



List of issues:

Article 1: The term torture

In Denmark medical staff and state officials, are reluctant to accept the use of the term's harmful practice, ill treatment and ¹torture regarding surgeries performed on intersex infants and children.

Although these surgeries are based on discrimination, and is, inflicted with the acquiescence of The National Board of Health, The Ministry of Health, and the Government.

Article 2 : Rights of inmates

In Denmark incarcerated Intersex and transgender women, who have been placed in the ²men's wards, report to have been denied their right, ³to have naked frisk searches conducted by a person of their own gender, they have on more occasions experienced ⁴being ridiculed, by other inmates without guards stepping in, or being ridiculed by guards, during these frisk searches. They are also denied the right, to wear feminine attire in the prison .

Article 3: Victims of Torture

States have an obligation to protect all persons, including LGBT and intersex persons, from torture and other cruel, inhuman or degrading treatment in medical and other settings.

Yet, Surgeries and treatments, ⁵are carried out on intersex infants, minors and adolescents in Denmark, often under the guise of being beneficial and thus necessary for healthy functions. these procedures take

¹ Born free and Equal, page 26 para 4.

Link: [Born Free and Equal WEB.pdf \(ohchr.org\)](#)

² General Assembly resolution 70/175 on the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) Para 7 (a)

Link: [The United Nations Standard Minimum Rules for the Treatment of Prisoners \(unodc.org\)](#)

³ Report of the Special Rapporteur on torture (A/HRC/31/57), 2016, para. 34,35 &36

Link: [Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment :](#)

⁴ Marie-Claire Van Hout & Des Crowley "The double punishment of transgender prisoners, a human rights based commentary on placement and conditions of detention" Para 3 Findings

Link: [The "double punishment" of transgender prisoners: a human rights-based commentary on placement and conditions of detention | Emerald Insight](#)

⁵ Amnesty International, First do no harm, Page 32 para 5

Link: [FIRST, DO NO HARM. ENSURING THE RIGHTS OF CHILDREN WITH VARIATIONS OF SEX CHARACTERISTICS IN DENMARK AND GERMANY \(amnesty.org\)](#)

place long before the child is old or mature enough, to give consent to these procedures. This includes but is not limited to: *Hypospadias repair, vaginal-urethral separation, and removal of undescended testicles. These procedures are in Danish medical settings, classified as a medically necessary,⁶ despite evidence to the contrary. None of these procedures are supported by quality evidence of safety, benefits, or medical necessity,⁷ they are performed without the consent of the effected person, and they all risk causing irreversible injury. These types of procedures have repeatedly been⁸ condemned by the UN treaty bodies, including CAT, who in document⁹ CAT/C/57/4 categorized these procedures as harmful medical practice, ill treatment, and torture.*

Article 5 -9 Prosecution of torture:

No attempts has been made, by the Danish Government, to meet our¹⁰ obligation to prohibit unnecessary procedures on intersex children, and to combat impunity, by investigating claims of harmful Practice, ill treatment and torture, and by punishing perpetrators and accomplices,¹¹ nor has an absolute and non-derogable prohibition of torture and other cruel, inhuman or degrading treatment or punishment, been implemented in Danish National Law.

The Danish State, has by refraining from taking the appropriate and¹² obligatory measures to implement these rules in national law, and to investigate documented claims of ill treatment and torture, within the Danish healthcare system, acted in disregard of the non-derogable obligation, to prevent harmful practice, ill treatment and torture, and thereby implicitly, become an¹³ accomplice by acquiesce.

Article 10 Training of judges, prosecutors, and others to identify signs of torture and ill-treatment

In Denmark many healthcare workers are unaware of the health care needs of intersex people. Intersex people often experience having to educate doctors and health care professionals, even on basic intersex issues.

⁶ "The Rights of Children in Biomedicine, Challenges posed by scientific advanced and uncertainties"

Page 40 para 1

Page 43 para 2

Page 44 para 3

Link : <https://rm.coe.int/16806d8e2f>

⁷ CAT/C/57/4, Ninth annual report of the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment Para 68 & 81

Link: <https://undocs.org/en/CAT/C/57/4>

⁸ Document A/HRC/29/23 Para 13,14,53 & 78

Link : <https://undocs.org/A/HRC/29/23>

⁹ CAT/C/57/4, Ninth annual report of the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment Para 68 & 81

