BEFORE THE UNITED NATIONS HUMAN RIGHTS COMMITTEE

Secretariat of the Committee on Rights of the Child

UNOG – Office of the High Commission for Human Rights

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Switzerland

IN THE MATTER OF NEW ZEALAND'S REPORT BEFORE THE COMMITTEE OF THE RIGHTS OF THE CHILD 2020

Submission by the Citizens Commission on Human Rights New Zealand for the United Nations Committee on the Rights of the Child as an NGO shadow report.

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Table of Contents

The Citizens Commission on Human Rights

The Citizens Commission on Human Rights New Zealand (CCHR)[1] came across the information in this report while investigating how children in State care are put on psychiatric medication in what appears to be a questionable consent process.

CCHR NZ previously investigated abuse of children while under State and psychiatric care. A formal complaint was submitted to the United Nations Convention Against Torture (UNCAT) specifically regarding the torturous treatment of children at the Lake Alice Child and Adolescent Psychiatric Unit in the 1970s. [2] The complaint was upheld in Dec 2019.[3]

Introduction

This submission to the UN Committee on the Rights of the Child concerns children in State care with a specific focus on how two girls who were placed in State care became child prostitutes with full knowledge of their carers, social workers and other professionals. Both of the girls were also put on psychiatric medication with the consent of the Chief Executive of the State's child welfare agency Oranga Tamariki [4], but not the parents nor guardians. These two cases, along with other anecdotal information, show there are safeguarding failings in State care and furthermore a violation of basic concepts of duty of care when it comes to the Rights

[1] CCHR non-profit NGO established by the Church of Scientology and Professor of Psychiatry Emeritus Dr Thomas Szasz. It is a non political, nonreligious, non-profit organization dedicated solely to the broad education and eradication of mental health abuse and empowering the victims of such abuse. The New Zealand branch was establish in 1976.

[2] The children were subjected to painful electric shocks with an ECT machine administered to parts of their bodies, including the genitals, and the arbitrary administration of psychiatric drugs as punishment.

[3] See Decision adopted by the Committee Against Torture. Decision upheld, available from https://undocs.org/CAT/C/68/D/852/2017

[4] Oranga Tamariki "care of children", formally called Child, Youth and Family Services (CYFS)

of the Child. Especially given that the State has placed itself as the 'parent' of these children above the rights of the natural parents and guardians.

The Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography[5] was ratified by the New Zealand government in 2011 and this submission exposes a failure of the State Party to address the issue of the abuse of children in State care who become child prostitutes.

The principle cases are described below:

The First Case

In the year 2000, at the age of 12, Brenda (pseudonym) was placed into the care of the welfare home called Youth Horizons[6]. Youth Horizons had a policy of only accepting children whose custody had been signed over to the State, which the mother and grandmother reluctantly agreed to do. Brenda was not allowed to see her family, nor contact them for the first six weeks. It was during this initial period that the girl was subjected to bullying and peer-pressure to conform to the culture established by older girls and staff in the place.

Within two months, Brenda was put on a contraceptive, pre-puberty, despite her mother's objections. She was put on the pill and then later psychiatric medications and depo provera injections. A senior Youth Horizons staff member claimed Brenda consented to this. Records show that Youth Horizons staff, social workers, doctors, psychologists, psychiatrists and her counsel-for-child knew about contraceptives being administered. There is no evidence that the girl was counselled on the subject of underage sexual activity. Brenda also related how she and other girls would be

[5] OPSC available from: https://www.ohchr.org/EN/ProfessionalInterest/Pages/OPSCCRC.aspx
[6] Youth Horizons was established by two child and adolescent psychiatrists, Professor John Werry and Peter McGeorge in 1997. https://www.youthorizons.org.nz/about-us/

handcuffed and taken to a medical clinic while at the Northern Residential Centre (a Youth Justice facility she was also incarcerated in) to receive their depo provera injections[7] and other psychiatric medications. Brenda was put on Ritalin and Risperidone, an anti-psychotic, by Professor Werry. When she refused medication at different times she was put into time-out rooms (a form of seclusion) as a punishment [8]. The file documents obtained for Brenda showed that the bullying and coercion she was subjected to in the early period at Youth Horizons also consisted of grooming, where older teenage girls encouraged her to abscond and eventually join them in under-age child prostitution and illicit drug use on Auckland central city streets. There was alleged grooming by staff at the Youth Horizons facility with one of these cases verified in Brenda's case notes. The grooming was both sexual and involved illicit drugs and cigarettes among other things[9]

