

Intersex Genital Mutilations

Human Rights Violations Of Children With Variations Of Reproductive Anatomy



**HUMAN
RIGHTS FOR
HERM
APHRODITES
TOO !**

NGO Report (for Session)
to the 5th to 6th Report of Cyprus on the
Convention on the Rights of the Child (CRC)

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Executive Summary

All typical forms of Intersex Genital Mutilation are still practised in Cyprus, facilitated and paid for by the State party via the public health system. Parents and children are misinformed, kept in the dark, sworn to secrecy, kept isolated and **denied appropriate support.** Despite **repeated calls by Government agencies** to protect intersex children, **Cyprus fails to do so.**

Cyprus is thus in breach of its **obligations** under CRC to (a) take effective legislative, administrative, judicial or other measures to **prevent harmful practices on intersex children** causing severe mental and physical pain and suffering of the persons concerned, and (b) **ensure access to redress and justice**, including fair and adequate **compensation** and as full as possible **rehabilitation** for victims, as stipulated in **CRC art. 24 para. 3** in conjunction with the **CRC-CEDAW Joint general comment No. 18/31** “on harmful practices”.

This Committee has consistently recognised IGM practices to constitute a harmful practice under the Convention in Concluding Observations.

In total, UN treaty bodies **CRC, CEDAW, CAT, CCPR** and **CRPD** have so far issued **50 Concluding Observations** recognising **IGM** as a **serious violation of non-derogable human rights**, typically obliging State parties to **enact legislation** to (a) end the practice and (b) ensure redress and compensation, plus (c) access to free counselling. Also, the UN Special Rapporteurs on Torture (**SRT**) and on Health (**SRH**), the UN High Commissioner for Human Rights (**UNHCHR**), the World Health Organisation (**WHO**), the Inter-American Commission on Human Rights (**IACHR**), the African Commission on Human and Peoples’ Rights (**ACHPR**) and the Council of Europe (**COE**) recognise **IGM** as a **serious violation of non-derogable human rights.**

Intersex people are born with **Variations of Reproductive Anatomy**, including atypical genitals, atypical sex hormone producing organs, atypical response to sex hormones, atypical genetic make-up, atypical secondary sex markers. While intersex people may face several problems, in the “developed world” the most pressing are the ongoing **Intersex Genital Mutilations**, which present a distinct and unique issue constituting significant human rights violations.

IGM practices include **non-consensual, medically unnecessary, irreversible, cosmetic genital surgeries, and/or other harmful medical procedures** that would not be considered for “normal” children, without evidence of benefit for the children concerned. **Typical forms of IGM** include “masculinising” and “feminising”, “corrective” genital surgery, sterilising procedures, imposition of hormones, forced genital exams, vaginal dilations, medical display, involuntary human experimentation and denial of needed health care.

IGM practices cause known **lifelong severe physical and mental pain and suffering**, including loss or impairment of sexual sensation, painful scarring, painful intercourse, incontinence, urethral strictures, impairment or loss of reproductive capabilities, lifelong dependency of artificial hormones, significantly elevated rates of self-harming behaviour and suicidal tendencies, lifelong mental suffering and trauma, increased sexual anxieties, and less sexual activity.

For more than **25 years**, intersex people have denounced **IGM** as **harmful** and **traumatising**, as western **genital mutilation**, as **child sexual abuse** and **torture**, and called for **remedies.**

This **NGO Report** has been compiled by **StopIGM.org / Zwischengeschlecht.org**, an international intersex NGO. It contains **Suggested Recommendations** (see p. 17).

**NGO Report (for Session)
to the 5th to 6th Report of Cyprus
on the Convention on the Rights of the Child (CRC)**

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A. Introduction

1. Cyprus: Intersex, IGM, Human Rights and State Report

IGM practices are known to cause **severe, lifelong physical and psychological pain and suffering**, and have been repeatedly **recognised by multiple UN treaty bodies¹** including CRC as constituting a **harmful practice**, violence, and cruel, inhuman or degrading treatment.

In 2016, the Cypriot **Commissioner for Administration and Human Rights (Ombudswoman)**, the **Commissioner for Children’s Rights** and the **Parliamentary Committee on Human Rights and on Equal Opportunities for Men and Women** published reports and issued public statements confirming and criticising the ongoing IGM practices in Cyprus.

However, intersex and IGM were **not mentioned in the 5th to 6th Cypriot State Report** of 2018.

This Thematic NGO Report demonstrates that the current and ongoing **harmful medical practices on intersex children in Cyprus** – advocated, facilitated and **paid for by the State party** via the **public health system** under the responsibility of the **Ministry of Health** – constitute a **serious breach** of Cyprus’ obligations under the Convention.

2. About the Rapporteurs

This NGO report has been prepared by the international intersex NGO *StopIGM.org*:

- **StopIGM.org / Zwischengeschlecht.org** is an international intersex human rights NGO based in Switzerland, working to end IGM practices and other human rights violations perpetrated on intersex people, according to its motto, “*Human Rights for Hermaphrodites, too!*”² According to its charter,³ StopIGM.org works to support persons concerned seeking redress and justice and regularly reports to relevant UN treaty bodies, often in collaboration with local intersex persons and organisations,⁴ substantially contributing to the so far 50 Treaty body Concluding Observations recognising IGM as a serious human rights violation.⁵

3. Methodology

This thematic NGO report is a localised update to the **2019 CRC Portugal NGO Report (for Session)⁶** by the same Rapporteurs.

1 **CAT, CRC, CRPD, SPT, SRT, SRSG VAC, COE, ACHPR, IACHR** (2016), “End violence and harmful medical practices on intersex children and adults, UN and regional experts urge”, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20739&LangID=E>

2 <http://Zwischengeschlecht.org/> English homepage: <http://stop.genitalmutilation.org>

3 <http://zwischengeschlecht.org/post/Statuten>

4 <http://intersex.shadowreport.org>

5 <http://stop.genitalmutilation.org/post/IAD-2016-Soon-20-UN-Reprimands-for-Intersex-Genital-Mutilations>

6 <http://intersex.shadowreport.org/public/2019-CRC-Portugal-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

B. IGM in Cyprus: State-sponsored and pervasive, Gov fails to act

1. Overview: IGM practices in Cyprus: Pervasive and unchallenged

In **Cyprus**, same as in the fellow Mediterranean and/or Commonwealth states of *Malta* (CRC/C/MLT/CO/3-6, paras 28-29), the *United Kingdom* (CRC/C/GBR/CO/5, paras 46-47; CRPD/C/GBR/CO/1, paras 10(a)-11(a), 38-41; CAT/C/GBR/CO/6, paras 64-65), *France* (CRC/C/FRA/CO/5, paras 47-48; CAT/C/FRA/CO/7, paras 34-35; CEDAW/C/FRA/CO/7-8, paras 18e-f+19e-f), *Spain* (CRC/C/ESP/CO/5-6, para 24), and *South Africa* (CRC/C/ZAF/CO/2, paras 39-40+23-24) and in **many more State parties**,⁷ there are

- **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 calls to action also by the Cypriot **Commissioner for Administration and Human Rights (Ombudswoman)** (see p. 12-14), the **Commissioner for Children's Rights** (see p. 13-14) and the **Parliamentary Committee on Human Rights and on Equal Opportunities for Men and Women** (see p. 14), to this day the Government refuses 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**.

2. Most Common IGM Forms advocated by and perpetrated by Cyprus

To this day, in Cyprus all forms of IGM practices remain widespread and ongoing, persistently advocated, prescribed and perpetrated by the state funded University Hospitals, and paid for by the State via the public health system under the responsibility of the Ministry of Health, as well as in private clinics.

This has also been admitted by the **Commissioner for Administration and Human Rights (Ombudswoman)** Eliza Savvidou in her report **AKR TOP 4/2016**:⁸

“According to the Director of the Paediatric Surgery Clinic [of the Makarios III University Hospital Nicosia], surgery should be performed as soon as possible (no later than 1-2 years) even if there is no other reason to make it medically necessary.” (para 7, see also below p. 12-13)

7 Currently we count **50 UN Treaty body Concluding Observations** explicitly condemning IGM practices as a **serious violation of non-derogable human rights**, see: <http://stop.genitalmutilation.org/post/IAD-2016-Soon-20-UN-Reprimands-for-Intersex-Genital-Mutilations>

8 [http://www.ombudsman.gov.cy/ombudsman/ombudsman.nsf/All/F3949189672B7A01C225846C0039D678/\\$file/%CE%9C%CE%B5%CF%84%CE%B1%CF%87%CE%B5%CE%AF%CF%81%CE%B9%CF%83%CE%B7%20intersex%20%CE%B1%CF%84%CF%8C%CE%BC%CF%89%CE%BD.doc?OpenElement](http://www.ombudsman.gov.cy/ombudsman/ombudsman.nsf/All/F3949189672B7A01C225846C0039D678/$file/%CE%9C%CE%B5%CF%84%CE%B1%CF%87%CE%B5%CE%AF%CF%81%CE%B9%CF%83%CE%B7%20intersex%20%CE%B1%CF%84%CF%8C%CE%BC%CF%89%CE%BD.doc?OpenElement)

And it was further confirmed publicly by the chairperson of the **Parliamentary Committee on Human Rights and on Equal Opportunities for Men and Women**, Stella Kyriakidou, in the media (see also below p. 14):⁹

“Intersex persons in Cyprus are an invisible group. They are invisible because nowhere is it recorded except at Makarios hospital,” Kyriakidou said. ‘But we do not know what happens in private clinics and how many incidents there have been in recent years.’”

Arguably, **Cypriot intersex children are also sent overseas for IGM procedures**, e.g. to **Greece**,¹⁰ **Turkey** or the **United Kingdom**.

Currently practiced forms of IGM in Cyprus include:

a) IGM 3 – Sterilising Procedures:

**Castration / “Gonadectomy” / Hysterectomy /
Removal of “Discordant Reproductive Structures” / (Secondary) Sterilisation
Plus arbitrary imposition of hormones**¹¹

The **Cyprus Urological Association (Κυπριακής Ουρολογικής Εταιρείας ΚΟΥΕ)** is associated with the European Association of Urology (EAU)¹² which in turn is affiliated with the European Society for Paediatric Urology (ESPU).¹³ The *“ESPU/SPU standpoint on the surgical management of Disorders of Sex Development (DSD)”*¹⁴ advocates “gonadectomies”:

“Testes are either brought down in boys or removed if dysgenetic with tumour risk or in complete androgen insensitivity syndrome or 5 alpha reductase deficiency. Testicular prostheses can be inserted at puberty at the patient’s request.”