Link: <https://undocs.org/en/CAT/C/57/4>

¹⁰ CEDAW/C/GC/31-CRC/C/GC/18, Joint statement on harmful Practice Para 40 and 50

Link : <https://undocs.org/CEDAW/C/GC/31/CRC/C/GC/18>

¹¹ Document A/C.3/70/L.27/Rev.1 Para 1

Link: [A/C.3/70/L.27/Rev.1 \(undocs.org\)](https://undocs.org/A/C.3/70/L.27/Rev.1)

¹² A/HRC/52/30 page 9 para 38

Link: [A_HRC_52_30_AdvanceEditedVersion_0.docx \(live.com\)](https://undocs.org/A_HRC_52_30_AdvanceEditedVersion_0.docx)

¹³ Document A/C.3/70/L.27/Rev.1 Para 1,2,5 & 21

Link: [A/C.3/70/L.27/Rev.1 \(undocs.org\)](https://undocs.org/A/C.3/70/L.27/Rev.1)

¹⁴Medical staff and healthcare workers are not ¹⁵educated on the Human Rights aspects of intersex health care, such as the right to bodily autonomy, physical integrity and self-determination, and the consequences of unnecessary surgical and other medical interventions for intersex children.

Article 12 Complaints of torture and ill-treatment and effective investigation,

States have an obligation to promptly, effectively and impartially investigate all allegations of torture or other cruel, inhuman or degrading treatment or punishment, despite the fact that Denmark twice, from CRC and CESCR have received recommendations to ¹⁶investigate claims of torture and ill-treatment in the form of unnecessary surgeries and treatments performed on intersex children, performed before they have reached an age and maturity, where they in a meaningful manner, can give their informed consent to the procedure.

¹⁷Denmark has not investigated these claims, but instead, without due investigation have chosen to believe the word of the perpetrators insisting on medical necessity, despite evidence to the contrary.

Article 14 Redress, incl compensation

In Denmark the Statutes of limitation to complain within 2-5 years, seek redress and reparation within 5-10 years, and the “Specialist rule” and the “Reasonableness Rule” are ¹⁸actively blocking intersex peoples access to file a complaint, and seek redress and reparations, as victims of intersex genital mutilation (IGM)

Most procedures take place in early childhood, which means that by the time the victim is old or mature enough, to realize the full extent of harmful consequences, they have endured, the statutes of limitation have long expired. Impeding the ability to seek and obtain redress is in breach of Article 14.

Article 16 Intersex persons

This paragraph seeks to address the situation for both intersex children and adults.

¹⁹Surgeries and treatments performed on intersex children, before their consent is needed legally, has been addressed at multiple occasions. Despite repeated recommendations to Denmark from the UN: ²⁰CRC,

¹⁴ This lack of knowledge among healthcare professionals, has led to recommendations twice, by CRC in 2017 (CRC/C/DNK/5) and by CESCR in 2019 (E/C.12/DNK/CO/6)

CRC: CRC/C/DNK/CO/5 para 24,

Link: [1718924 \(un.org\)](https://www.un.org/doc/undocgen/doclist/undocgen.aspx?docID=718924)

CESCR: E/C.12/DNK/CO/6 para 64

Link : <https://undocs.org/E/C.12/DNK/CO/6>

¹⁵ Born free and Equal, page 36 para 2

Link: [Born Free and Equal WEB.pdf \(ohchr.org\)](https://www.ohchr.org/documents/E/huridocda/huridoca.aspx?symbol=E/CN.4/Sub.2/1995/12/Add.1)

¹⁶ Document A/C.3/70/L.27/Rev.1 Para 21

Link: [A/C.3/70/L.27/Rev.1 \(undocs.org\)](https://undocs.org/A/C.3/70/L.27/Rev.1)

¹⁷ A/76/168 Para 18

Link: [N2119480.pdf \(un.org\)](https://www.un.org/doc/undocgen/doclist/undocgen.aspx?docID=N2119480)

¹⁸ CAT/C/GC/3 para 39

Link: [United Nations](https://www.un.org/press/en/2014/140901.unhcr.htm)

¹⁹ End violence and harmful medical practices on intersex children and adults, UN and regional experts urge Para 7.

Link: [Intersex Awareness Day – Wednesday 26 October | OHCHR](https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21444)

²⁰ CRC: CRC/C/DNK/CO/5 para 24,

Link: [1718924 \(un.org\)](https://www.un.org/doc/undocgen/doclist/undocgen.aspx?docID=718924)

²¹CAT and ²²CESCR, and resolutions from ²³The European Parliament, and the ²⁴Council of Europe condemning these procedures, Denmark continue to ignore that medically unnecessary surgeries, hormone treatment and other unnecessary procedures, are performed on intersex children, in Danish hospitals every year.

