

Intersex Genital Mutilations

Human Rights Violations Of Children

With Variations Of Sex Anatomy



NGO Report (for PSWG)
to the 8th Report of the United Kingdom
on the Convention on the Elimination of
All Forms of Discrimination against Women (CEDAW)

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June 2018

This NGO Report online:

PDF: <http://intersex.shadowreport.org/public/2018-CEDAW-PSWG-UK-NGO-Coalition-Intersex-IGM.pdf>

NGO Report
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Executive Summary

All typical forms of IGM practices are still practised in the United Kingdom today, facilitated and paid for by the State party via the National Health Service (NHS). Parents and children are misinformed, kept in the dark, sworn to secrecy, kept isolated and denied appropriate support.

The United Kingdom is in breach of its obligations under the Convention on the Elimination of All Forms of Discrimination against Women to (a) take effective legislative, administrative, judicial or other measures to prevent involuntary, non-urgent surgery and other medical treatment and harmful practices of intersex persons based on prejudice, and (b) to ensure access to redress, and the right to fair and adequate compensation and rehabilitation for victims (CEDAW Arts. 1 and 5(a), General Recommendations No. 19 and 31).

This Committee has consistently recognised IGM practices to constitute a serious human rights violation under the Convention in Concluding Observations, referring to General Recommendation No. 31. In addition, CRC has already considered IGM practices in the UK as a harmful practice, and CRPD as a violation of integrity.

Also CAT, CCPR, the UN Special Rapporteur on Torture (SRT), 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), the Council of Europe (COE) and others have consistently recognised IGM practices as a breach of international law, and have so far issued 32 Concluding Observations on IGM, typically obliging State parties to enact legislation to (a) end the practice and (b) ensure redress and compensation, plus (c) access to free counselling.

Intersex people are born with Variations of Sex 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 based on prejudice 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, 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, less sexual activity, dissatisfaction with functional and aesthetic results.

This Thematic NGO Report has been compiled by intersex NGOs IntersexUK, The UK Intersex Association and StopIGM.org. It contains Suggested Questions (see next page).

A. Suggested Questions for the List of Issues

The Rapporteurs respectfully suggest that in the LOI the Committee asks the UK Government the following questions with respect to the treatment of intersex children:

Harmful practices: Intersex genital mutilation (art. 5)

- **How many non-urgent, irreversible surgical and other procedures have been undertaken on intersex children before an age at which they are able to provide informed consent? Please provide detailed statistics on sterilising, feminising, masculinising procedures and imposition of hormones, including prenatal procedures.**
- **Does the State party plan to stop this practice? If yes, what measures does it plan to implement?**
- **Please indicate which criminal or civil remedies are available for intersex people who have undergone involuntary sterilisation or unnecessary and irreversible medical or surgical treatment when they were children and whether these remedies are subject to any statute of limitations?**

B. Introduction

1. Intersex and IGM in the United Kingdom

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 CEDAW** as constituting a **harmful practice, violence and torture or ill-treatment**, however weren't mentioned in the 8th United Kingdom State report. Instead the UK State report only mentions intersex under "*Lesbian, Gay, Bisexual and Transgender Equality*" and merely in the context of "*sexual orientation and gender identity equality*" and "*gender recognition law*" (para 29). However, this thematic NGO Report demonstrates that the current **harmful medical practice on intersex persons in the UK** – advocated, facilitated and paid for by the State party – constitutes a **serious violation** of the United Kingdom's obligations under **Article 5 (a)** of the Convention.

In 2015, **CRC recognised IGM in the UK** as a serious violation, seconded by **CRPD** in 2017. However, to this day the United Kingdom undeviatingly not only does nothing to prevent this abuse, but **continues to directly finance it via the public National Health Service (NHS)** and via funding the public university clinics and paediatric hospitals, thus **violating its duty** to prevent involuntary harmful medical treatment also on intersex children, and to guarantee access to **adequate counselling and consensual needed health care** for intersex people and their families.

2. About the Rapporteurs

This NGO report has been prepared by the **Intersex NGO Coalition UK**:

- **StopIGM.org / Zwischengeschlecht.org**, founded in 2007, is an international Human Rights NGO based in Switzerland. It is led by intersex persons, their partners, families and friends, and works 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 UN treaty bodies on IGM practices. StopIGM.org has been active in the UK since 2011^{4 5 6 7 8}.