Also, the **“2016 Global Disorders of Sex Development Consensus Statement”**,¹⁵ which refers to the *“ESPU/SPU standpoint”*, advocates “gonadectomy” – even when admitting “low” cancer risk for CAIS (and despite explicitly acknowledging CRC/C/CHE/CO/2-4)¹⁶.

9 CyprusMail, “Ombudswoman calls for more awareness of intersex children”, 05.09.2016,

<https://cyprus-mail.com/2016/09/05/ombudswoman-calls-awareness-intersex-children/>

10 For example the private IASO Children’s Hospital in Athens, offers surgery for *“Hypospadias and other congenital deformities of the external male genitalia”* with *“patients [...] in fact com[ing] from various countries”*, including “Cyprus”, <https://www.iasopaidon.gr/en/the-male-genito-urethral-plastic-surgery-unit>

11 For general information, see 2016 CEDAW NGO Report France, p. 47.

<http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

12 The Cyprus Urological Association also endorses all EAU Guidelines, see current 2019 EAU Guidelines, p. 5, <https://www.scribd.com/document/411683225/EAU-2019-Full-Guidelines>

13 The Cyprus Urological Association also endorses the ESPU/EAU “Paediatric Urology” Guidelines included in the EAU Guidelines, see *ibid.*, p. 5

14 P. Mouriquand, A. Caldamone, P. Malone, J.D. Frank, P. Hoebcke, “The ESPU/SPU standpoint on the surgical management of Disorders of Sex Development (DSD)”, *Journal of Pediatric Urology* vol. 10, no. 1 (2014), p. 8-10, [http://www.jpurology.com/article/S1477-5131\(13\)00313-6/pdf](http://www.jpurology.com/article/S1477-5131(13)00313-6/pdf)

15 Lee et al., “Global Disorders of Sex Development Update since 2006: Perceptions, Approach and Care”, *Horm Res Paediatr* 2016;85:158–180, <https://www.karger.com/Article/Pdf/442975>

16 *Ibid.*, at 180 (fn 111)

Table 2. GCC risk: clinical management

	Male	Female	Unclear gender
Gonadal dysgenesis (45,X/46,XY and 46,XY)	Undescended testes – Orchiopexy with biopsy – Self-examination – Annual ultrasound (post-puberty) Post-pubertal biopsy – Based on ultrasound and results of first biopsy – If CIS becomes GB → gonadectomy Low threshold for gonadectomy if ambiguous genitalia	Bilateral gonadectomy at diagnosis	Low threshold for gonadectomy if ambiguous genitalia If intact, gonadectomy depends on gender identity
Undervirilization (46,XY: partial AIS, complete AIS, testosterone synthesis disorders)	Undescended testes – Orchiopexy with biopsy – Self-examination – Annual ultrasound (post-puberty) Post-pubertal biopsy – Bilateral, CIS → gonadectomy/irradiation Repeat biopsy at 10 years of age – Consider gonadectomy to avoid gynecomastia or if on testosterone supplementation	Partial AIS and testosterone synthesis disorders – Prepubertal gonadectomy Complete AIS – Postpubertal gonadectomy or follow-up – GCC risk low, allow spontaneous puberty	Partial AIS and testosterone synthesis disorders – Bilateral biopsy – Low threshold for gonadectomy Intensive psychological counseling and follow-up
No data are available on the value of cryopreservation or safety if a precursor lesion for GCC is present.			

Source: Lee et al., in: Horm Res Paediatr 2016;85:158-180, at 174

Gonadectomies on intersex persons diagnosed with PAIS are also reported from Cyprus in a **2010 medical publication** out of the **Makarios III University Hospital**:¹⁷

“Patient: #1

Age at diagnosis: 4 yr

*Clinical findings – History: Enlarged clitoris. Following incomplete hormonal investigation, the diagnosis of PAIS was suspected and she had **gonadectomy**.*”

Also in **Northern Cyprus**, the removal of “discordant reproductive structures”, namely “*persistent Müllerian ducts*”, and “*removal of testes*” were advocated at a presentation during the “34th National Congress of Pediatric Surgery 2016” in Girne:¹⁸

*“The primary operative consideration in PMDS [Persistent Müllerian Duct Syndrome] patients is performing orchiopexy for especially cancer surveillance and preservation of potential fertility, or **removing the testes** if orchiopexy is not possible.”*

*“Another issue concerning the PMDS patients is the removal of the MR [Müllerian remnants]. **Although not absolutely essential; it is recommended that the MR can be removed if appropriate.**”*

17 N. Skordis, V. Neocleous, A. Kyriakou, E. Efstathiou, A. Sertedaki, P. Philibert, L.A. Phylactou, S. Lumbroso, and C. Sultan (2010), “The IVS1-2A>G mutation in the SRD5A2 gene predominates in Cypriot patients with 5α reductase deficiency”, J. Endocrinol. Invest. 33: 810-814, 2010, p. 811,

https://www.researchgate.net/publication/44639173_The_IVS1-2AG_mutation_in_the_SRD5A2_gene_predominates_in_Cypriot_patients_with_5a_reductase_deficiency

18 Serpil Sancar, Esra Özçakır, Mete Kaya (2018), “Management of the patients with persistent Müllerian duct syndrome: Is the ultimate goal testicular descent?”, Turk J Urol 2018; 44(2): 166-71, p. 169,

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5832380/pdf/tju-44-2-166.pdf>

b) IGM 2 – “Feminising Procedures”: Clitoris Amputation/“Reduction”, “Vaginoplasty”, “Labiaplasty”, Dilatation¹⁹

The **Cyprus Urological Association (Κυπριακής Ουρολογικής Εταιρείας ΚΟΥΕ)** endorses the current **2019 Guidelines of the European Association of Urology (EAU)**,²⁰ which (see p. 14) include the current **2019 ESPU/EAU “Paediatric Urology” Guidelines**²¹ of the European Society for Paediatric Urology (ESPU) and the European Association of Urology (EAU). In **chapter 3.16 “Disorders of sex development”**,²² despite admitting that “*Surgery that alters appearance is not urgent*”²³ and that “*adverse outcomes have led to recommendations to delay unnecessary [clitoral] surgery to an age when the patient can give informed consent*”,²⁴ the ESPU/EAU Guidelines nonetheless explicitly **refuse to postpone non-emergency surgery**, but in contrary **insist to continue with non-emergency genital surgery** (including 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**” and making “*well-informed decisions [...] on their behalf*”, and further **explicitly refusing “prohibition regulations”** of unnecessary early surgery,²⁵ referring to the 2018 ESPU Open Letter to the Council of Europe (COE),²⁶ which further invokes **parents’ “social, and cultural considerations”** as justifications for early surgery (p. 2).

Accordingly, a 2019 medical article by doctors amongst others from the **Makarios III University Hospital, Nicosia**, the **Paedi Center for Specialized Pediatrics, Nicosia**, the private **IASIS Hospital, Paphos** and the **Iliaktida Paediatric & Adolescent Medical Centre, Limassol** about intersex children diagnosed with Congenital Adrenal Hyperplasia (CAH) refers to

“the need for reconstructive surgery [...] to relieve the emotional suffering and anxiety of the parents associated with the birth of a child with atypical sexual development”²⁷

While there are **no statistics available on IGM 2** in Cyprus, the above mentioned 2019 medical article refers to “**120 CAH patients identified by our group**” between 2007 and 2018 and an **estimation of “approximately 1750” CAH patients “to exist in the Greek Cypriot population”**.²⁸

Also, the surgeon and **professor for paediatric surgery** at the **Medical School of the University of Cyprus, Nicosia**, Prof. Zacharias Zachariou,²⁹ is a **well-known advocate of IGM practices**, including IGM 2 partial clitoris amputation for intersex children diagnosed with CAH. During a

19 For general information, see 2016 CEDAW NGO Report France, p. 48.

<http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

20 See p. 5, <https://www.scribd.com/document/411683225/EAU-2019-Full-Guidelines>

21 <https://uroweb.org/guideline/paediatric-urology/>

22 https://uroweb.org/guideline/paediatric-urology/#3_16

23 https://uroweb.org/guideline/paediatric-urology/#3_16_4

24 Ibid.

25 Ibid.

26 https://www.espu.org/images/documents/ESPU_Open_Letter_to_COE_2018-01-26.pdf

27 Vassos Neocleous, Pavlos Fanis, Meropi Toumba, Charilaos Stylianou, Michalis Picolos, Elena Andreou, Andreas Kyriakou, Michalis Iasonides, Stella Nicolaou, Tassos C. Kyriakides, George A. Tanteles, Nicos Skordis, Leonidas A. Phylactou (2019), “The Spectrum of Genetic Defects in Congenital Adrenal Hyperplasia in the Population of Cyprus: A Retrospective Analysis”, *Horm Metab Res* 2019; 51: 586–594, p. 591,

https://www.cing.ac.cy/images/media/redirectfile/MGFT/03.erevna_HMR_CAH_2019-03-0076_attachment.pdf

28 Ibid., p. 586

29 <http://ucy.ac.cy/dir/el/component/comprofiler/userprofile/zzach>

previous tenure as chief of paediatric surgery at the Bern University Children's Hospital "Insel", Switzerland, he openly advocated early surgery justified by psychosocial indications *"in the first two years after birth"*.³⁰

And in the introduction of *"Pediatric Surgery Digest"*, Zachariou advocates under *"Proposed ideal age for elective operations in pediatric surgery"*:³¹

"Malformation: Ambiguous genitalia

Age: As soon as possible – 18th month

Hospitalization: 3 weeks"

c) IGM 1 – "Masculinising Surgery": Hypospadias "Repair"³²

The Cyprus Urological Association (Κυπριακής Ουρολογικής Εταιρείας ΚΟΥΕ) endorses the current 2019 Guidelines of the European Association of Urology (EAU),³³ which include the current 2019 ESPU/EAU *"Paediatric Urology"* Guidelines³⁴ of the European Society for Paediatric Urology (ESPU) and the European Association of Urology (EAU) (see p. 14). In **chapter 3.5 "Hypospadias"**,³⁵ the ESPU/EAU Guidelines' **section 3.5.5.3 "Age at surgery"** nonetheless explicitly promotes, *"The age at surgery for primary hypospadias repair is usually 6-18 (24) months."*³⁶ – despite admitting to the *"risk of complications"*³⁷ and *"aesthetic[...]"* and *"cosmetic"* justifications.³⁸

Accordingly, surgeon Dr. Efthymios Tsivitanides, Deputy Director of the **Pediatric Surgery Clinic** of the **Makarios III University Hospital, Nicosia**, lists both on his linkedin³⁹ and researchgate⁴⁰ homepages a *"special interest in Hypospadias repair"* and a *"Project: Hypospadias Repair"*, respectively.