Intersex adults in need of gender affirming care, because they disagree with their sex assignment at birth, are moved out of the highly specialized teams, providing intersex specific care under treatment guarantee, to transgender specific care, where there is no guarantee of treatment including for surgical and hormonal treatment, where knowledge of intersex bodies and experiences is sparse, and where treatment is dependent on a diagnosis as transgender.

To consider and treat intersex children and adults as ²⁵transgender, is problematic, as is the ²⁶treatment of intersex people in transgender wards, which can greatly affect the individuals physical health and/or psychological well-being, and stands in the way of some intersex people's right to highest attainable health, including their right to highest attainable sexual health.

The quality of the treatment is a general problem, even treatment offered to Intersex people who identify with the sex assigned at birth, is questionable, a Danish 2021 survey states that *"²⁷Many have been uncomfortable being treated by health professionals who do not have sufficient knowledge. This has given rise to reflections on whether they are receiving the right treatment....
... Not only have the interviewees lacked information about their specific variation, but several have also not been informed about the side effects of the treatment they were receiving"*

Other Issues :

Waiting lists for surgeries

On ²⁸March 31st 2023 the Danish Patient Complaints Authority stated that " A waiting period of 4 years according to the European Court of Human Rights is contrary to Article 8 of the European Convention on Human Rights, the European Convention on Human Rights has been implemented in Danish law. This means that the Convention is directly applicable in Denmark. The Danish rules must therefore be interpreted in accordance with the Convention and that a waiting period of up to 6 years is therefore not an offer of timely treatment."

²¹ CAT: CAT/C/DNK/CO/6-7 para 42

Link : [G1601775.pdf \(un.org\)](https://www.unhcr.org/refugees/files/1601775.pdf)

²² CESCR: E/C.12/DNK/CO/6 para 64

Link : <https://undocs.org/E/C.12/DNK/CO/6>

²³ EU Parliament resolution : P8_TA(2017)0028 Promoting gender equality in mental health and clinical research, Para.47 & 61

Link : [Texts adopted - Promoting gender equality in mental health and clinical research - Tuesday, 14 February 2017 \(europa.eu\)](https://www.europarl.europa.eu/media/default.do?type=press&lang=en&document=129222)

EU Parliament resolution P8_TA-PROV(2019)0128 "The rights of intersex people, Para 2

Link : https://www.europarl.europa.eu/doceo/document/TA-8-2019-0128_EN.html

²⁴ COE: Children's right to physical integrity para 2 & 7.5.3

Link: [PACE website \(coe.int\)](https://www.coe.int/t/0900406800/0900406800_en.htm)

COE: Resolution 2191 "Promoting the Human Rights of and elimination discrimination against intersex people. Para 1,2, 7.1.1 &7.1.2

Link : <https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-EN.asp?fileid=24232&lang=en>

²⁵ *The Rights of Children in Biomedicine: Challenges posed by scientific advances and uncertainties Page 41, para 1*

Link : <https://rm.coe.int/16806d8e2f>

²⁶ Link: [BackgroundNoteHumanRightsViolationsagainstIntersexPeople.pdf \(ohchr.org\)](https://www.ohchr.org/en/hrbodies/eurocom/intersex/BackgroundNoteHumanRightsViolationsagainstIntersexPeople.pdf)

Page 29 Para 3

²⁷ Interkøn – en kvalitativ undersøgelse af erfaringer med variationer i køns karakteristika. Page 25 para 4 + 5

Link: [Interkøn - En kvalitativ undersøgelse af erfaringer med variationer i køns karakteristika \(bm.dk\)](https://www.bm.dk/interkoeen-kvalitativ-undersogelse-af-erfaringer-med-variationer-i-koe-skarakteristika)

²⁸ Styrelsen for Patientklager, Danish Patient Complaints Authority, Under Our result (Vores resultat) Points 7-9

Link: [Transkønet havde ret til behandling i udlandet \(stpk.dk\)](https://www.stpk.dk/Transkoe-nettet-havde-ret-til-behandling-i-udlandet)

Yet the LGBT+ Barometer launched by Institute for Human Rights in august 2023, documents ²⁹waiting lists for bottom surgeries of 48 – 72 months for vaginoplasty.

Moreover, Intersex people are often, told to lose weight in order, to get access to surgery, and are parked outside the waiting list, without support or help, till they have lost the required weight.

