

Intersex Genital Mutilation in Liechtenstein: Update to LOIPR Report

Dear Committee on the Rights of the Child

All typical forms of Intersex Genital Mutilation are still practised in Liechtenstein, facilitated and paid for by the State party via the public health system in foreign contractual hospitals. Parents and children are misinformed, kept in the dark, sworn to secrecy, kept isolated and denied appropriate support. Despite repeated calls by intersex persons, NGOs and human rights agencies to protect intersex children, Liechtenstein fails to act.

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1. Updated summary

a) Lack of protections persists, Government fails to act

In **Liechtenstein**, on the side of protections of intersex children from harmful practices, there are still

- **no legal or other protections** in place to **prevent all IGM practices** as stipulated in art. 24(3) and the CRC-CEDAW Joint General Comment No. 18/31,
- **no legal measures** in place to ensure **access to redress and justice** for adult IGM survivors,
- **no legal measures** in place to ensure the **accountability** of all IGM perpetrators and accessories,
- **no measures** in place to ensure **data collection** and **monitoring** of IGM practices.

Despite that the persistence of IGM practices in Liechtenstein is a **matter of public record**, same as the **criticism and appeals by intersex persons**,¹ **NGOs**² and **human rights agencies**, and that CEDAW already recommended the State Party to “[s]pecifically prohibit non-consensual” surgery on intersex children “from Liechtenstein in neighbouring countries at its request”, to this day the Liechtenstein Government fails to **recognise** the serious human rights violations and the severe pain and suffering caused by IGM practices, let alone to “*take effective legislative, administrative, judicial or other measures*” to **protect intersex children from harmful practices**. This is also indirectly corroborated in the **State Party Report** (see below, p. 3).

b) IGM practices persist

All typical forms of IGM practices are still arranged and/or practised in Liechtenstein today, promoted, facilitated and **directly paid for by the State party** via the **mandatory public health system**, both domestic and/or in **foreign specialised IGM clinics** under direct contractual obligation to the State party’s health system, namely in **Switzerland** and **Austria**. This is also indirectly corroborated in the **State Party Report** (see below, p. 3).

Liechtenstein’s own **National Hospital** (*Landesspital Liechtenstein*) itself has **no tertiary and quaternary** paediatric surgery, urology or endocrinology departments, where IGM practices are usually performed. The State party’s mandatory public health care system instead **outsources such specialised services to foreign contractual hospitals** in accordance with Art. 16c of the Health Insurance Act,³ particularly in **Switzerland** and **Austria**.

Accordingly, Liechtenstein’s **List of contractual hospitals**^{4 5} with eligible paediatric surgery departments in particular includes the Swiss **Eastern Switzerland Children’s University Hospital St. Gallen** (*Ostschweizer Kinderspital St. Gallen*)⁶ and the Austrian **Innsbruck University Hospital** (*A.ö. Landeskrankenhaus - Universitätskliniken Innsbruck* as part of *TILAK - Tiroler Landeskrankenanstalten GmbH, Innsbruck*, currently *Tirol Kliniken GmbH*).⁷

Both hospitals feature well-known **specialised IGM clinics**, which have been documented in previous **Thematic Intersex NGO Reports** based on which this Committee and other Treaty bodies have issued **Concluding Observations** recognising IGM practiced in these clinics as a **harmful practice** and cruel, inhuman or degrading treatment:

- **Switzerland:** CRC/C/CHE/CO/2-4, paras 42-43; CEDAW/C/CHE/CO/4-5, paras 38-39; CAT/C/CHE/CO/7, para 20; CCPR/C/CHE/CO/4, paras 24-25; CRC/C/CHE/CO/5-6, para 29(b)+(c); CRPD/C/CHE/CO/1, paras 35(c)+36(c), 10(a)
- **Austria** CRC/C/AUT/CO/5-6, para 27(a)-(b); CAT/C/AUT/CO/6, paras 44-45

1 Julia Strauss (2022), “Ich kann mein Trauma nicht verstecken” (“I can’t hide my trauma”), Vaterland, 17.05.2022, <https://www.vaterland.li/liechtenstein/gesellschaft/ich-kann-mein-trauma-nicht-verstecken-art-490608>

2 Verein für Menschenrechte in Liechtenstein VMR (Association for human rights in Liechtenstein) (2018), “Situation und Rechte von LGBTIs in Liechtenstein” (“Situation and rights of LGBTIs in Liechtenstein”), p. 14-15, 17, <https://www.menschenrechte.li/wp-content/uploads/2019/05/Situationsanalyse-LGBTI.pdf>

3 <https://www.llv.li/inhalt/1233/amtstellen/vertragsspitaler-und-bewilligungsinhaber>

4 <https://lkv.li/fuer-versicherte/tarifvertraege>

5 <https://www.llv.li/files/ag/vertragsspitaler-01082022.pdf>

6 https://lkv.li/application/files/2115/1203/3726/Stiftung_Ostschweizer_Kinderspital_Vereinbarung830400.pdf

7 https://lkv.li/application/files/8615/1203/3801/TILAK_-_Tiroler_Landeskrankenanstalten_GmbH_Vereinbarung_1520400.pdf

2. State Report fails to answer question on IGM, fails to provide data

a) LOIPR: CRC/C/LIE/QPR/3-4, paras 21, 42(b)-(c)

Harmful practices

21. Please provide information on the legislative and practical steps taken to prevent and protect children from all forms of harmful practices, including female genital mutilation and non-consensual intersex surgery, domestically and abroad.