And a 2018 medical publication co-authored by a doctor from the **Paedi Center for Specialized Pediatrics, Nicosia**, and the **St. George's University of London Medical School at the University of Nicosia** openly advocates **early "hypospadias repair"**:

"Our patient was partly undervirilized at presentation and showed a good response to the clinical trial of testosterone enanthate as shown by the increase in penis size from 1.5 cm to 3 cm. His parents have been informed about the need for surgical correction of cryptorchidism (around the end of the first year) and hypospadias and microphallus (at least two surgical procedures in the first 2-3 years of life) and are currently satisfied with the development of their son."

30 Neue Zürcher Zeitung, 13.07.2008, https://www.nzz.ch/das_dritte_geschlecht-1.782938

31 Zacharias Zachariou (2009): "Introduction", in Zacharias Zachariou (Ed.), "Pediatric Surgery Digest", p. 6, <https://download.e-bookshelf.de/download/0000/0107/54/L-G-0000010754-0002343432.pdf>

32 For general information, see 2016 CEDAW NGO Report France, p. 48-49. <http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

33 See p. 5, <https://www.scribd.com/document/411683225/EAU-2019-Full-Guidelines>

34 <https://uroweb.org/guideline/paediatric-urology/>

35 https://uroweb.org/guideline/paediatric-urology/#3_5

36 https://uroweb.org/guideline/paediatric-urology/#3_5_5_3

37 https://uroweb.org/guideline/paediatric-urology/#3_5_5_1

38 Ibid.

39 <https://cy.linkedin.com/in/efthymios-tzivitanides-6b48479a>

40 https://www.researchgate.net/profile/Efthymios_Tzivitanides

What's more, the 18th Congress of the European Paediatric Surgeons' Association (EUPSA 2017)⁴¹ held in Limassol, and organised by the surgeon, former dean and current **professor for paediatric surgery** at the **Medical School of the University of Cyprus**, Nicosia, Prof. Zacharias Zachariou⁴² (see programme, p. 5), featured multiple presentations on different surgical techniques for **early "hypospadias repair"** (see programme, p. 42, 43, 53, 69).

Prof. Zacharias Zachariou is a **well-known advocate of IGM** practices, including IGM 1 "hypospadias repair". During a previous tenure as chief of paediatric surgery at the Bern University Children's Hospital "Insel", Switzerland, he openly advocated early surgery justified by psychosocial indications "*in the first two years after birth*".⁴³

And in the introduction of "*Pediatric Surgery Digest*" Zachariou advocates under "**Proposed ideal age for elective operations in pediatric surgery**":⁴⁴

"Malformation: Hypospadias

Age: 6th to 12th month

Hospitalization: 4–14 days"

And on his **personal homepage**,⁴⁵ Prof. Zacharias Zachariou currently offers consultations at the **Makarios III University Hospital**,⁴⁶ and under "*Operative Spectrum > Day Surgery*" several "**surgical interventions in children over 3 months**", including:

"b) Urology

*· Hypospadias"*⁴⁷

Similarly, surgeon Dr. Stavros Charalampous offers in his private "**Institute of Functional and Reconstructive Urology (IFRU)**" in **Limassol** under "*General and Paediatric Healthcare > Paediatric Urology*" surgery for "**hypospadias (urine passage ending short of the end of the penis)**" and "**intersex (incomplete or otherwise abnormal development of the genital organs.)**"⁴⁸

Also in **Northern Cyprus**, during the "34th National Congress of Pediatric Surgery 2016" in Girne early "hypospadias repair" was advocated in a presentation about a series of 130 children submitted to surgery between 2008 and 2016.⁴⁹

41 EUPSA 2017 Programme,

<https://docplayer.net/docview/63/48524330/#file=/storage/63/48524330/48524330.pdf>

42 <http://ucy.ac.cy/dir/el/component/comprofiler/userprofile/zzach>

43 Neue Zürcher Zeitung, 13.07.2008, https://www.nzz.ch/das_dritte_geschlecht-1.782938

44 Zacharias Zachariou (2009): "Introduction", in Zacharias Zachariou (Ed.), "Pediatric Surgery Digest", p. 5, <https://download.e-bookshelf.de/download/0000/0107/54/L-G-0000010754-0002343432.pdf>

45 <http://www.zachariou-dlc.com/GB/index.html>

46 <http://www.zachariou-dlc.com/GB/practice.html>

47 <http://www.zachariou-dlc.com/GB/day-surgery.html>

48 <http://cyprusurology.com/general-and-paediatric-healthcare/paediatric-urology/>

49 Canan Kır Kocaoğlu (2017), "Does the use of magnifying loupes an effective factor in preventing urethrocutaneous fistula and meatal stenosis in hypospadias repair with TIPU in children?", Journal of Clinical and Analytical Medicine, <https://www.researchgate.net/publication/322753368>

d) IGM 4 – Prenatal “Therapy”⁵⁰

A 2019 medical article by doctors amongst others from the **Makarios III University Hospital, Nicosia**, the **Paedi Center for Specialized Pediatrics, Nicosia**, the private **IASIS Hospital, Paphos** and the **Iliaktida Paediatric & Adolescent Medical Centre, Limassol** about intersex children diagnosed with Congenital Adrenal Hyperplasia (CAH) discusses “prenatal therapy” based on psychosocial indications:

*“The aim of prenatal treatment with dexamethasone aims to diminish female genital virilization and its associated risk of social stigma [35], to avoid the need for reconstructive surgery, and to relieve the emotional suffering and anxiety of the parents associated with the birth of a child with atypical sexual development [36].”*⁵¹

3. Insufficient Government Initiatives to combat IGM Practices

The Cypriot **Commissioner for Administration and Human Rights (Ombudsman)** is a senior independent state officer. The institution of the ombudsman constitutes the most prevalent institution of extra judicial control of the administration and protection of human rights. The main pivots of the mission of the Commissioner for Administration and Human Rights are to ensure legality, to promote good governance, to combat maladministration and to protect citizens’ rights and human rights in general.⁵²

On 1 September 2016, Ombudswoman Eliza Savvidou **published a report AKR TOP 4/2016 “Anti-discrimination principle on key issues concerning intersex individuals, from the perspective of human rights”**.⁵³ The report **referred** inter alia to the 2012 Opinion of the Swiss National Advisory Commission on Biomedical Ethics “*On the management of differences of sex development. Ethical issues relating to ‘intersexuality’*” (para 16), the 2013 Report of the UN Special Rapporteur on Torture A/HRC/22/53 on “*abuses in health-care settings*” (para 14), the 2014 WHO Interagency statement “*Eliminating forced, coercive and otherwise involuntary sterilization*” (para 15) and the CEDAW Concluding Observations CEDAW/C/FRA/CO/7-8, paras 17(f), 18(f) condemning IGM in France as a harmful practice (para 35, footnote 17), and **confirmed that IGM is practiced in Cyprus** despite constituting a serious human rights violation (automatic translation, our emphasis):

“From a recent meeting between Officers of my Office and the Director of the Paediatric Surgery Clinic of Makarios Hospital, it emerged that in the last three years, two children have been born as intersex (‘true hermaphroditism’) [i.e. only the arguably most infrequent intersex diagnosis] and that they both underwent surgery, with the consent of their parents [...]. According to the Director of the Paediatric Surgery Clinic, surgery should be performed as soon as possible (no later than 1-2 years) even if there is no other reason to

50 See 2016 CEDAW NGO Report France, p. 50,

<http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

51 Vassos Neocleous, Pavlos Fanis, Meropi Toumba, Charilaos Stylianou, Michalis Picolos, Elena Andreou, Andreas Kyriakou, Michalis Iasonides, Stella Nicolaou, Tassos C. Kyriakides, George A. Tanteles, Nicos Skordis, Leonidas A. Phylactou (2019), “The Spectrum of Genetic Defects in Congenital Adrenal Hyperplasia in the Population of Cyprus: A Retrospective Analysis”, *Horm Metab Res* 2019; 51: 586–594, p. 591,

https://www.cing.ac.cy/images/media/redirectfile/MGFT/03.erevna_HMR_CAH_2019-03-0076_attachment.pdf

52 http://www.ombudsman.gov.cy/ombudsman/ombudsman.nsf/page05_en/page05_en?OpenDocument

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[http://www.ombudsman.gov.cy/ombudsman/ombudsman.nsf/All/F3949189672B7A01C225846C0039D678/\\$file/%CE%9C%CE%B5%CF%84%CE%B1%CF%87%CE%B5%CE%AF%CF%81%CE%B9%CF%83%CE%B7%20intersex%20%CE%B1%CF%84%CF%8C%CE%BC%CF%89%CE%BD.doc?OpenElement](http://www.ombudsman.gov.cy/ombudsman/ombudsman.nsf/All/F3949189672B7A01C225846C0039D678/$file/%CE%9C%CE%B5%CF%84%CE%B1%CF%87%CE%B5%CE%AF%CF%81%CE%B9%CF%83%CE%B7%20intersex%20%CE%B1%CF%84%CF%8C%CE%BC%CF%89%CE%BD.doc?OpenElement)

make it medically necessary. As the Director underlined, the issue is approached from a multidisciplinary approach by a group of doctors (paediatric surgeon, endocrinologist, geneticist, psychologist) while the child is monitored medically until adolescence.” (para 7)

“In Cyprus, the issue of the rights of intersex people remains unresolved and any legal, institutional and regulatory regulations are absent. Medical interventions [...] in intersex children are seldom based on a real medical need but informed by sociocultural perceptions that may cause physical and psychological pain and physical or psychological health problems. In our country, they are a largely uncharted practice characterised by ignorance and prejudice and incompatible with fundamental human rights such as the right to self-determination and physical integrity.” (para 30)

“At the same time, there is still confusion about the situation and [intersex persons’] particular circumstances, and often the reference to these individuals is included – and overshadowed – in the wider discussion of trans individuals and gender identity or expression.” (para 32)

“[...] intersex individuals, from a very young age, are faced with serious violations of their rights. Although their condition is not a medical condition and in most cases their health or life is not endangered, intersex physiology is treated as a medical problem that needs to be ‘cured’.” (para 33)

“In these cases [the parents / guardians], following the guidance of doctors, who most of the time do not know much about intersex children, consent to gender reassignment surgery, without the child himself [...] giving his consent.” (para 34)

“Such invasive and irreversible interventions should be prohibited without the prior consent of the child [...]. In any case, the right of every human being not to undergo surgery or any other treatment [...] must be respected.” (para 36)

“[...] both parents and the children themselves should be thoroughly informed of all possibilities and receive the necessary psychosocial support.” (para 37)

“In view of the above, I consider it time to discuss the issue on the basis of modern legal principles [...].” (para 40)

The publication of the Ombudswoman report **AKR TOP 4/2016** was widely reported in Cypriot media.^{54 55 56 57}

On 5 September 2016, the Ombudswoman presented her report AKR TOP 4/2016 during a meeting with the **Parliamentary Committee on Human Rights and on Equal Opportunities for Men and Women** and the **Cypriot Commissioner for Children’s Rights**.