This approach unnecessarily increases the waiting time, often for years, for this group, which is highly problematic as long waiting times, places this group under immense pressure, which can lead to isolation, ³⁰stress and depression as well as increased risk of suicide. Affected people often give up and ³¹ feel forced to use unsafe ways, to get the money to seek surgical help outside of the Danish healthcare system.

Distribution of pathologizing material.

One of the focus areas of the 2018 LGBTI action-plan, was developing information material, for parents of intersex children... The task of developing the material was given to Sundhedsstyrelsen (The National Board of Health) and we are greatly concerned, about the ³²result, that is now distributed among parents of intersex children, with the stamp of approval, from the Ministry of Equality, as it does not include a human rights perspective, and is instead granting the pathologizing, pro surgeries approach, even more leverage.

The fact that the state approves of, and takes part in, distributing ³³pathologizing material, and thereby endorses the type of surgeries condemned by the UN, mounts to ³⁴incitement to harmful practice, ill treatment and torture, based on sex, and gender stereotypes, under the guise that these interventions are medically necessary or beneficial.

The national Institute for Human Rights (Institut for Menneskerettigheder) fail to include surgeries on intersex children, the treatment of adult intersex persons, and the lack of access to redress and compensation, in the LGBT+ barometer.

³⁵The Institute for Human Rights works on a mandate from the Danish Parliament when promoting, evaluating and monitoring the rights and living conditions of LGBTI+ people in Denmark.

In carrying out such a task, it is extremely important that the information presented is correct and comprehensive, therefore it is highly problematic and reprehensible that the Danish Institute for Human Rights, in their coverage of the situation for intersex persons in Denmark, has chosen to ignore the information we submitted, in connection with the work on the LGBT+³⁶Barometer., as documentation for unnecessary surgeries on intersex infants in Denmark, the

²⁹ LGBT Barometer, Institute for Human Rights, under the subject Behandling i sundhedsvæsenet, Ventetider, (Treatment in the health care system, Waiting times)

³⁰ Sexual health , Human Rights and the law Page 25, para 5

Link: [9789241564984_eng.pdf \(who.int\)](#)

³¹ Born free and Equal page 59 para 3.

Link: [Born Free and Equal WEB.pdf \(ohchr.org\)](#)

³² Når dit barn bliver født med variationer i køns karakteristika

Link: [Når dit barn bliver født med variationer i køns karakteristika \(sst.dk\)](#)

³³ EU Parliament resolution P8_TA-PROV(2019)0128 “The rights of intersex people, Para 7

Link : https://www.europarl.europa.eu/doceo/document/TA-8-2019-0128_EN.html

³⁴ A/HRC/52/30, Good practices in national criminalization, investigation, prosecution and sentencing for offences of torture, Para 14

Link: [A_HRC_52_30_AdvanceEditedVersion_0.docx \(live.com\)](#)

³⁵ LBK nr 1575 af 19/12/2022 §14

Link: [Ligestillingsloven \(retsinformation.dk\)](#)

³⁶ LGBT+ Barometer

Link: [LGBT+ barometer | Institut for Menneskerettigheder](#)

discrimination against adult intersex people, and the lack of access to redress and remedies,
This situation, clearly depicts the state of Human Rights for intersex people in Denmark, when such essential key information can be excluded, in an assignment to evaluate and monitor the rights for LGBT+ people in Denmark, carried out by our National Human Rights Institute, acting on a mandate from the Danish Parliament.



Ryomgård, September 3rd 2023.

ATT: Committee Against Torture

Appendix to the NGO submission by Intersex Danmark for the List of Issues for the session of Denmark on the Committee Against Torture 2023.

Intersex Denmark hereby wishes to draw the Committee's attention to the list of issues regarding the Human Rights violations that takes place against intersex people in Denmark, if questions arise, based on List of Issues, please refer to this appendix, where we seek to elaborate on some of the issues submitted.

Yours Sincerely

Inge Toft Thapprakhon
(Spokesperson of Intersex Danmark)

Lack of access to Remedies and reparation.

The current statutes of limitation in the Act on Complaints and Compensation, in the Health Care System prevents intersex people who have been subjected to sex-normalizing procedures as infants or during their childhood, from filing a complaint and or seek redress and compensation.

The ³⁷UN is very clear in its condemnation of involuntary and medically unnecessary surgeries and treatments of intersex children, just as it clearly states that states, including Denmark, have an obligation to ensure that the victims of these violations, have access to redress and compensation.

However, current legislation in this area, actively stands in the way of intersex people's access to seeking and obtaining redress and compensation.