When it was known she was on Auckland City streets prostituting herself it was her grandmother out looking for her, not anyone from the State's child welfare services CYFS, nor Youth Horizons. When her grandmother and mother complained as to what was happening they were effectively sidelined and limits were put on their access to Brenda. Numerous agencies and professionals were aware of Brenda's activities of drug use and prostitution while in care. These agencies and professionals include: police, CYFS, social workers, Youth Horizons staff and executives, doctors, psychologists and psychiatrists[10]. According to Brenda there were seven girls at the Youth Horizons home in Auckland who were child prostitutes. She also claimed there were other girls who were in State care in other facilities who were also child prostitutes[11]

In addition to events described above, Brenda was also placed in seclusion rooms in the youth justice facility at Weymouth, Northern Residential Centre. She described the condition of NRC rooms as disgusting and unsanitary and having to clean them personally because no-one else would have. Brenda was in seclusion for 24-day

[7] See attached Doc 1 – a summary of the grandmother's complaint to Youth Horizons.
[8] See attached Doc 2-- a Youth Horizons file note, refusing medication.
[9] See attached Doc 3 Youth Horizons note on child grooming
[10] See attached Docs 4a, 4b, Letter from psychiatrist, Dr Sarah Allison; 4c, Doc 4c Case Note from social worker, 2002.
[11] The writer has met and spoken with three of these people in 2018 and 2019.

period in 2002 in the CYFS-run Puketai centre in Dunedin when she was 14-years old. She described the mental anguish she experienced while in seclusion for this long.

She was put into painful restraints by Youth Horizons staff and also police, especially when tackled by a police officer at Auckland airport in March 2002. In her second journey to Dunedin, she was escorted, handcuffed, all of the way, including on the inter-island ferry.

In 2003 with Brenda now 16 years of age, her family therapist stated her problem was one of addiction, not mental illness. It was in the State's care she was put on drugs and then became addicted to illicit drugs[12].

There was no assistance nor transition in leaving State care aged 17. By this time she was a working prostitute, a drug addict and a convicted felon[13]

In Brenda's case she cleaned up in her mid-20s and got herself off all drugs and alcohol and quit prostitution. Brenda is exceptional in this regard as several of her peers are still on the game and unwilling to discuss their experiences in State care.

The Second case

Suzi (pseudonym), a young 13-year-old girl who is currently in State care disclosed in an interview with the writer in 2019 how she was given a contraceptive rod in her arm at the Greenstone Family Clinic in Manurewa in 2018 when she was 12 years old. Suzi's grandmother (who is the associate guardian) did not consent to this and was told by the child's social worker she was being too moralistic when she questioned what was happening. The girl had been absconding from her foster home in Otahuhu, Auckland, and having sex with older men. Her grandmother was often looking for her on the streets of Otahuhu when CYFS and her caregivers were not.

[12] See attached Doc 5 Letter from Lee Breston, Family Therapist, 2004
[13] See attached Doc 6 CYFS assessment of Brenda, 2004

Suzi related how all of the girls from Reconnect [14] get given the contraceptive rod at a medical clinic in South Auckland.

Suzi claimed her sexual activity was known about by her then caregiver and social workers. She was having sex with a bus driver who was grooming her with money and favours. The bus driver was identified by the grandmother at the time, yet her efforts to have the complaint looked into by the police were largely ignored. Suzi was also put on an anti-depressant with no consent from her guardian. She did not know what the medication was for and did not consider there was any informed consent.

Suzi's mother, Alice (pseudonym), was herself removed from her home by the State in 2002 when she was 12-years old. This removal was at the behest of a counsellor who Alice claimed wrongly considered her mother's new partner a risk to be around. When Alice was put in care she was placed in five houses over a period of about two years.