The **Cypriot Commissioner for Children’s Rights** is an independent institution which deals exclusively with the rights of the child and whose competences and obligations are prescribed by

54 “Άγνοια στην Κύπρο για τα intersex άτομα. Γιατροί πείθουν γονείς για επεμβάσεις που καθορίζουν το φύλο” (“Ignorance in Cyprus for intersex people. Doctors convince parents of gender-based surgeries”), Reporter, 31.08.2016, www.reporter.com.cy/local-news/article/105057

55 Evie Andreou (2016), “More awareness needed on problems of intersex people, Savvidou says”, CyprusMail, 01.09.2016, <http://cyprus-mail.com/2016/09/01/awareness-needed-problems-intersex-persons-savvidou-says/>

56 CyprusMail, “Ombudswoman calls for more awareness of intersex children”, 05.09.2016, <https://cyprus-mail.com/2016/09/05/ombudswoman-calls-awareness-intersex-children/>

57 “MPs: Intersex people 'invisible' in Cyprus” (2016), SigmaLive, 05.09.2016, <https://www.sigmalive.com/en/news/local/148389/mps-intersex-people-invisible-in-cyprus>

law. The Commissioner is appointed by the Council of Ministers. The mission of the Commissioner is to protect and promote the rights of the child, namely, inter alia, to monitor legislation relating to children and to submit proposals aiming at their harmonisation with the Convention on the Rights of the Child and to carry out public awareness campaigns.⁵⁸

On occasion of the above-mentioned meeting on September 5, the Commissioner for Children's Rights, Leda Koursoumba, published a **Memorandum**,⁵⁹ noting that the "*Committee on the Rights of the Child has repeatedly expressed strong reservations about the practice of surgery on Intersex children*" (para 5), specifically **referring** to the CRC-CEDAW Joint General Comment/Recommendation No.18/31 "on harmful practices" (paras 6, 7) and **CRC/C/CHE/CO/2-4**, paras 42-43 (para 6) and **CRC/C/GBR/CO/5**, paras 46-47 (7), as well as **CAT/C/DEU/CO/5**, para 20 (para 10 vi), and specifically referring to "***Intersex Genital Mutilations***" (para 8), and remarking that "***the state must include provisions in the legislation***" to protect intersex children from violations (para 14). Nonetheless, unfortunately the **Memorandum fails to correctly refer to art. 24(3) and harmful practices**, but instead exclusively refers to arts. 2, 3, 8, 12 (para 10).

After the above-mentioned meeting of September 5, the chairperson of the **Parliamentary Committee on Human Rights and on Equal Opportunities for Men and Women**, Stella Kyriakidou, was quoted in the media:⁶⁰

"Committee chairwoman Stella Kyriakidou said after Monday's meeting that the UN considered the issue as one of physical integrity of the children and that medical interventions should only be made when deemed absolutely necessary.

'Intersex persons in Cyprus are an invisible group. They are invisible because nowhere is it recorded except at Makarios hospital,' Kyriakidou said. 'But we do not know what happens in private clinics and how many incidents there have been in recent years.'

The aim of the committee's discussion, she said, was to see how to improve the way they are treated both as regards possible changes to legislation and in providing proper information to parents."

Further, the **Commissioner for Administration and Human Rights (Ombudswoman)** discussed the findings of her report AKR TOP 4/2016 during a 2nd meeting, originally announced for 26 September, which apparently eventually took place on 3 October, amongst others with representatives of the **Ministry of Health**, the **Ministry of Interior**, the **Cyprus Bioethics Committee**, and the **Pancyriot Cyprus Medical Association**.

Reportedly, a **follow-up meeting was proposed to further the discussion**, however, it apparently never took place.⁶¹

To this day, in Cyprus there **are no legal provisions to protect intersex children** from harmful practices.

58 http://www.childcom.org.cy/ccr/ccr.nsf/index_en/index_en?opendocument

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[http://www.childcom.org.cy/ccr/ccr.nsf/All/A3F1425CD40478D9C22582D300414B25/\\$file/%CE%A5%CF%80%CF%8C%CE%BC%CE%BD%CE%B7%CE%BC%CE%B1%20%CE%95%CF%80%CE%B9%CF%84%CF%81%CF%8C%CF%80%CE%BF%CF%85%20%CE%B3%CE%B9%CE%B1%20Intersex%20%CE%B1%CF%84%CE%BF%CE%BC%CE%B1%2005.09.16.doc](http://www.childcom.org.cy/ccr/ccr.nsf/All/A3F1425CD40478D9C22582D300414B25/$file/%CE%A5%CF%80%CF%8C%CE%BC%CE%BD%CE%B7%CE%BC%CE%B1%20%CE%95%CF%80%CE%B9%CF%84%CF%81%CF%8C%CF%80%CE%BF%CF%85%20%CE%B3%CE%B9%CE%B1%20Intersex%20%CE%B1%CF%84%CE%BF%CE%BC%CE%B1%2005.09.16.doc)

60 CyprusMail, "Ombudswoman calls for more awareness of intersex children", 05.09.2016, <https://cyprus-mail.com/2016/09/05/ombudswoman-calls-awareness-intersex-children/>

61 See p. 74, https://www.ilga-europe.org/sites/default/files/Attachments/annual_review_2017_online.pdf

Also, the **2019 CRC Parallel report** of the **Cypriot Commissioner for Children’s Rights** completely **failed to mention intersex and IGM**, as well as harmful practices.⁶²

In contrast, regarding FGM, “[t]o tackle female genital mutilation in Cyprus, **the practice has been criminalised since 2003**, punishable with up to 5 years’ imprisonment, and the **principle of extraterritoriality** is applied, making prosecution for crimes committed abroad possible.”⁶³ In addition, “[in]2016 a mechanism has been set up in collaboration with the MLWSI [Ministry of Labour, Welfare and Social Insurance] so that **victims of FGM can receive direct medical (gynecological examination) and psychosocial (Mental Health Services, Welfare Office) support.**”⁶⁴

4. Lack of Independent Data Collection and Monitoring

The **Cypriot Government refuses to collect and disclose disaggregated data** on intersex persons and IGM practices. As documented in the **Report AKR TOP 4/2016** of the **Commissioner for Administration and Human Rights (Ombudswoman)** (see above p. 12-13), when asked about statistics, the Makarios III University Hospital claimed there were only 2 cases in the last 3 years (explicitly referring to the arguably most infrequent intersex diagnosis “*true hermaphroditism*”). This claim obviously contradicts a 2019 medical article by doctors amongst others from the **Makarios III University Hospital, Nicosia**, the **Paedi Center for Specialized Pediatrics, Nicosia**, the private **IASIS Hospital, Paphos** and the **Iliaktida Paediatric & Adolescent Medical Centre, Limassol** about intersex children with the more frequent diagnosis Congenital Adrenal Hyperplasia (CAH), referring to “**120 CAH patients identified by our group**” in Cyprus between 2007 and 2018 and an **estimation of “approximately 1750” CAH patients “to exist in the Greek Cypriot population**”.⁶⁵ Regarding the most frequent intersex diagnosis hypospadias, again no official figures exist.

With **no statistics available** on intersex births, let alone surgeries and costs, and **perpetrators, governments and health departments colluding to keep it that way as long as anyhow possible**, persons concerned as well as civil society **lack possibilities to effectively highlight and monitor** the ongoing mutilations. What’s more, after realising how intersex genital surgeries are increasingly in the focus of public scrutiny and debate, perpetrators of IGM practices respond by suppressing complication rates, as well as refusing to talk to journalists “on record”.

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[http://www.childcom.org.cy/ccr/ccr.nsf/all/D8BB63434EDD2B5FC22584FC0038E0FC/\\$file/UN%20REPO%20final%2023.07.2019.pdf?openelement](http://www.childcom.org.cy/ccr/ccr.nsf/all/D8BB63434EDD2B5FC22584FC0038E0FC/$file/UN%20REPO%20final%2023.07.2019.pdf?openelement)

63 European Institute for Gender Equality EIGE (2018), “Estimation of girls at risk of female genital mutilation in the European Union Belgium, Greece, France, Italy, Cyprus and Malta”, p. 73-74 in document, p. 75-76 in PDF, https://eige.europa.eu/sites/default/files/documents/20182889_mh0418456enn_pdf.pdf

64 Republic of Cyprus (2019), “National Report on the Twenty-fifth anniversary of the Fourth World Conference on Women and adoption of the Beijing Declaration and Platform for Action (1995)-Beijing+25”, para 143, https://www.unece.org/fileadmin/DAM/RCM_Website/Cyprus.pdf

65 Ibid., p. 586

5. Obstacles to redress, fair and adequate compensation

Also in **Cyprus** the **statutes of limitation** prohibit survivors of early childhood IGM practices to call a court, because persons concerned often **do not find out** about their medical history until much later in life, and **severe trauma** caused by IGM practices often prohibits them to act in time once they do.⁶⁶ So far, in Cyprus there was **no case** of a victim of IGM practices succeeding in going to court, despite survivors criticising the practice in public.