³⁷ OHCHR, dokument A/HRC/29/23 Discrimination and violence against individuals based on their sexual orientation and gender identity para 13 +14

Link: [United Nations](#)

The applicable statutes of limitation, in this area are as follows:

- Complaint deadlines as stated in § 3a of ³⁸Law nr 9 af 04/01/2023 Act on complaints and compensation in the health service:

A) A complaint must be lodged within 2 years of the time when the complainant was or should have been aware of the fact complained of.

B) A complaint must be filed no later than 5 years after the day on which the matter complained of occurred.

(c) No derogation may be granted from the time limits for appeals referred to above

- The ³⁹Statutes of limitation for filing for reparation, appear on the website of The Patient Compensation "Patienterstatningen", which states that a complaint must be submitted:

A) Within 3 years, after the patient has become aware about or should have become aware about the relation to which they are stating their file for reparation.

B) No later than 10 years after the day, the relation, to which their file for reparation is submitted, happened

- In regard to filing for reparation, 2 additional rules are to be considered the so called ⁴⁰Specialist rule" and the "Reasonableness Rule"

⁴¹**The specialist rule** States that: If an experienced specialist would have done something different, so that you had avoided your treatment injury, you may be entitled to compensation.

⁴²**The reasonableness rule:** States that: The Patient Compensation (Patienterstatningen) assesses the severity of the disease for which the patient has been treated. The more severe the condition, the more complications the patient must be able to endure, when the patient is treated for their illness, without the patient being entitled to compensation

These rules stand in the way of intersex people's access to redress and compensation, as medically the perspective on intersex is highly pathologized and as a result, in some cases, doctors choose to operate or

³⁸LBK nr 9 af 04/01/2023

[Klage- og erstatningsloven \(retsinformation.dk\)](https://retsinformation.dk)

³⁹ Er din sag for gammel (Is your case too old)

[Er din sag for gammel? | Patienterstatningen](#)

⁴⁰ A/HRC/52/30, Good practices in national criminalization, investigation, prosecution and sentencing for offences of torture, Para 62+63

Link: [A_HRC_52_30_AdvanceEditedVersion_0.docx \(live.com\)](#)

⁴¹ Hvordan afgør vi din sag (Specialistreglen), How do we settle your case (Specialis Rule)

Link: [Hvordan afgør vi din sag? | Patienterstatningen](#)

⁴² Hvordan afgør vi din sag (Rimelighedsregelen), How do we settle your case (Reasonableness Rule)

[Hvordan afgør vi din sag? | Patienterstatningen](#)

treat, where the treatment is unnecessary and/or could have been postponed until the individual could give their full free and informed consent to the procedure.

The report ⁴³"The Rights of Children in Biomedicine, Challenges posed by scientific advances and uncertainties." An independent analytical study commissioned by the Council of Europe's Bioethics Committee, States that there is no evidence of safety and necessity of several of the operations and treatments performed on intersex children, just as there is no evidence of the benefits for the affected children.

⁴⁴Despite repeated reviews of evidence, only three medical procedures have been identified that meet the criteria to be necessary interventions on some intersex infants:

(1) *administration of endocrine treatment to prevent fatal salt-loss in some infants,*
(2) *early removal of streak gonads in children with gonadal dysgenesis, and*
(3) *surgery in rare cases to allow exstrophic conditions in which organs protrude from the abdominal wall or impair excretion.)*

⁴⁵The report concludes that: The Cancer risk, often cited as the cause of sterilization (removal of gonads) in childhood, in children with undescended testicles, in most cases does not require surgical intervention in infancy, and these procedures can be postponed until late puberty, or early adolescence, and in some cases even to adulthood.

⁴⁶And further states that: "Other procedures defended by clinicians as extremely beneficial to the health of the child and thus "necessary for healthy functioning, such as hypospadias repair to allow normal urination in boys and separation of the vagina and urethra in girls, to prevent urinary tract infections – none of these procedures can be supported by conclusive evidence of safety, benefit or necessity, but both risk causing irreversible harm."

Several of the operations and treatments performed in Denmark cannot, cf. the above, be categorized as necessary, and should thus not have taken place, which is why it does not make sense to assess these treatments and operations in relation to the specialist rule and the rule of reasonableness

The current complaints procedure is problematic for several reasons:

- The majority of these procedures are initiated, or carried out so early in the child's life (0 – 18 months of age) that the complaint deadline has passed before the individual reaches an age where the individual understands the full extent of the injuries/complications and has the maturity to be able to put these into words and thus can actually complain.