[...]

E. Violence against children (arts. 19, 24 (3), 28 (2), 34, 37 (a) and 39)

42. Please provide data, disaggregated as described in paragraph 36 above, on the number of:

[...]

(b) Intersex births;

(c) Intersex children subjected to medically irreversible surgery, domestically and abroad;

b) State Party Report

Regarding the **question 21 LOIPR** on measures taken to prevent IGM, the **State Party Report fails to give any answer at all**, but only replies on FGM, thus **indirectly corroborating the lack of protections** stated above, since the State Party surely would have mentioned existing measures, if there were any:

Harmful practices Reply to paragraph 21

75. The prevention and prosecution of gender-based violence is also served by the explicit criminalisation of female genital mutilation in the Criminal Code, which has been in effect since 1 June 2011.

Regarding the **questions 42(b)+(c) LOIPR** on numbers of IGM practices, the **State Party Report claims, “No data is available”**. That the State Party further claims it would need an “*obligation to report to the Office of Public Health*” to be able to provide data on IGM practices abroad, is obviously an **excuse**, since all procedures in the foreign contractual children’s hospitals are **paid for by the public health system**, which usually does not simply hand out money, but only pays for **specific services** based on invoices referencing **ICD diagnoses** and **medical procedure codes**, which means that the relevant data is actually **available and stored** in the public health system, and the Office of Public Health **could indeed retrieve, disaggregate and present such data**, if it was willing to do so:

Reply to paragraph 42 (b)

183. No data is available.

Reply to paragraph 42 (c)

184. There is no obligation to report to the Office of Public Health; accordingly, no data is available.

3. Current guidelines endorsed Liechtenstein’s foreign contractual hospitals

The **Swiss Society of Urology** (“Schweizerische Gesellschaft für Urologie”) and the **Austrian Urological Society** (“Österreichische Gesellschaft für Urologie und Andrologie”) both endorse the current **2022 Guidelines of the European Association of Urology (EAU)**,⁸ which include the current **ESPU/EAU “Paediatric Urology” Guidelines 2022**⁹ of the European Society for Paediatric Urology (ESPU) and the European Association of Urology (EAU), co-authored by the Innsbruck paediatric surgeon C. Radmayr, which **promote all forms of IGM practices**, in particular **IGM 3: “removal of testes”**,¹⁰ **IGM 2: partial clitoris amputation** on young children based on *“social and emotional conditions”* and **substituted decision-making by “parents and caregivers implicitly act[ing] in the best interest of their children”**.¹¹ and **IGM 1: “The age at surgery for primary hypospadias repair is usually 6-18 (24) months.”**¹²

8 <https://uroweb.org/guidelines/endorsement/>

9 <https://d56bochluxqnz.cloudfront.net/documents/full-guideline/EAU-Guidelines-on-Paediatric-Urology-2022.pdf>

10 For details and relevant quotes, see 2022 CRC Sweden NGO Report (for Session), p. 2-3,

<https://intersex.shadowreport.org/public/2022-CRC-Sweden-NGO-Intersex-StopIGM.pdf>

11 For details and relevant quotes, see 2022 CRC Sweden NGO Report (for Session), p. 3-4,

<https://intersex.shadowreport.org/public/2022-CRC-Sweden-NGO-Intersex-StopIGM.pdf>

12 For details and relevant quotes, see 2022 CRC Sweden NGO Report (for Session), p. 4,

<https://intersex.shadowreport.org/public/2022-CRC-Sweden-NGO-Intersex-StopIGM.pdf>

4. Suggested Questions for the dialogue

Harmful practices on intersex children: We are concerned about reports of unnecessary genital surgery and other procedures on intersex children without their informed consent. These treatments can cause severe physical and psychological suffering, and can be considered as genital mutilation. We are also concerned about the lack of access to justice and redress in such cases.

My questions:

- **Please provide data on irreversible medical or surgical treatment of intersex children, disaggregated by type of intervention and age at intervention, including on hypospadias surgery, domestically and abroad.**
- **Which criminal or civil remedies are available for intersex people who have undergone involuntary irreversible medical or surgical treatment as children, and are these remedies subject to any statute of limitations?**

5. Suggested Recommendations

The Rapporteurs respectfully suggest that, with respect to the treatment of intersex persons in Liechtenstein, the Committee includes the following measures in their recommendations to the Liechtenstein Government (in line with this Committee's previous recommendations on IGM practices).

Harmful practices: Intersex genital mutilation

The Committee remains seriously concerned about cases of medically unnecessary and irreversible surgery and other treatment on intersex children without their informed consent, which can cause severe suffering, and the lack of redress and compensation in such cases.

With reference to the joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2019) on harmful practices, and taking note of target 5.3 of the Sustainable Development Goals, the Committee urges the State party to:

- **Ensure that the State party's legislation explicitly prohibits the performance of unnecessary medical or surgical treatment on intersex children where those procedures may be safely deferred until children are able to provide their informed consent, domestically and abroad, and provide reparations for children who received unnecessary treatment, including by extending the statute of limitations.**
- **Provide families with intersex children with adequate counselling and support.**
- **Systematically collect data with a view to understanding the extent of these harmful practices so that children at risk can be more easily identified and their abuse prevented.**

Thank you for your consideration and kind regards,

Daniela Truffer & Markus Bauer (StopIGM.org / Zwischengeschlecht.org)