This situation is clearly not in line with Cyprus' obligations under the Convention.

⁶⁶ Globally, no survivor of early surgeries **ever** managed to have their case heard in court. All relevant court cases (3 in Germany, 1 in the USA) were either about surgery of adults, or initiated by foster parents.

C. Suggested Recommendations

The Rapporteurs respectfully suggest that, with respect to the treatment of intersex persons in Cyprus, the Committee includes the following measures in their recommendations to the Cypriot 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 both domestic and overseas, without their informed consent, which can cause severe suffering, and the lack of redress and compensation in such cases.

In the light of its joint general comment No. 18 (2014) and No. 31 of the Committee on the Elimination of Discrimination against Women on harmful practices and taking note of target 5.3 of the Sustainable Development Goals, the Committee urges the State party to:

- (a) Ensure that the State party's legislation explicitly prohibits all forms of intersex genital mutilation, by criminalising or adequately sanctioning unnecessary medical or surgical treatment during infancy or childhood, including extraterritorial protections, and provide families with intersex children with adequate counselling and support;**
- (b) Adopt legal provisions and repeal time-limits in order to provide redress to the victims of such treatment, including adequate compensation and as full rehabilitation as possible, and undertake investigation of incidents of surgical and other medical treatment of intersex children without their informed consent;**
- (c) Systematically collect disaggregated data on harmful practices in the State party and make information on the ways to combat these practices widely available;**
- (d) Educate and train medical, psychological and education professionals on intersex as a natural bodily variation and on the consequences of unnecessary surgical and other medical interventions for intersex children.**

Annexe 1 – IGM Practices in Cyprus as a Violation of CRC

1. The Treatment of Intersex Children in Cyprus as Harmful Practice and Violence

a) Harmful Practice (art. 24(3) and JGC No. 18) ⁶⁷

Article 24 para 3 CRC calls on states to abolish harmful “*traditional practices prejudicial to the health of children*”. While the initial point of reference for the term was the example of Female Genital Mutilation/Cutting (FGM/C), the term consciously wasn’t limited to FGM/C, but meant to include all forms of harmful, violent, and/or invasive traditional or customary practices.⁶⁸

This Committee has repeatedly considered IGM as a harmful practice, and the CRC-CEDAW Joint General Comment No. 18/31 on harmful practices as applicable.⁶⁹

Also **CEDAW** has repeatedly considered IGM as a **harmful practice**, and the CRC-CEDAW Joint General Comment/Recommendation No. 18/31 on harmful practices as applicable.⁷⁰

Harmful practices (and inhuman treatment) have been identified by intersex advocates as the **most effective, well established and applicable human rights frameworks** to eliminate IGM practices and to end the impunity of the perpetrators.⁷¹

The **CRC-CEDAW Joint General Comment/Recommendation No. 18/31 “on harmful practices”** “*call[s] upon States parties to explicitly prohibit by law and adequately sanction or criminalize harmful practices, in accordance with the gravity of the offence and harm caused, provide for means of prevention, protection, recovery, reintegration and redress for victims and combat impunity for harmful practices*” (para 13).

Particularly, the Joint General Comment/Recommendation further underlines the need for a “**Holistic framework for addressing harmful practices**” (paras 31–36), including “**legislative, policy and other appropriate measures that must be taken to ensure full compliance with [state parties’] obligations under the Conventions to eliminate harmful practices**” (para 2), as well as

“*Data collection and monitoring*” (paras 37–39)

“*Legislation and its enforcement*” (paras 40–55), particularly:

“*adequate civil and/or administrative legislative provisions*” (para 55 (d))

67 For a more extensive version, see 2017 CRC Spain NGO Report, p. 12-13,

<http://intersex.shadowreport.org/public/2017-CRC-Spain-NGO-Brujula-Zwischengeschlecht-Intersex-IGM.pdf>

68 UNICEF (2007), Implementation Handbook for the Convention on the Rights of the Child, at 371

69 CRC/C/CHE/CO/2-4, paras 42-43; CRC/C/CHL/CO/4-5, paras 48-49; CRC/C/FRA/CO/5, paras 47-48; CRC/C/IRL/CO/3-4, paras 39-40; CRC/C/NPL/CO/3-5, paras 41-42; CRC/C/GBR/CO/5, paras 46-47; CRC/C/NZL/CO/5, paras 25+15; CRC/C/ZAF/CO/2, paras 39-40+23-24; CRC/C/DNK/CO/5, paras 24+12; CRC/C/ESP/CO/5-6, para 24; CRC/C/ARG/CO/5-6, para 26; CRC/C/ITA/CO/5-6, para 23; CRC/C/BEL/CO/5-6, paras 25(b)+26(e); CRC/C/MLT/CO/3-6, paras 28-29; CRC/C/AUS/CO/5-6, paras 25(b)+26(e); CRC/C/PRT/CO/5-6, paras 28(b); CRC/C/AUT/CO/5-6, para 27(a)-(b)

70 CEDAW/C/FRA/CO/7-8, paras 18e-f+19e-f; CEDAW/C/CHE/CO/4-5, paras 24-25, 38-39; CEDAW/C/NLD/CO/6, paras 21-22, 23-24; CEDAW/C/DEU/CO/7-8, paras 23-24; CEDAW/C/IRL/CO/6-7, paras 24-25; CEDAW/C/CHL/CO/7, paras 22-23, 12(d)-13(d), 14(d)-15(d); CEDAW/C/LUX/CO/6-7, paras 27b-c+28b-c; CEDAW/C/MEX/CO/9, para 21-22; CEDAW/C/NZL/CO/8, paras 23(c)-24(c); CEDAW/C/AUS/CO/8, paras 25(c)-26(c); CEDAW/C/LIE/CO/5, paras 35+36(c); CEDAW/C/NPL/CO/6, paras 18(c)-19(c)

71 Daniela Truffer, Markus Bauer / Zwischengeschlecht.org: “Ending the Impunity of the Perpetrators!” Input at “Ending Human Rights Violations Against Intersex Persons.” OHCHR Expert Meeting, Geneva 16–17.09.2015, online: http://StopIGM.org/public/S3_Zwischengeschlecht_UN-Expert-Meeting-2015_web.pdf

“provisions on regular evaluation and monitoring, including in relation to implementation, enforcement and follow-up” (para 55 (n))

“equal access to justice, including by addressing legal and practical barriers to initiating legal proceedings, such as the limitation period, and that the perpetrators and those who aid or condone such practices are held accountable” (para 55 (o))

“equal access to legal remedies and appropriate reparations in practice” (para 55 (q)).

Last but not least, the Joint General Comment explicitly stipulates: *“Where medical professionals or government employees or civil servants are involved or complicit in carrying out harmful practices, their status and responsibility, including to report, should be seen as an aggravating circumstance in the determination of criminal sanctions or administrative sanctions such as loss of a professional licence or termination of contract, which should be preceded by the issuance of warnings. Systematic training for relevant professionals is considered to be an effective preventive measure in this regard.”* (para 50)

Conclusion, **IGM practices in Cyprus** – as well as the **failure of the state party to enact effective legislative, administrative, social and educational measures** to eliminate them and to ensure effective access to remedies and redress for IGM survivors – clearly violate Article 24 CRC, as well as the CRC-CEDAW Joint General Comment No. 18/31 on harmful practices.

b) Violence against Children (art. 19 and GC No. 13) ⁷²

Similarly, the Committee has also considered IGM practices as violence against children, and Art. 19 and the General Comment No. 13 also offer strong provisions to combat IGM practices.

2. Required Legislative Provisions to Ensure Protection from IGM Practices, Impunity of the Perpetrators (CRC art. 24(3) and JGC No. 18)

Article 24 para. 3 of the Convention in conjunction with the CRC-CEDAW Joint General Comment/Recommendation No. 18/31 “on harmful practices” (2014) underline state parties’ obligations to *“explicitly prohibit by law and adequately sanction or criminalize harmful practices”* (JGC 18/31, para 13), as well as to *“adopt or amend legislation with a view to effectively addressing and eliminating harmful practices”* (JGC 18/31, para 55), and specifically to ensure *“that the perpetrators and those who aid or condone such practices are held accountable”* (JGC 18/31, para 55 (o)).

Accordingly, with regards to IGM practices, and referring to Article 24 para 3 and the CRC-CEDAW Joint General Comment/Recommendation No. 18/31, CRC repeatedly recognised the obligation for State parties to *“[e]nsure that the State party’s legislation prohibits all forms of harmful practices [including intersex genital mutilation]”*,⁷³ as well as to *“ensure that no-one is subjected to unnecessary medical or surgical treatment during infancy or childhood, guarantee bodily integrity, autonomy and self-determination to children concerned”*,⁷⁴ and to *“[u]ndertake investigation of incidents of surgical and other medical treatment of intersex children without informed consent and adopt legal provisions in order to provide redress to the victims of such treatment, including adequate compensation”*.⁷⁵

72 For a more extensive version with sources, see 2016 CRC UK Thematic NGO Report, p. 57, http://intersex.shadowreport.org/public/2016-CRC-UK-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

73 CRC/C/ZAF/CO/2, 27 October 2016 paras 39–40

74 CRC/C/CHE/CO/2-4, 26 February 2015, para 43

75 CRC/C/DNK/CO5, 26 October 2017, para 24

3. Obstacles to Redress, Fair and Adequate Compensation, and Rehabilitation (CRC art. 24(3) and JGC No. 18)

Article 24 para. 3 of the Convention in conjunction with the CRC-CEDAW Joint General Comment/Recommendation No. 18/31 “on harmful practices” clearly stipulate the right of victims of IGM practices to “*equal access to legal remedies and appropriate reparations*” (JGC 18/31, para 55 (q)), and specifically to ensure that “*children subjected to harmful practices have equal access to justice, including by addressing legal and practical barriers to initiating legal proceedings, such as the limitation period*” (JGC 18/31, para 55 (o)).

However, also in **Cyprus** the **statutes of limitation** prohibit survivors of early childhood IGM practices to call a court, because persons concerned often **do not find out** about their medical history until much later in life, and **severe trauma** caused by IGM practices often prohibits them to act in time even once they do.⁷⁶ So far there was no case of a victim of IGM practices succeeding in going to an Cypriot court.

76 Globally, no survivor of early surgeries **ever** managed to have their case heard in court. All relevant court cases (3 in Germany, 1 in the USA) were either about surgery of adults, or initiated by foster parents.