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 pages: <http://StopIGM.org/>

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

4 <http://zwischeneschlecht.org/pages/Open-Letter-ISHID-2011-18-09>

5 Margaret Simmonds, "Girls/women in inverted commas – facing 'reality' as an XY-female", PhD Thesis University of Sussex, p. 208 (PDF p. 214), http://sro.sussex.ac.uk/43431/1/Simmonds,_Margaret.pdf

6 Australian Senate Hearing, 28.03.2013, Testimony G. Ansara, p. 11 (PDF p. 15),

http://parlinfo.aph.gov.au/parlInfo/download/committees/commsen/86ba4480-36ef-4e72-b25e-9fa162f9a4ae/toc_pdf/Community%20Affairs%20References%20Committee_2013_03_28_1856_Official.pdf?fileType=application%2Fpdf#search=%22committees/commsen/86ba4480-36ef-4e72-b25e-9fa162f9a4ae/0000%22

7 http://stop.genitalmutilation.org/public/Open-Letter_I-DSD_2013.pdf

8 <http://www.ias.surrey.ac.uk/workshops/intersex/papers/Intersex%20programme%20brochure.pdf>

- **IntersexUK (iUK)**, founded in 2011, is an NGO led by UK intersex persons and survivors of IGM practices working to improve the well-being and human rights of intersex persons, and to raise awareness on intersex issues, including in regional and international media. They deliver educational training in universities and political consultancy to public sector bodies, particularly in England and Scotland.^{9 10}
- **The UK Intersex Association (UKIA)**, founded in 2000, is an NGO led by UK intersex persons and survivors of IGM practices working to improve the well-being and human rights of intersex persons, and to raise awareness on intersex issues.^{11 12}

In addition, the Rapporteurs would like to acknowledge the work of the **Androgen Insensitivity Syndrome Support Group UK (AISSG UK)**¹³ and **Margaret Simmonds**.¹⁴ We would like to acknowledge the work of **Michel O’Brien**.¹⁵ We would like to acknowledge the work of **Ellie Magritte**¹⁶ and **d sdfamilies.org**.¹⁷ And we would like to acknowledge the work of Daniela Crocetti, Surya Monro, and Tray Yeadon-Lee with Fae Garland and Mitch Travis at the University of Huddersfield **Intersex/DSD Human Rights, Citizenship and Democracy [EUICIT] Project**.¹⁸

3. Methodology

This thematic NGO report is an updated, abridged and localised version of the **2017 CRPD UK NGO Report** by the same rapporteurs.¹⁹

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- 9 <https://www.theguardian.com/world/2016/jul/02/male-and-female-what-is-it-like-to-be-intersex>
<http://www.independent.co.uk/news/uk/home-news/special-report-intersex-women-speak-out-to-protect-the-next-generation-8974892.html>
- 10 <http://intersexuk.org>
- 11 <https://www.theguardian.com/world/2016/jul/02/male-and-female-what-is-it-like-to-be-intersex>
https://www.vice.com/en_uk/read/the-group-campaigning-for-better-intersex-rights
- 12 <http://ukia.co.uk>
- 13 <http://www.aiissg.org/>
- 14 Margaret Simmonds: ‘Girls/women in inverted commas – facing “reality” as an XY-female’, University of Sussex 2012, http://sro.sussex.ac.uk/43431/1/Simmonds,_Margaret.pdf
- 15 <http://oiiinternational.com/653/holistic-for-whom/>
- 16 http://www.dsdfamilies.org/docs/conf/working_together.pdf
- 17 <http://www.dsdfamilies.org/>
- 18 https://research.hud.ac.uk/institutes-centres/ccid/projects/intersex-dsd_human_rights/
- 19 <http://intersex.shadowreport.org/public/2017-CRPD-PSWG-UK-NGO-Coalition-Intersex-IGM.doc>

C. Background: Intersex, IGM and Harmful Misrepresentations

1. IGM Practices:

Involuntary, unnecessary medical interventions based on prejudice

IGM practices include **non-consensual, medically unnecessary, irreversible, cosmetic genital surgeries**, and/or other similar medical treatments, including imposition of hormones, performed on **children with variations of sex anatomy**,²⁰ without evidence of benefit for the children concerned, but justified by “*psychosocial indications [...] shaped by the clinician’s own values*”, the latter informed by **societal and cultural norms and beliefs**, enabling clinicians to withhold crucial information from both patients and parents, and to submit healthy intersex children to risky and harmful invasive procedures that would not be considered for “normal” children, “*simply because their bodies did not fit social norms*”.²¹

Typical forms of 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.

IGM practices are known to cause **lifelong severe physical and mental pain and suffering**,²² 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.

Individual doctors, national and international medical bodies, public and private health care providers have traditionally been **framing and “treating” intersex variations as a form of illness or disability** in need to be “cured” surgically, often **with racist, eugenic and supremacist undertones**,^{23 24 25 26} describing intersex people as “*inferior*”, “*abnormal*”, “*deformed*”.