⁴³ "The Rights of Children in Biomedicine, Challenges posed by scientific advances and uncertainties." Page 40 - 45

Link : <https://rm.coe.int/16806d8e2f>

⁴⁴ The Rights of Children in Biomedicine, Challenges posed by scientific advances and uncertainties."

Link : <https://rm.coe.int/16806d8e2f>

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⁴⁵ The Rights of Children in Biomedicine, Challenges posed by scientific advances and uncertainties."

Link : <https://rm.coe.int/16806d8e2f>

Page 44, para 3

⁴⁶ The Rights of Children in Biomedicine, Challenges posed by scientific advances and uncertainties."

Link : <https://rm.coe.int/16806d8e2f>

Page 44, para 3

- Certain types of complications arise, or are not perceived as problematic by the child, until long after the operation or treatment has been performed, e.g. lack of / limited sensibility in the genitals, will often only be experienced as a real problem, in connection with sexual activity, and children who have been sterilized, will often only experience the severity of it when they begin to consider starting a family.
- Some intersex people are so ⁴⁷deeply traumatized by surgery and/or aftercare, including dilation, that due to the re-traumatization that can be experienced in describing the experience and the physical and psychological complications associated with it, they wait to complain for psychological reasons and thereby implicitly pass the deadline.
- Many surgeries and treatments performed on intersex children have been kept secret.
- It can be difficult for the individual to access the ⁴⁸medical record information, as these are often either "lost" or registered in the mother's journal, so the individual does not have access to these, which can prolong and complicate the complaint process.
- In Denmark, intersex people are experiencing massive ⁴⁹pathologization under medical auspices. Doctors refer to intersex people as sick males and females, and to intersex characteristics as defects and malformations, and to intersex variations such as Disorders of Sex Development (DSD).

Surgeries on intersex children.

Amnesty in their 2018 report "First do no harm" documented that hundreds of surgeries and treatments on intersex minors, are carried out in Denmark each year. An example is Hypospadias Repairs. ⁵⁰Around 200 Hypospadias repairs take place in Denmark every year, most of which are carried out on children under the age of 2. However Hypospadias repairs and Gonadectomies, are not reported to the UN during questioning, as the Danish health care system use the definition Disorders (Differences) in Sex Development (DSD), a term without a clear definition, allowing the Danish medical establishment, to omit counting Hypospadias and undescended testicles as DSDs, the use of the term DSD as a synonym for intersex was addressed by⁵¹ CESCR, as they stated, that these two terms, do not fully cover the same segment, and recommended Denmark, to replace the term DSD with the term intersex in legislation.

Medical staff in Denmark commonly use highly ⁵²pathologizing language, referring to intersex children as

⁴⁷ The Rights of Children in Biomedicine, Challenges posed by scientific advances and uncertainties." Page 45 para 1

Link : <https://rm.coe.int/16806d8e2f>

⁴⁸ End violence and harmful medical practices on intersex children and adults, UN and regional experts urge Para 4

[Intersex Awareness Day – Wednesday 26 October | OHCHR](#)

⁴⁹ Document A/70/213, Right of everyone to the enjoyment of the highest attainable standard of physical and mental health Para 84

Link : <https://undocs.org/A/70/213>

Resolution P8_TA-PROV(2019)0128 "The rights of intersex people, point 7

Link : https://www.europarl.europa.eu/doceo/document/TA-8-2019-0128_EN.html

⁵⁰ " First do no harm" Page 35 para 5-6

Link: [Europe: First, do no harm: Ensuring the rights of children with variations of sex characteristics in Denmark and Germany - Amnesty International](#)

⁵¹ CESCR: E/C.12/DNK/CO/6 para 64

Link : <https://undocs.org/E/C.12/DNK/CO/6>

⁵² EU Parliament resolution P8_TA-PROV(2019)0128 "The rights of intersex people, Para 7

Link : https://www.europarl.europa.eu/doceo/document/TA-8-2019-0128_EN.html

males and females, with a disorder, chromosomal defects, or deformities, when they remit their treatment proposal often tainted by medicalized views of what is ⁵³best for the child.

⁵⁴Doctors rely on the parents' ability to consent to surgeries and treatments, and are claiming to obtain full, free and informed consent, however the consents given, is based on highly medicalized information, that does not inform the parents about alternatives, and potential negative consequences of these procedures, just as the fact that these surgeries are categorized as harmful practice, ill-treatment and torture, is not disclosed to the parents.