Annexe 2 – Intersex, IGM and Non-Derogable Human Rights

1. Intersex = variations of reproductive anatomy

Intersex persons, in the vernacular also known as hermaphrodites, or medically as persons with “Disorders” or “Differences of Sex Development (DSD)”,⁷⁷ are people born with **variations of reproductive anatomy**, or “atypical” reproductive organs, including atypical genitals, atypical sex hormone producing organs, atypical response to sex hormones, atypical genetic make-up, atypical secondary sex markers. Many intersex forms are usually detected at **birth** or earlier during **prenatal testing**, others may only become apparent at **puberty** or **later in life**.

While intersex people may face several problems, in the “developed world” the most pressing are the ongoing **Intersex Genital Mutilations**, which present a distinct and unique issue constituting significant human rights violations, with **1 to 2 in 1000 newborns** at risk of being submitted to non-consensual “genital correction surgery”.

*For more information and references, see 2014 CRC Switzerland NGO Report, p. 7-12.*⁷⁸

2. IGM = Involuntary, unnecessary and harmful interventions

In “**developed countries**” with universal access to paediatric health care **1 to 2 in 1000 newborns** are at risk of being submitted to medical **IGM practices**, i.e. non-consensual, unnecessary, irreversible, cosmetic genital surgeries, and/or other harmful medical treatments that **would not be considered for “normal” children**, practiced without evidence of benefit for the children concerned, but justified by societal and cultural norms and beliefs, and often **directly financed by the state** via the public health system.⁷⁹

In **regions without universal access to paediatric health care**, there are reports of **infanticide**⁸⁰ of intersex children, of **abandonment**,⁸¹ of **expulsion**,⁸² of **massive bullying** preventing the

77 The currently still official medical terminology “Disorders of Sex Development” is strongly refused by persons concerned. See 2014 CRC NGO Report, p. 12 “Terminology”.

78 http://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

79 For references and general information, see 2015 CAT NGO Report Austria, p. 30-35,

<http://intersex.shadowreport.org/public/2015-CAT-Austria-VIMOE-Zwischengeschlecht-Intersex-IGM.pdf>

80 For Nepal, see CEDAW/C/NPL/Q/6, para 8(d). See also 2018 CEDAW Joint Intersex NGO Report, p. 13-14,

<http://intersex.shadowreport.org/public/2018-CEDAW-Nepal-NGO-Intersex-IGM.pdf>

For example in South Africa, see 2016 CRC South Africa NGO Report, p. 12,

<http://intersex.shadowreport.org/public/2016-CRC-ZA-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

For South Africa, see also <https://mg.co.za/article/2018-01-24-00-intersex-babies-killed-at-birth-because-theyre-bad-omens>

For example in Uganda, Kenya, Rwanda, see "Baseline Survey on intersex realities in East Africa – Specific focus on Uganda, Kenya, and Rwanda" by SIPD Uganda, relevant excerpts and source:

<http://stop.genitalmutilation.org/post/Africa-Intersex-Survey-Documents-Intersex-Genital-Mutilation-Infanticide-Abandonment-Expulsion-Uganda-Kenya-Rwanda> ; for Uganda, see also 2015 CRC Briefing, slide 46,

http://intersex.shadowreport.org/public/Zwischengeschlecht_2015-CRC-Briefing_Intersex-IGM_web.pdf

For Kenya, see also <http://www.bbc.com/news/world-africa-39780214>

For Mexico, see 2018 CEDAW NGO Joint Statement,

<http://stop.genitalmutilation.org/post/CEDAW70-Mexico-Joint-Intersex-NGO-Statement-05-07-2018>

81 For example in Uganda, Kenya, Rwanda, see "Baseline Survey on intersex realities in East Africa – Specific focus on Uganda, Kenya, and Rwanda" by SIPD Uganda, relevant excerpts and source:

<http://stop.genitalmutilation.org/post/Africa-Intersex-Survey-Documents-Intersex-Genital-Mutilation-Infanticide-Abandonment-Expulsion-Uganda-Kenya-Rwanda>

For example in China, see 2015 Hong Kong, China NGO Report, p. 15,

<http://intersex.shadowreport.org/public/2015-CAT-Hong-Kong-China-NGO-BBKCI-Intersex.pdf>

82 For example in Uganda, Kenya, Rwanda, see "Baseline Survey on intersex realities in East Africa – Specific focus on Uganda, Kenya, and Rwanda" by SIPD Uganda, relevant excerpts and source:

<http://stop.genitalmutilation.org/post/Africa-Intersex-Survey-Documents-Intersex-Genital-Mutilation-Infanticide-Abandonment-Expulsion-Uganda-Kenya-Rwanda>

persons concerned from attending school (recognised by CRC as amounting to a harmful practice),⁸³ and of **murder**.⁸⁴

Governing State bodies, public and private healthcare providers, national and international medical bodies and individual doctors have traditionally been **framing and “treating”** healthy intersex children as **suffering from a form of disability in the medical definition**, and in need to be **“cured” surgically**, often **with openly racist, eugenic and supremacist implications**.^{85 86 87 88}

Both in “developed” and “developing” countries, **harmful stereotypes and prejudice** framing intersex as **“inferior”, “deformed”, “disordered”, “degenerated” or a “bad omen”** remain widespread, and to this day inform the current harmful **western medical practice**, as well as other practices including **infanticide and child abandonment**.

Typical forms of medical IGM include “feminising” or “masculinising”, “corrective” genital surgery, sterilising procedures, imposition of hormones (including prenatal “therapy”), forced genital exams, vaginal dilations, medical display, human experimentation, selective (late term) abortions and denial of needed health care.

Medical IGM practices are known to cause **lifelong severe physical and mental pain and suffering**,⁸⁹ including loss or impairment of sexual sensation, poorer sexual function, painful scarring, painful intercourse, incontinence, problems with passing urine (e.g. due to urethral stenosis after surgery), increased sexual anxieties, problems with desire, less sexual activity, dissatisfaction with functional and aesthetic results, lifelong trauma and mental suffering, elevated rates of self-harming behaviour and suicidal tendencies comparable to those among women who have experienced physical or (child) sexual abuse, impairment or loss of reproductive capabilities, lifelong dependency on daily doses of artificial hormones.

UN Treaty bodies and other human rights experts have consistently recognised IGM practices as a serious violation of non-derogable human rights.⁹⁰ **UN Treaty bodies have so far issued 50 Concluding Observations condemning IGM practices accordingly.**⁹¹

83 For example in Nepal (CRC/C/NPL/CO/3-5, paras 41–42), based on local testimonies, see <http://stop.genitalmutilation.org/post/Denial-of-Needed-Health-Care-Intersex-in-Nepal-Pt-3>

84 For example in Kenya, see <https://76crimes.com/2015/12/23/intersex-in-kenya-held-captive-beaten-hacked-dead/>

85 2014 CRC NGO Report, p. 52, 69, 84, http://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

86 In the WHO “World Atlas of Birth Defects (2nd Edition)”, many intersex diagnoses are listed, including “*indeterminate sex*” and “*hypospadias*”:

<http://web.archive.org/web/20160305152127/http://prenatal.tv/lecturas/world%20atlas%20of%20birth%20defects.pdf>

87 “The Racist Roots of Intersex Genital Mutilations” <http://stop.genitalmutilation.org/post/Racist-Roots-of-Intersex-Genital-Mutilations-IGM>

88 For 500 years of “scientific” prejudice in a nutshell, see 2016 CEDAW France NGO Report, p. 7,

<http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

89 See “IGM Practices – Non-Consensual, Unnecessary Medical Interventions”, *ibid.*, p. 38–47

90 **CAT, CRC, CRPD, SPT, SRT, SRSG VAC, COE, ACHPR, IACHR** (2016), “End violence and harmful medical practices on intersex children and adults, UN and regional experts urge”,

<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20739&LangID=E>

91 <http://stop.genitalmutilation.org/post/IAD-2016-Soon-20-UN-Reprimands-for-Intersex-Genital-Mutilations>

3. Intersex is NOT THE SAME as LGBT or Transgender

Unfortunately, there are also other, often interrelated **harmful misconceptions and stereotypes about intersex** still prevailing in public, notably if intersex is counterfactually described as being the same as or a subset of LGBT or SOGI, e.g. if intersex is misrepresented as a sexual orientation (like gay or lesbian), and/or as a gender identity, as a subset of transgender, as the same as transsexuality, or as a form of sexual orientation.

The underlying reasons for such harmful misrepresentations include **lack of awareness**, third party groups **instrumentalising intersex as a means to an end**^{92 93} for their own agenda, and State parties **trying to deflect** from criticism of involuntary intersex treatments.

Intersex persons and their organisations have spoken out clearly against instrumentalising or misrepresenting intersex issues,⁹⁴ maintaining that IGM practices present a **distinct and unique issue** constituting significant human rights violations, which are different from those faced by the LGBT community, and thus need to be **adequately addressed in a separate section as specific intersex issues**.