Alice said in an interview with the writer that the care was not adequate and it was when she first started smoking. She claimed she, and the other children in foster care she was with, were given more cigarettes than food. Alice said she was given Quetiapine (aka Seroquel, an anti-psychotic drug) and Lorazepam (an anti-anxiety drug) when she was in care but had never seen a doctor at any time. The drugs made her feel drowsy, sick and without an appetite. She said she was having coffee, cigarettes and pills for lunch.

At age 14 Alice became pregnant to an older teenager who was known to CYFS and identified as the father. Rather than keeping Alice in care CYFS returned her back to her mother. Suzi was the child born from this pregnancy. There were no attempts to hold the young man to account for engaging in underage sex by the authorities. After a complex series of events over ensuing years, Suzi was put into CYFS care while her mother was in jail.

[14] Reconnect, a private agency that deals with children in care with behavioural issues: https://reconnect.org.nz/service/care-therapy/

Further research

Further research was conducted to find out if there were any more cases of child prostitution in State care, and if it still happens.

Also included here was the further research of the use of psychiatric drugs on children in State care.

Prostitution in State care

Meaningful descriptive data was collected from multiple sources[15] [16] as well as from people working with children in youth justice, drug counselling and other community services. These accounts are as follows:

- An Auckland Youth Justice worker recalled a young boy in her care nine years ago who talked about performing sex acts for money. When the Youth Justice worker discussed this with the boy's social worker, she was told it happens all the time.

- A drug counsellor working in the district of Taranaki said he knows about girls in care prostituting themselves, but added he would not raise concerns about this in any formal manner because he would not get any more work through government agencies if he did.

- A Maori Warden, who has patrolled South Auckland streets for over 20 years, is certain there are young girls in State care who are out on the streets prostituting themselves as he has met them in the course of his work.

[15] The NGO ECPAT (End Child Prostitution And Trafficking) have documented several interviews with former child prostitutes in New Zealand. Two of them listed in the their book Speaking for Ourselves (published in 2010) were similar to Brenda's story where girls in State care became child prostitutes and drug addicts. The excerpts from the ECPAT book have been included here. Note that the second case in this book received ECT as a child in State care. (Doc 7 ECPAT)

[16] A New Zealand Herald newspaper paper article dated 12 June 2010 reported how girls of 12 years of age were working in a 'young red light area' according to police. The article records how police identified at least 13 girls aged under 16 who were 'active prostitutes'. The girls worked from City Road in the Auckland CBD, which is the same area Brenda worked in as a child a few years earlier. The police had taken five of the underage girls off the street and put them in to the custody of Child, Youth and Family Services, but it was reported that many of these girls escaped from CYFS custody and returned to the street. (See attached Doc 8 NZ Herald article)

- Two other women also stated they were in State care and both had become child prostitutes. One talked about being put into foster care and at a young age being sexually abused several times over in different houses. She became a child prostitute at the same time as Brenda, working the streets in central Auckland.

It appears that some girls in State care can and will turn to prostitution, in a similar way that some boys in State care turn to criminal activity. As Brenda related, the boys have a physical strength that enables them to commit criminal acts, sometimes with violence, but the girls do not have that, so they will use their bodies to make money and survive on the streets. It also appears that the girls—now women—who did become child prostitutes are reluctant to discuss what happened to them. It has been noted that a far higher percentage of people who have come forward to discuss their stories of abuse in State care are men, not women.[17]

[17] For example in Elizabeth Stanley's book *The Road to Hell. State Violence against Children in Postwar New Zealand* (2006) she wrote:

> *The difficulties of speaking out are differently experienced along gendered lines. Given the social perception of girls within institutions – that they are 'doubly deviant' – women regularly reflected on wanting to hide this past: 'It's harder stigma for women, I think, than it is for men to have been put through the system. Like I find it really embarrassing, no one's going to know but people close to me that I have been put through a girl's home. It's so embarrassing.' – Nanette (page 158)*

Medication of children in State care

From the late 1950s, child welfare institutions began using psychiatric drugs to deal with behaviour. They gave out Largactil, Tryptanol, Mogadon, Valium, Vallergan, Phenergan for difficult children. This type of medicalisation addressed the behaviour of the child by drugging the body and bypassed finding out what might be wrong emotionally and psychologically. [18]

