	
Strengthen public awareness-raising activities to combat violence against women and gender stereotypes	
Increase efforts to combat violence against indigenous women	
Guarantee in practice that all victims benefit from protection and have access to adequately funded medical and legal aid, psychosocial counselling and social support schemes	






Remove the cultural and financial barriers to accessing protection orders by removing or reducing the associated costs	
Trafficking in Persons	
Vigorously enforce the existing legislative framework; promptly, thoroughly and effectively investigate cases of trafficking in persons and related practices; and prosecute and punish those responsible with appropriate penalties	
Enhance international cooperation to combat human trafficking; including through bilateral agreements, and monitor the impact of such cooperation	
Provide specialized training to public officials, including on the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime	
Adopt effective measures to prevent and investigate acts of trafficking, prosecute and punish those responsible and conduct nationwide awareness-raising and media campaigns about the criminal nature of such acts	
Provide effective remedy to all victims of the crime of trafficking	






Provide the Committee with comprehensive and disaggregated data on the number of investigations carried out, prosecutions initiated and sentences handed down for human trafficking and on the provision of redress to the victims	
Arrangements for the custody and treatment of persons deprived of liberty	
Strengthen efforts to bring the conditions of detention in all places of deprivation of liberty in line with relevant international norms and standards, including the United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders, in particular by:	
(a) Continuing to reduce overcrowding, particularly through the wider application of non-custodial measures as an alternative to imprisonment, in the light of the United Nations Standard Minimum Rules for Non-Custodial Measures;	
(b) Ensuring that adequate mental health care is provided for all persons deprived of their liberty;	
(c) Amending the Corrections Amendment Act 2013 to the extent required to remove inconsistencies with the relevant provision of the Convention.	
Ensure that privately run places of detention full comply with those laws, standards and obligations	



Indigenous People in the Criminal Justice system	
Increase efforts to address the overrepresentation of indigenous people in prisons and to reduce recidivism, in particular its underlying causes, by fully implementing the “Turning of the Tide” prevention strategy through the overall judicial system and by intensifying and strengthening community-based approaches with the involvement of all stakeholders and the increased participation of Maori civil society organizations	
Excessive use of seclusion in mental health facilities	
Use solitary confinement and seclusion as measures of last resort, for as short a time as possible, under strict supervision and with the possibility of judicial review	
Prohibit the solitary confinement and seclusion of juveniles, persons with intellectual or psychosocial disabilities, pregnant women, women with infants and breastfeeding mothers, in prison and in all health-care institutions, both public and private	
Conduct prompt, impartial and thorough investigations into all allegations of ill-treatment in prisons and health-care institutions, both public and private; prosecute persons suspected of ill-treatment and, if they are found guilty, ensure that they are punished according to the gravity of their acts; and provide effective remedies and redress to victims	

<p>Compile and regularly publish comprehensive and disaggregated data on solitary confinement and seclusion</p>	
<p>Juvenile justice</p>	
<p>Ensure full implementation of the United Nations Standard Minimum Rules for the Administration of Juvenile Justice and the United Nations Guidelines for the Prevention of Juvenile Delinquency</p>	
<p>Ensure that juvenile detainees and prisoners under 18 are held separately from adults, in line with rules 13.4 and 26.3 of the United Nations Minimum Rules for the Administration of Juvenile Justice and rules 17,28 and 29 of the United Nations Rules for the Protection of Juveniles Deprived of their Liberty¹⁶</p>	
<p>Resort to alternatives to incarceration, taking into account the provisions of the United Nations Standard Minimum Rules for Non-Custodial Measures and the United Nations Standard Minimum Rules for the Administration of Juvenile Justice</p>	
<p>Use of electrical-discharge weapons (Tasers)</p>	

¹⁶ See Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Bill

<p>Ensure that electrical-discharge weapons are used exclusively in extreme and limited situations, where there is a real and immediate threat to life or risk of serious injury, as a substitute for lethal weapons and by trained law enforcement personnel only</p>	
<p>Revise the regulations governing the use of such weapons with a view to establishing a high threshold for their use and expressly prohibit their use on children and pregnant women</p>	
<p>Provide more stringent instructions to law enforcement personnel authorized to use electric-discharge weapons and to strictly monitor and supervise their use through mandatory reporting and reviews</p>	
<p>Non-refoulement and mandatory immigration detention</p>	
<p>Ensure full compliance with its obligations under article 3 of the Convention in respect of non-refoulement</p>	
<p>Ensure that detention should be applied only as a measure of last resort, when determined to be strictly necessary, in a manner proportionate to each individual case and for as short a period as possible</p>	

<p>Establish, in case it is necessary and proportionate that a person should be detained, statutory time limits for detention and access to an effective judicial remedy to review the necessity of the detention</p>	
<p>Ensure that stateless persons whose asylum claims have been refused and refugees with adverse security or character assessments are not held in detention indefinitely, including by resorting to non-custodial measures and alternatives to closed immigration detention</p>	
<p>Identify as early as possible all victims of torture among asylum seekers and other persons in need of international protection and provide them with priority access to the refugee determination procedure and to treatment for urgent conditions</p>	
<p>Provide a thorough medical and psychological examination and report, considering the procedures set out in the Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Istanbul Protocol), by adequately trained independent health experts, with the support of professional interpreters, when signs of torture or trauma have been detected during personal interviews and, on that basis, provide access to immediate rehabilitation services</p>	
<p>Provide regular training on the procedures established in the Istanbul Protocol to asylum officers and health experts participating in the asylum determination procedure, including training on detecting psychological traces of torture and on gender-sensitive approaches.</p>	

Redress, including compensation and rehabilitation for victims of torture	
Amend those provisions of the Prisoners' and Victims' Claims (Continuation and Reform) Amendment Act 2013 that might be inconsistent with the aim of the Convention	
Establish the legislative and structural framework necessary for ensuring that all victims of torture receive redress, including medical and psychological assistance, full compensation and the means for full rehabilitation	
Withdrawal of reservation to article 14	
Consider withdrawing its reservation to that article and ensure the provision of fair and adequate compensation through its civil jurisdiction to all victims of torture	