Also, **human rights experts** are increasingly warning of the **harmful conflation** of intersex and LGBT.^{95 96}

Regrettably, **these harmful misrepresentations seem to be on the rise also at the UN**, for example in recent **UN press releases** and **Summary records** misrepresenting IGM as “*sex alignment surgeries*” (i.e. voluntary procedures on transsexual or transgender persons), IGM survivors as “*transsexual children*”, and intersex NGOs as “*a group of lesbians, gays, bisexuals, transgender and intersex victims of discrimination*”,⁹⁷ and again IGM survivors as “*transgender children*”,⁹⁸ “*transsexual children who underwent difficult treatments and surgeries*”, and IGM as a form of “*discrimination against transgender and intersex children*”⁹⁹ and as “*sex assignment surgery*” while referring to “*access to gender reassignment-related treatments*”.¹⁰⁰

Particularly **State parties** are constantly **misrepresenting intersex and IGM as sexual orientation or gender identity issues** in an attempt to **deflect from criticism** of the serious human rights violations resulting from IGM practices, instead referring to e.g. “*gender reassignment surgery*” (i.e. voluntary procedures on transsexual or transgender persons) and “*gender assignment surgery for children*”,¹⁰¹ “*a special provision on sexual orientation and*

92 CRC67 Denmark, <http://stop.genitalmutilation.org/post/CRC67-Intersex-children-used-as-cannon-fodder-LGBT-Denmark>

93 CEDAW66 Ukraine, <http://stop.genitalmutilation.org/post/Ukraine-Instrumentalising-Intersex-and-IGM-for-LGBT-and-Gender-Politics>

94 For references, see 2016 CEDAW France NGO Report, p. 45

<http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

95 For example ACHPR Commissioner Lawrence Murugu Mute, see

<http://stop.genitalmutilation.org/post/ACHPR-African-Commissioner-warns-Stop-conflating-intersex-and-LGBT>

96 2018 Report of the Kenya National Commission on Human Rights (KNCHR), p. 15,

https://www.knchr.org/Portals/0/GroupRightsReports/Equal%20In%20Dignity%20and%20Rights_Promoting%20The%20Rights%20Of%20Intersex%20Persons%20In%20Kenya.pdf?ver=2018-06-06-161118-323

97 CAT60 Argentina, <http://stop.genitalmutilation.org/post/UN-Press-Release-calls-IGM-survivors-transsexual-children-CATArgentina-UNCAT60>

98 CRC77 Spain, <http://stop.genitalmutilation.org/post/UN-Press-Release-mentions-genital-mutilation-of-intersex-children>

99 CRC76 Denmark, <http://stop.genitalmutilation.org/post/UN-Press-Release-calls-IGM-survivors-transsexual-children-CRC-Denmark-UNCRC67>

100 CAT/C/DNK/QPR/8, para 32

101 CRC73 New Zealand, <http://stop.genitalmutilation.org/post/NZ-to-be-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-the-Child>

gender identity”, “*civil registry*” and “*sexual reassignment surgery*”¹⁰², transgender guidelines¹⁰³ or “*Gender Identity*”^{104 105} when asked about IGM by e.g. Treaty bodies.

What’s more, **LGBT organisations** (including “LGBTI” organisations without actual intersex representation or advocacy) are using the ubiquitous misrepresentation of intersex = LGBT to **misappropriate intersex funding**, thus **depriving actual intersex organisations** (which mostly have no significant funding, if any) of much needed **resources**¹⁰⁶ and public **representation**.¹⁰⁷

4. IGM is NOT a “Discrimination” Issue

An interrelated diversionary tactic is the **increasing misrepresentation by State parties of IGM as “discrimination issue”** instead of a serious violation of non-derogable human rights, namely inhuman treatment and a harmful practice, often in combination with the **misrepresentation of intersex human rights defenders as “fringe elements”**, and their legitimate demands and criticism of such downgrading and trivialising of IGM as “*extreme views*”.

5. IGM is NOT a “Health” Issue

An interrelated, alarming new trend is the **increasing misrepresentation of IGM as “health-care issue”** instead of a serious violation of non-derogable human rights, and the **promotion of “self-regulation” of IGM by the current perpetrators**^{108 109 110 111} – instead of effective measures to finally end the practice (as repeatedly stipulated also by this Committee).

Even worse, **Health Ministries** construe UN Concluding observations falling short of explicitly recommending legislation to criminalise or adequately sanction IGM as an **excuse for “self-regulation” promoting state-sponsored IGM practices to continue with impunity**.^{112 113}

102 CCPR120 Switzerland, <http://stop.genitalmutilation.org/post/Pinkwashing-of-Intersex-Genital-Mutilations-at-the-UN-CCPR120>

103 CAT56 Austria, <http://stop.genitalmutilation.org/post/Geneva-UN-Committee-against-Torture-questions-Austria-over-Intersex-Genital-Mutilations>

104 CAT60 Argentina, <http://stop.genitalmutilation.org/post/CAT60-Argentina-to-be-Questioned-on-Intersex-Genital-Mutilation-by-UN-Committee-against-Torture>

105 CRPD18 UK, <http://stop.genitalmutilation.org/post/UK-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-Persons-with-Disabilities-CRPD>

106 For example in Scotland (UK), LGBT organisations have so far collected at least **£ 135,000.–** public intersex funding, while actual intersex organisations received ZERO public funding, see 2017 CRPD UK NGO Report, p. 14, <http://intersex.shadowreport.org/public/2017-CRPD-UK-NGO-Coalition-Intersex-IGM.pdf>

Typically, during the interactive dialogue with CRPD, the UK delegation nonetheless tried to sell this glaring misappropriation as “supporting intersex people”, but fortunately got called out on this by the Committee, see transcript (Session 2, 10:53h + 11:47h), <http://stop.genitalmutilation.org/post/UK-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-Persons-with-Disabilities-CRPD>

107 See e.g. “Instrumentalizing intersex: ‘The fact that LGBTs in particular embrace intersex is due to an excess of projection’ - Georg Klauda (2002)”, <http://stop.genitalmutilation.org/post/Instrumentalizing-Intersex-Georg-Klauda-2002>

108 For example Amnesty (2017), see <http://stop.genitalmutilation.org/post/Amnesty-Report-fails-Intersex-Children-and-IGM-Survivors>

109 For example FRA (2015), see Presentation OHCHR Expert Meeting (2015), slide 8,

http://stop.genitalmutilation.org/public/S3_Zwischengeschlecht_UN-Expert-Meeting-2015_web.pdf

110 For example CEDAW Italy (2017), see <http://stop.genitalmutilation.org/post/Major-Setback-for-Intersex-Human-Rights-at-the-UN>

111 For example CEDAW Austria (2019): CEDAW/C/AUT/CO/9, paras 34(h), 35(h)

112 For example Ministry of Health Chile (2016), see

<http://stop.genitalmutilation.org/post/Circular-7-step-back-for-intersex-human-rights-in-Chile>

113 For example Ministry of Health Austria (2019), see 2019 CRC Intersex NGO Report (for Session), p. 4-5,

<http://intersex.shadowreport.org/public/2019-CRC-Austria-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

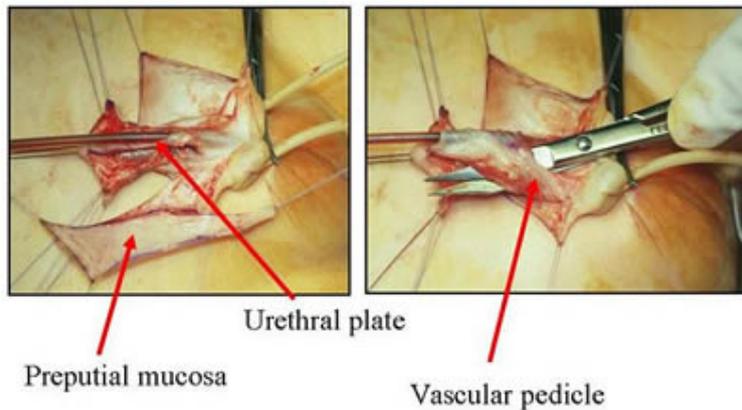
Annexe 3 – “IGM in Medical Textbooks: Current Practice”

IGM 1 – “Masculinising Surgery”: “Hypospadias Repair”

“Hypospadias,” i.e. when the urethral opening is not on the tip of the penis, but somewhere on the underside between the tip and the scrotum, is arguably the most prevalent diagnosis for cosmetic genital surgeries. Procedures include dissection of the penis to “relocate” the urinary meatus. Very high complication rates, as well as repeated “redo procedures” — “5.8 operations (mean) along their lives ... and still most of them are not satisfied with results!”

Nonetheless, clinicians recommend these surgeries without medical need explicitly “for psychological and aesthetic reasons.” Most hospitals advise early surgeries, usually “between 12 and 24 months of age.” While survivors criticise a.o. impairment or total loss of sexual sensation and painful scars, doctors still fail to provide evidence of benefit for the recipients of the surgeries.

Onlay island flap urethroplasty



Onlay / Duckett - results

- Elbakry (BJUI 88: 590-595, 2001): 42% complications
 - 5 breakdowns (7%)
 - 17 fistulae (23%)
 - Urethral strictures (9%)
 - Urethral diverticulae (4%)
- Asopa / Duckett tube
 - 3.7% (El-Kasaby J Urol 136: 643-644, 1986)
 - 69% (Parsons BJU 25: 186-188, 1984)
 - 15% (Duckett - 1986)



Hypospadias - Procedures for cripple hypospadias

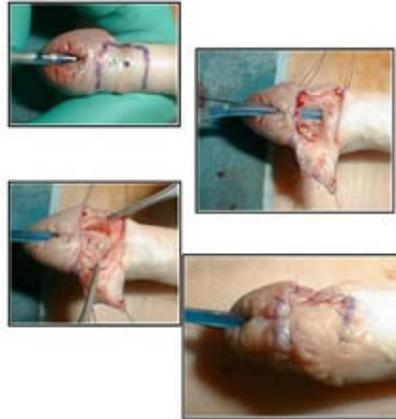
- No standardized procedures
- Personal experience of the surgeon
- Importance of a uro-endocrine approach of complex cases to increase the healing abilities of the penile tissues



Official Diagnosis "Hypospadias Cripple"
= made a "cripple" by repeat cosmetic surgeries

Treatment of isolated fistulae

- Rectangular skin incision around the fistula orifice, often lateral
- Dissection and excision of the fistula tract
- Urethral suture
- Multilayer cover with well-vascularized tissue (tunica vaginalis, dartos, dorsal subcutaneous flap ...)
- Problem: coronal fistula +++: Prefer redo urethroplasty
- Suprapubic diversion ? Elbakry



Bad cosmetic result



infection

Hypospadias - Conclusions

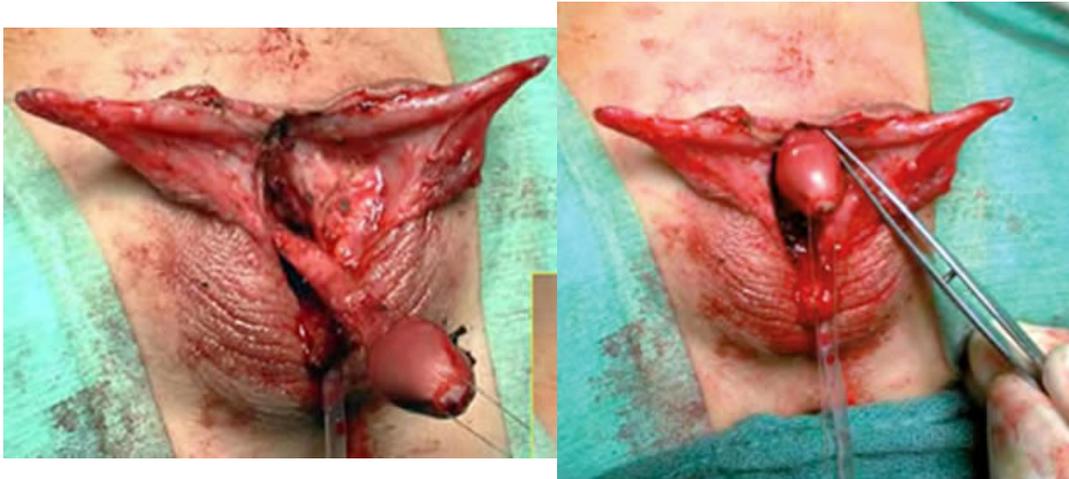
- Hypospadias surgery remains a surgical challenge
- Long-term results are poorly reported
- Essential joint uro-endocrine approach
- Psychological consequences poorly assessed
- Informing parents is crucial: 50% of all hypospadias will require further surgical attention during their life.
- Research: Essential role of the placenta / Penile growth factors / healing factors / blood supply ...