In the late 1960s and into the 1970s there was a drug experiment taking place using the drug Nydrane and others on girls who were placed at Fareham House, a Department of Education live-in facility for girls with behaviour problems. The Department of Education and Mental Health appeared to fend off criticism by the press at the time, saying there was no experiment. Yet documents showed there was an agreement to run a drug experiment and there was a strong connection between the Dept of Education and Mental Health.[19] A new Principal of Fareham House wrote in March 1971 to the Superintendent saying how he has taken all of the girls off the medication with very good results.[20]

Another example was at the Ministry of Education residential facility in West Auckland, Westbridge. Westbridge was previously called Glenburn and had been

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[18] See *The Road to Hell. State Violence against Children in Postwar New Zealand*, 2006, by Elizabeth Stanley, page 67

> *Yet, within the institutions, workers had one weapon that could instantly diminish the energies of their opposition: medication… Seeking no answers to the question of what actually made children emotional, they masked troubles with 'peace pills' and 'drug therapy'. This response focused on an individual's psychological weakness, nicely circumventing societal or institutional failings.*

[19] Letter from L.G. Anderson—Superintendent, Child Welfare Division, Dept of Education, 1 April 1969, to Dr D.T. Clouston of Porirua Hospital.

> *"We are most appreciative of the help we get from officers of the Mental Health Division. In fact we rely on them completely for psychiatric advice and treatment for the children under our control and most of our work would be much less effective without it".*

[20] Letter from R.B. Kildey 29 March 1971 to the Superintendent:

> *I spent several months closely watching the behaviour and attitude of the children under medication and was concerned for several reasons. My main area of concern was that the children were being taught in an artificial atmosphere, and the drugs were in fact doing a job that we as staff should be attempting to do....*

functioning for many years. In fact, this was the first institution Brenda found herself in prior to being placed at Youth Horizons. When she was there in 1999 there were seclusion rooms, but these had been converted and the locks removed from the doors. What had not changed was the use of medication and the director of the facility confirmed that all of the children at Westbridge were on Ritalin for the management of their behaviour.

Two youth workers also came forward in 2018, they worked at a youth justice facility. They both talked about a general use of the psychiatric drug Quetiapine as a sleeping drug for children in their institution.[21] To the best of their knowledge there were no diagnosis, nor consent process to administer the drug.

In 2018 a young mother was being pressured by social workers from child welfare agency Oranga Tamariki to put her 10-year-old son back on the psychiatric drug Ritalin and she had been threatened to have him removed if she did not. When her son was on the drug, he suffered adverse reactions, which was why she had him taken off the drug and was refusing to have him put back on. The Oranga Tamariki social workers backed off after it was pointed out this pressure to use Ritalin was a violation of both the mother's and the child's basic rights.

What has been done in response to CCHR's concerns

The Ministry of Social Development established a Historic Claims Unit in 2006 to hear and process claims of abuse and neglect in State care. It hears claims on an individual basis but does not appear to proactively look at situations such as the problem of children in State care engaged in underage sex and prostitution. The Ministry is over the child welfare agency now called Oranga Tamariki.

[21]Quetiapine, sold under the brand name Seroquel, is a short-acting antipsychotic drug. It's used to treat schizophrenia, bipolar disorder and as an add-on treatment for major depression and generalised anxiety disorder in people who haven't responded to other therapies…. [T]he evidence so far suggests prescribing quetiapine off-label for people who have problems sleeping places them at unnecessary risk of harm. Available from: https://medicalxpress.com/news/2017-08-seroquel-insomnia.html

CCHR filed a complaint on behalf of Brenda, on 9 October 2019. The complaint was divided into two parts as it was considered that Brenda's case was a historic claim. What was requested in the complaint was:

> *1. To investigate the various allegations raised in Brenda's case….*
>
> *2. To investigate the issue of girls in care who have been prostituting themselves and the duty of care of the institutions who are supposed to be looking after them and—as in Youth Horizons—claim to rehabilitate them with "evidence-based" programmes.*
>
> *2a. To look into the issue of consent when it comes to treatments involving powerful psychiatric drugs and contraceptives given to children in care. If the psychiatric drugs are being used therapeutically or as a means of behavioural control; and the contraceptives are being used as a convenience more to aid the child welfare agencies than the child herself.*
>
> *To make recommendations based upon your findings in order to safeguard children in State care.* [22]