In their report "First do no Harm", Amnesty quoted a ⁵⁵physician stating that: "If a physician in a white coat says you can treat this and it will help your child – it is still difficult for parents to ask if there are other options. Parents are afraid. Physicians are used to showing self-confidence and knowledge – they learn this during their training"

Discrimination within healthcare setting, against intersex adults who do not identify with the sex they were assigned at birth.

Intersex adults, who are able to give their full, free and informed consent, to treatment or surgery, ⁵⁶that they may need in order to align their bodies to their gender identity, may be faced with massive hurdles, if their gender identity does not match the sex they were assigned at birth. Adult intersex people are divided into 2 groups in the Danish treatment system:

- Grp 1: Adult intersex people who agree with the sex assigned at birth:
This group has immediate access to hormone treatment, and surgeries, provided by teams specialized in intersex healthcare, and their treatment is covered by a treatment guarantee.
- Grp 2: Adult intersex people who disagree with the sex they were assigned at birth,
This group is considered, to be transgender, and therefore have to undergo evaluations and examinations, by teams specialized in transgender treatment, often without intersex specialization when seeking access to hormone treatments and surgeries, to align their body with their gender identity. As their treatment is considered transgender treatment, it is no longer covered by the treatment guarantee.

To consider and treat intersex people as transgender, is problematic, has been address on more occasions, as by

Zillen et al, in the report ⁵⁷"*The Rights of Children in Biomedicine: Challenges posed by scientific advances and uncertainties*", regarding intersex children, which states that:

"Significantly, all evidence-based reviews concur that gender identity and sexual orientation of children with

⁵³ CRC/C/GC/13 , Para 61

Link: [United Nations \(ohchr.org\)](https://www.ohchr.org/)

⁵⁴ Sexual health, Human Rights and the law, Page 26, Para 9.

Link: [9789241564984_eng.pdf \(who.int\)](https://www.who.int/publications/m/item/9789241564984-eng-pdf)

⁵⁵ Amnesty International, "First do no Harm" Page 30 para 8

Link: [FIRST, DO NO HARM. ENSURING THE RIGHTS OF CHILDREN WITH VARIATIONS OF SEX CHARACTERISTICS IN DENMARK AND GERMANY \(amnesty.org\)](https://www.amnesty.org/en/documents/EUR12/001/2015/01/20150120/)

⁵⁶ End violence and harmful medical practices on intersex children and adults, UN and regional experts urge, Para 7.

Link: [Intersex Awareness Day – Wednesday 26 October | OHCHR](https://www.ohchr.org/en/press-releases/2017/10/intersex-awareness-day-wednesday-26-october)

⁵⁷The Rights of Children in Biomedicine, Challenges posed by scientific advances and uncertainties." Page 41 Para 1

Link : <https://rm.coe.int/16806d8e2f>

differences in sex development cannot be predicted with accuracy. As such, the high rates of rejection of gender assignment by surgically altered children are strong indicators of how poor clinical understanding of their actual gender development is.....”“Classifying these children as transgender relative to their juridical sex is problematic. Rather, their identities as male, female, a combination of both, or other identities such as “intersex” all can be consistent with some aspect of their sex development, such that their registered gender may be wrong” However intersex children become intersex adults, and the issue remains.

⁵⁸OHCHR also addressed the topic of intersex people in transgender healthcare in their Background Note on Human Rights Violations against Intersex People, where they points to the fact that:

“Health services designed to meet the needs of adults who identify as LGBT, or transgender children do not, by virtue of that fact, have capacity or skills to manage the healthcare of infants, children, adolescents or adults with intersex variations and their families.”

A survey from 2021, concluded the following “⁵⁹The interviewees, who identify with a sex other than the sex assigned to them at birth, have experienced a number of challenges with their treatment because it targets the sex assigned at birth. They report that they feel pressured into a role as transgender, and have received treatment in the psychiatric system due to the psychological consequences of this situation”

This act of discrimination, is creating an ⁶⁰often unnoticed double discrimination, within the health care system..

The focus on maintaining intersex people in the sex they were assigned at birth has its roots, in a medicalized binary and heteronormative perception of sex and gender, compounded by stigma and pathologization and may greatly affect the individual’s physical health and/or psychological well- being, as it stands in the way of some intersex people’s right to highest attainable health, including their right to highest attainable sexual health.

From our work, we know that the level of discrimination intersex people face, often lead to intersex people isolating themselves. Many suffer from depression, anxiety, or stress, just as many live with the consequences of the surgeries and treatment they have undergone as children and adolescent, without the opportunity to complain or seek compensation and redress.