Source: Pierre Mouriquand: "Surgery of Hypospadias in 2006 - Techniques & outcomes"

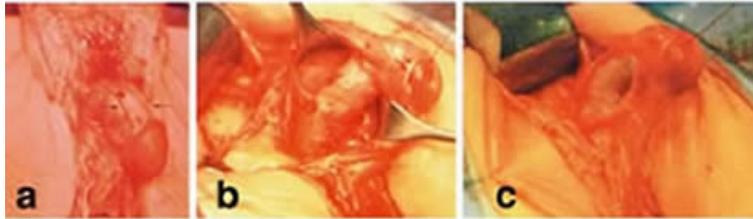
IGM 2 – "Feminising Surgery": "Clitoral Reduction", "Vaginoplasty"

Partial amputation of clitoris, often in combination with surgically widening the vagina followed by painful dilation. "46,XX Congenital Adrenal Hyperplasia (CAH)" is arguably the second most prevalent diagnosis for cosmetic genital surgeries, and the most common for this type (further diagnoses include "46,XY Partial Androgen Insufficiency Syndrome (PAIS)" and "46,XY Leydig Cell Hypoplasia").

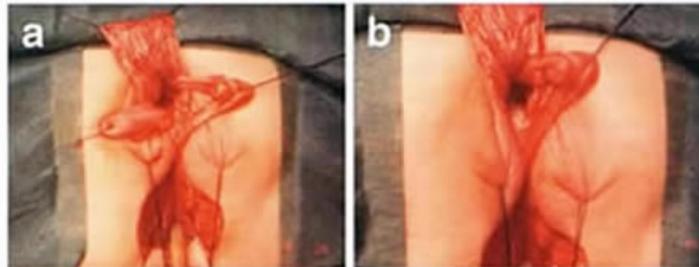
Despite numerous findings of impairment and loss of sexual sensation caused by these cosmetic surgeries, and lacking evidence for benefit for survivors, current guidelines nonetheless advise surgeries "*in the first 2 years of life*", most commonly "*between 6 and 12 months,*" and only 10.5% of surgeons recommend letting the persons concerned decide themselves later.



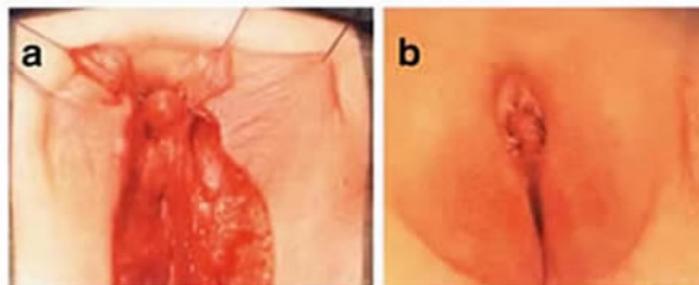
Source: Christian Radmayr: *Molekulare Grundlagen und Diagnostik des Intersex*, 2004



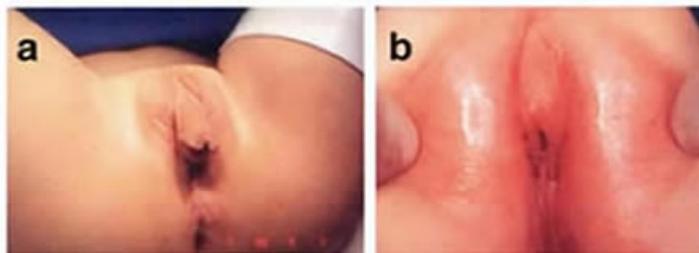
6a-c: Darstellung des Klitorisschaftes (a) sowie der Schwellkörper (b+c).



7a+b: Partielle Resektion der Corpora cavernosa clitoridis.



8a+b: Refixation der Corpora cavernosa clitoridis. "Materialknappheit" bei der Rekonstruktion der Corpora cavernosa clitoridis und der kleinen Labien.



9a+b: Klitorisreduktion und Rekonstruktion des Praeputium clitoridis bei Prader IV.

Source: Finke/Höhne: *Intersexualität bei Kindern*, 2008

Caption 8b: "Material shortage" [of skin] while reconstructing the prepuce clitoridis and the inner labia.



Source: Pierre Mouriouand: "Chirurgie des anomalies du développement sexuel - 2007", at 81: "Labioplastie"

IGM 3 – Sterilising Surgery: Castration / “Gonadectomy” / Hysterectomy

Removal of healthy testicles, ovaries, or ovotestes, and other potentially fertile reproductive organs. “46,XY Complete Androgen Insufficiency Syndrome (CAIS)” is arguably the 3rd most common diagnosis for cosmetic genital surgeries, other diagnoses include “46,XY Partial Androgen Insufficiency Syndrome (PAIS)”, male-assigned persons with “46,XX Congenital Adrenal Hyperplasia (CAH)”, and other male assigned persons, who have their healthy ovaries and/or uteruses removed.

Castrations usually take place under the pretext of an allegedly blanket high risk of cancer, despite that an actual high risk which would justify immediate removal is only present in specific cases (see table below), and the admitted true reason is “better manageability.” Contrary to doctors claims, it is known that the gonads by themselves are usually healthy and “effective” hormone-producing organs, often with “*complete spermatogenesis [...] suitable for cryopreservation.*”

Nonetheless, clinicians still continue to recommend and perform early gonadectomies – despite all the known negative effects of castration, including depression, obesity, serious metabolic and circulatory troubles, osteoporosis, reduction of cognitive abilities, loss of libido. Plus a resulting lifelong dependency on artificial hormones (with adequate hormones often not covered by health insurance, but to be paid by the survivors out of their own purse).

91 M.M. Bailez • Intersex Disorders



Fig. 91.6 An inguinal approach for gonadectomy in a CAIS patient with two palpable gonads

Source: Maria Marcela Bailez: “Intersex Disorders,” in: P. Puri and M. Höllwarth (eds.), *Pediatric Surgery: Diagnosis and Management*, Berlin Heidelberg 2009.

Table 1. Prevalence of type II GCT in various forms of DSD

Risk	Type of DSD	Prevalence %
High	GD in general	12*
	46,XY GD	30
	Frasier syndrome	60
	Denys-Drash syndrome	40
	45,X/46,XY GD	15-40
Intermediate	PAIS	15
	17 β -hydroxysteroid dehydrogenase deficiency	17
Low	CAIS	0.8
	Ovotesticular DSD	2.6
Unknown	5 α -reductase deficiency	?
	Leydig cell hypoplasia	?

GD = Gonadal dysgenesis; PAIS = partial androgen insensitivity syndrome; CAIS = complete androgen insensitivity syndrome.

* Might reach more than 30%, if gonadectomy has not been performed.

Source: J. Pleskacova, R. Hersmus, J. Wolter Oosterhuis, B.A. Setyawati, S.M. Faradz, Martine Cools, Katja P. Wolffenbuttel, J. Lebl, Stenvert L.S. Drop, Leendert H.J. Looijenga: "Tumor risk in disorders of sex development," in: *Sexual Development* 2010 Sep;4(4-5):259-69.

3 months old with scrotal hypospadias and right impalpable gonad

- Uterus and dysplastic gonad removed
- Hypospadias repaired
- Follow-up for surveillance of development testicular and/or renal tumors
- Testosterone required at puberty



Source: J. L. Pippi Salle: "Decisions and Dilemmas in the Management of Disorders of Sexual [sic!] Development (DSD)," 2007, at 20.

“Bad results” / “Gonadectomy, Feminizing Genitoplasty”



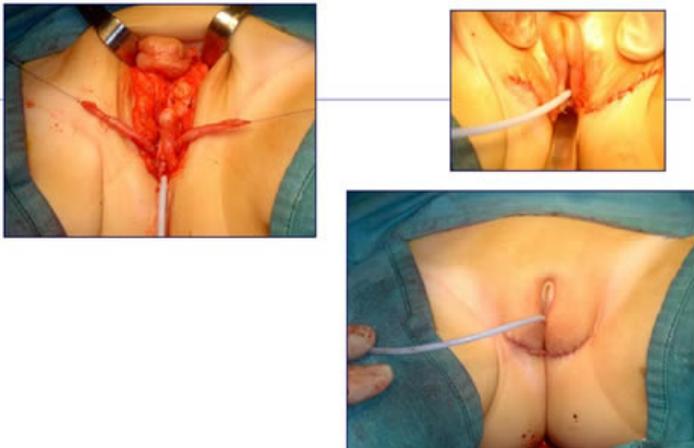
Abb. 2 ▲ a, b Schlechte Korrekturergebnisse nach Feminisierung und c, d nach Hypospadiekorrektur

Caption: 2a,b: “*Bad Results of Correction after Feminisation, and*”, c,d: “*after Hypospadias Repair*” – Source: M. Westenfelder: “Medizinische und juristische Aspekte zur Behandlung intersexueller Differenzierungsstörungen,” *Der Urologe* 5 / 2011 p. 593–599.

PAIS

- Bilateral gonadectomy
- Skin Biopsy for genetics study of androgen receptors
- Female gender assignment
- Feminizing genitoplasty performed age 6 months





Source: J. L. Pippi Salle: “Decisions and Dilemmas in the Management of Disorders of Sexual [sic!] Development (DSD)”, 2007, at 20.