The Ministry replied that Brenda's historic abuse case may take up to two years to process. In response to the second part was that the agency's *Child Youth Wellbeing Strategy 2019* sets out what the agency is doing to help children reach their potential. Yet this strategy does not address the issue that some children in State care are involved in prostitution with full knowledge of the child welfare agency.[23]

In addition to the formal complaint CCHR also requested information though the Official Information Act (New Zealand's Freedom of Information). An inquiry was made on how many children in State care are put onto psychiatric medication, and also on contraception, and what was the consent process. Oranga Tamariki replied saying, they do not collate statistical data on these two areas of medication and therefore could not provide the information. They said in their letter that there is a

[22] CCHR complaint to the Ministry of Social Development and Oranga Tamariki, 9 Oct 2019
[23] See attached Doc 9 OT response 31 Oct 2019

consent process for children in State care given medical treatment which is given by the Chief Executive of Oranga Tamariki and that family and guardians are kept informed. This, however, is inconsistent with what occurred in the two principle cases CCHR has investigated where family was not informed when the two girls were put on contraception and psychiatric medication, nor in the various anecdotal cases gathered on this subject.[24]

Current government actions

In 2019 the Ministry of Social Development established some oversight of Oranga Tamariki and other agencies who care for wards of the State. In the Oranga Tamariki report, *Safety of Children in Care,* it documented how children have been harmed while in care, including neglect, emotional, physical and sexual harm. In their quarterly report for the three month period January to March 2019 there were 103 children harmed while in State care (representing 1.48% of all children in care at any time during the quarter). [25] The category of sexual abuse is generalised in their report and there is no recording of children involved in some form of child prostitution. But their description of children who "had run away from their placements and were in unsafe environments" appears like a euphemism for child prostitution.[26]

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[24] See attached Doc 10 OT OIA response

[25] Under the category of sexual abuse the following was recorded:

> *11 children had 16 findings of sexual harm in non-family placements. The majority of sexual harm incidents for children in non-family placements took place outside of the placement. For some of these young people harm occurred when they had run away from their placements and were in unsafe environments, for others, the harm occurred in situations outside of the placement that would not ordinarily be considered unsafe. (Safety of Children in Care 2019, page 11)*

https://www.orangatamariki.govt.nz/assets/Uploads/safety-of-children-in-care/2019/Safety-of-children-in-care-Q3.pdf

[26] Also refer to Doc 11, Stuff.co.nz 15 March 2019, *More than 220 children abused in Oranga Tamariki care in 2018*

Currently there is a *Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions*, which is investigating abuse in State and Faith-based care between the years 1950 to 1999. This inquiry is addressing historic abuse of children in care. The inquiry is due to end in 2023 (perhaps longer due to Covid 19). The Inquiry is not strictly limited to the dates above and can look into matters outside of them in some circumstances.[27] This Royal Commission could also investigate child prostitution in State care as a systemic abuse and can make recommendations for the future.

Conclusions

To a large extent, it has been recognised that collecting data on child prostitution in New Zealand can be difficult.[28]

New Zealand's child welfare agency, Oranga Tamariki, does hold records of children who have become child prostitutes while in their care, but these are not collated in such a way for the agency to report exactly how many. From our research it appears

[27] Royal Commission into Abuse in Care: https://www.abuseincare.org.nz

[28] See the initial NZ government report on the OPSC, (2014):