⁶¹A survey from 2020 expose amount of loneliness and risk of depression and stress among intersex people in Denmark.

Based on WHO-5 and TILS, intersex people scored lower than any other groups within LGBTI+.

64% of the intersex people surveyed indicated that they were lonely.

45% of the intersex respondents were in either medium or high-risk group for depression and long-term stress.

In relation to loneliness, the proportion of lonely people in the general population is 5%, loneliness among comparisons were 46% among transgender people, 32% among bisexuals, 22% among lesbians and 19% among gay men.

⁵⁸ Background Note on Human Rights Violations against Intersex People Page 29 Para 3

Link: [BackgroundNoteHumanRightsViolationsagainstIntersexPeople.pdf \(ohchr.org\)](#)

⁵⁹ Interkøn – en kvalitativ undersøgelse af erfaringer med variationer i køns karakteristika. Page 24 para 6-7

Link: [Interkøn - En kvalitativ undersøgelse af erfaringer med variationer i køns karakteristika \(bm.dk\)](#)

⁶⁰ Sexual health, Human Rights and the law, Page 26 para 11

Link: [9789241564984_eng.pdf \(who.int\)](#)

⁶¹ Undersøgelse af udfordringer og stigma i forhold til at have en LGBTI-identitet i Danmark Tables B6.52 og B6.53 og 7.2

Link : [udfordringer og stigma ift at have lgbti-identitet.pdf \(bm.dk\)](#)

Distribution of pathologizing material.

As a part of the LGBTI+ actionplan from 2018 -2022, we asked to have information material developed for parents of intersex children, our goal at the time was to counterweigh the pathologizing information, expecting parents or parents of intersex children, receive from medical staff, before being asked to make the choice on whether to follow the doctors advice and operate or treat the child, or uphold the physical integrity and right to self-determination for their child.

We expressed the wish that a human rights-based information material would be produced, and we were expecting to get involved in the process, however the assignment to develop this material was given to Sundhedsstyrelsen (The National Board of Health) and we were invited to a 1,5-hour long meeting where we could say our part, but none of our wishes regarding content of the material were met.

3 days before deadline we were send a copy of the final product, where we were invited to give comments, but as it was not a real hearing, they were not obliged to give our objections any weight, and the material was printed at distributed as I was.

The information blocks in ⁶²the material are kept in a relatively neutral language, however there are several anonymous quotes, allegedly from parents or intersex people making statements like on page 10 suggesting it is preferable, to stick to the word of one doctor, than to seek a second opinion or “It’s totally ok to take growth hormone, I manage all by myself, but I hate blood tests” Which clearly suggest hormone treatment is ok, when measured against a blood test, a medical procedure we can all relate to, and know is harmless, thereby indirectly underplaying the seriousness of hormone therapy.

The material was prepared at the request of the Ministry of Gender Equality, who approved the distributing ⁶³of this this pathologizing material, and thereby implicitly endorse Intersex genital Mutilation (IGM) procedures condemned by the UN, this mounts to ⁶⁴incitement to harmful practice, ill treatment and torture, based on sex, and gender stereotypes, under the guise that these interventions are medically necessary or beneficial, despite clear evidence to the contrary.

This material is still being shared with parents, despite Denmark’s ⁶⁵obligation to prohibit, prevent, investigate and provide redress for torture and ill-treatment in all contexts of State control, including by ensuring that such acts are offences under domestic criminal law.

⁶² Når dit barn bliver født med variationer i kønskarakteristika

Link: [Når dit barn bliver født med variationer i kønskarakteristika \(sst.dk\)](https://www.sst.dk/da/nyheder/2018/08/20180814-nar-dit-barn-bliver-fodt-med-variationer-i-konskarakteristika)

⁶³ EU Parliament resolution P8_TA-PROV(2019)0128 “The rights of intersex people, Para 7

Link : https://www.europarl.europa.eu/doceo/document/TA-8-2019-0128_EN.html

⁶⁴ A/HRC/52/30, Good practices in national criminalization, investigation, prosecution and sentencing for offences of torture, Para 14

Link: [A_HRC_52_30_AdvanceEditedVersion_0.docx \(live.com\)](https://www.ohchr.org/en/docx/A.HRC.52.30.AdvanceEditedVersion.0.docx)

⁶⁵ A/HRC/29/23, Para 13,14 & 53

Link : <https://undocs.org/A/HRC/29/23>