1. *Data collection to assess levels of the involvement of children and young people in prostitution is difficult because underage prostitution is hidden, difficult to identify, difficult to prove, and because engaging persons under 18 for prostitution is illegal.*
2. *The most current data available is a study by Abel, Fitzgerald and Brunton, from the Christchurch School of Medicine. In 2007 they completed a study that surveyed 773 individual sex workers across five cities and towns. Of the 773, 1.3% (10) were under the age of 18 at the time of the study. It should also be noted that of the 773 sex worker participants, 18.3% (141) said they had started sex work under the age of 18. Of the total number of respondents, 23.8% (184) had worked as sex workers for more than 10 years, although the average length of time in the sex industry was between 2-4 years.*
3. *A five year review of the Prostitution Reform Act 2003, tabled in Parliament in May 2008, found no evidence of an increase in the numbers of underage persons used in prostitution since it came into force, based on this study. (Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography INITIAL REPORT BY THE GOVERNMENT OF NEW ZEALAND 2014, page 6)*

that young girls (and some boys) are groomed and enabled to prostitute themselves in various city centres around New Zealand while in State-run and State-funded institutions as well as foster homes. There appears to be a kind of apathetic approach to this situation by the authorities and professionals working with these children. Certainly the girls and women interviewed as part of this research had not prostituted themselves prior to going into State care, which leads to the idea that somehow within these institutions and homes for children there is a culture that enables prostitution to occur. The numbers of children involved are uncertain, but if the figures are low—as Oranga Tamariki reports—then the situation would not be too great to handle, but only if it is confronted as a situation.

There is, and has been, a culture of putting children in State care on psychiatric medication with little regard to informed consent of the child and the child's parents and guardians. It appears that the Chief Executive of the child welfare agency is considered to give his or her consent to the use of psychiatric drugs, yet these medications can cause severe side-effects and are not a substitute to addressing human problems with counselling and proper care. When it concerns children who have been removed from their family for whatever reason, there is good reason to be cautious when it comes to the use of powerful psychotropic drugs. It also appears highly unlikely that the numbers of children being put on psychiatric drugs while in care are actually put on them for mental health reasons as they are generally are not placed under the Mental Health Act. There is every likelihood the child would be compliant to taking medication, especially when administered by a person in some kind of authority in the home or institution they have been placed in. Therefore there should be a documenting of the use of psychiatric drugs and the numbers of children involved. Once again, if the situation is being confronted and scrutinised then any problems may be resolved with good child-centred solutions.

Recommendations

One way of confronting the issue of children in State care prostituting themselves would be for the State welfare service, Oranga Tamariki, to keep a statistical record of all known instances of children in their care who have become child prostitutes (and to include all forms of child prostitution, including prostitution as survival sex, as sex for favours, drugs, food, or to avoid threats). This statistic along with other forms of child abuse should be reported publicly in their quarterly reports. All other non-government agencies who have care of children should be required to do the same and to make these data known publicly.

There should be investigations conducted into State and privately-run child-care institutions as well as foster homes looking into all forms of child abuse and to include child prostitution, sexual abuse, drug use, child grooming and psychiatric and illicit drug abuse.

These investigations and the investigators should make it possible for children to come forward and talk with no recriminations from staff or other residents of these welfare institutions.

In New Zealand, child prostitution is not illegal, but engaging in sex with a minor is. Therefore there should be effective means where all forms of child prostitution is prohibited in accordance with Article 1 of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography. [29]

There should be a recorded statistic of how many children in State care and Youth Justice are put on psychiatric medication which is also reported publicly.

There should be a separate category for illicit drug use/abuse by children in State care reported on by Oranga Tamariki and other care agencies in their quarterly reporting of abuse.

[29] Article 1 *States Parties shall prohibit the sale of children, child prostitution and child pornography as provided for by the present Protocol.*

There should be a thorough review of psychiatric drug prescribing for children in State care at Youth Justice by competent physicians and experts that do not have any vested interest in pharmaceutical companies, nor psychiatric interests.

Relevant Articles from Convention on the Rights of the Child [30]

Article 19

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

[30] Convention on the Rights of the Child available here: https://www.ohchr.org/documents/professionalinterest/crc.pdf

Article 25

States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.

Article 33

States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

Article 34

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

(a) The inducement or coercion of a child to engage in any unlawful sexual activity;

(b) The exploitative use of children in prostitution or other unlawful sexual practices;

(c) The exploitative use of children in pornographic performances and materials.

Article 37

States Parties shall ensure that:

(a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below eighteen years of age;

(b) No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time;

(c) Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances;

(d) Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance, as well as the right to challenge the legality of the deprivation of his or her liberty before a court or other competent, independent and impartial authority, and to a prompt decision on any such action.

Article 39

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.