20 See “What is Intersex?”, 2015 CRC Ireland NGO Report, p. 23–25, <http://intersex.shadowreport.org/public/2015-CRC-Ireland-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

21 For references, see “What are Intersex Genital Mutilations (IGM)?”, 2015 CRC Ireland Report, p. 29

22 See “IGM Practices – Non-Consensual, Unnecessary Medical Interventions”, 2015 CRC Ireland NGO Report, p. 29–34

23 2014 CRC NGO Report, p. 52, 69, 84, http://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

24 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>

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

26 See “**Intersex, IGM and Prejudice**”, in: 2018 CRPD New Zealand NGO Report, Annexe 1, p. 15-19, <http://intersex.shadowreport.org/public/2018-CRPD-New-Zealand-LOIPR-NGO-Intersex-StopIGM.pdf>
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>

UN Treaty bodies and other human rights experts have consistently recognized IGM practices as a serious breach of international law.²⁷ UN Treaty bodies have issued 31 Concluding Observations condemning IGM practices.²⁸

2. Intersex is NOT THE SAME as LGBT or SOGI

Unfortunately, there are also other, often interrelated **harmful misconceptions 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 and/or intersex status are represented 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 misconceptions include **lack of awareness**, third party groups **instrumentalising intersex as a means to an end**²⁹ ³⁰ 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,³¹ maintaining that IGM practices present a **distinct and unique issue** constituting significant human rights violations, which are different from those faced by the LGBT or SOGI 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.³²

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*”,³³ and again IGM survivors as “*transgender children*”,³⁴ “*transsexual children who underwent difficult treatments and surgeries*”, and IGM as a form of “*discrimination against transgender and intersex children*”³⁵ and as “*sex assignment surgery*” while referring to “*access to gender reassignment-related treatments*”.³⁶

27 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>

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

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

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

31 For references, see 2016 CEDAW France NGO Report, p. 45. <http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

32 For example ACHPR Commissioner Lawrence Murugu Mute (Kenya), see

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

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

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

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

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

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*”,³⁷ “*a special provision on sexual orientation and gender identity*”, “*civil registry*” and “*sexual reassignment surgery*”³⁸, transgender guidelines³⁹ or “*Gender Identity*”^{40 41} 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.⁴²

3. Misrepresenting Genital Mutilation as “Health Care”

An interrelated, alarming new trend is the **increasing misrepresentation of IGM as “health-care issue”** instead of a serious human rights violation, and the **promotion of “self-regulation” of IGM by the current perpetrators**^{43 44 45} – instead of effective measures to finally end the practice (as repeatedly stipulated also by this Committee).

Even worse, **Health ministries** construe UN Treaty body 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.**⁴⁶

37 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>

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

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

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

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

42 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>

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

44 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

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

46 See for example Ministry of Health Chile (2016), <http://stop.genitalmutilation.org/post/Circular-7-step-back-for-intersex-human-rights-in-Chile>

D. Intersex Genital Mutilations in the UK as a violation of CEDAW

1. IGM practices in the UK: State-sponsored and pervasive (art. 5 (a), GR 31)

In the **United Kingdom** (see CRC/C/GBR/CO/5, paras 45-46, CRPD/C/GBR/CO/1, paras 10(a)-11(a), 38-41), same as in *Germany* (CEDAW/C/DEU/CO/7-8, paras 23-24; CAT/C/DEU/CO/5, para 20; CRPD/C/DEU/CO/1, paras 37-38), *France* (CEDAW/C/FRA/CO/7-8, paras 17e-f + 18e-f; CRC/C/FRA/CO/5, paras 47-48; CAT/C/FRA/CO/7, paras 32-33), *Switzerland* (CEDAW/C/CHE/CO/4-5, paras 38-39; CRC/C/CHE/CO/2-4, paras 42-43; CAT/C/CHE/CO/7, para 20), and in **many more State parties**,⁴⁷ there are

- **no legal or other protections** in place to ensure the rights of intersex children to physical and mental integrity, autonomy and self-determination, and **to prevent** non-consensual, medically unnecessary, irreversible surgery and other harmful treatments a.k.a. **IGM practices**
- **no measures** in place to ensure **data collection and monitoring** of IGM practices
- **no legal or other measures** in place to ensure the **accountability** of IGM perpetrators
- **no legal or other measures** in place to ensure **access to redress and justice** for adult IGM survivors

To this day, the **UK government** simply refuses to recognise the human rights violations and suffering caused by IGM practices, let alone to “*take effective legislative, administrative, judicial or other measures*” to protect intersex children.

During the recent CRC Review of the UK,⁴⁸ Flora Taylor Goldhill (Director for Children, Families and Communities, Department of Health) denied the ongoing practice in the UK constituting a human rights violation:

«On intersex children: NHS England are responsible for specialised commissioning which covers this area. [...]

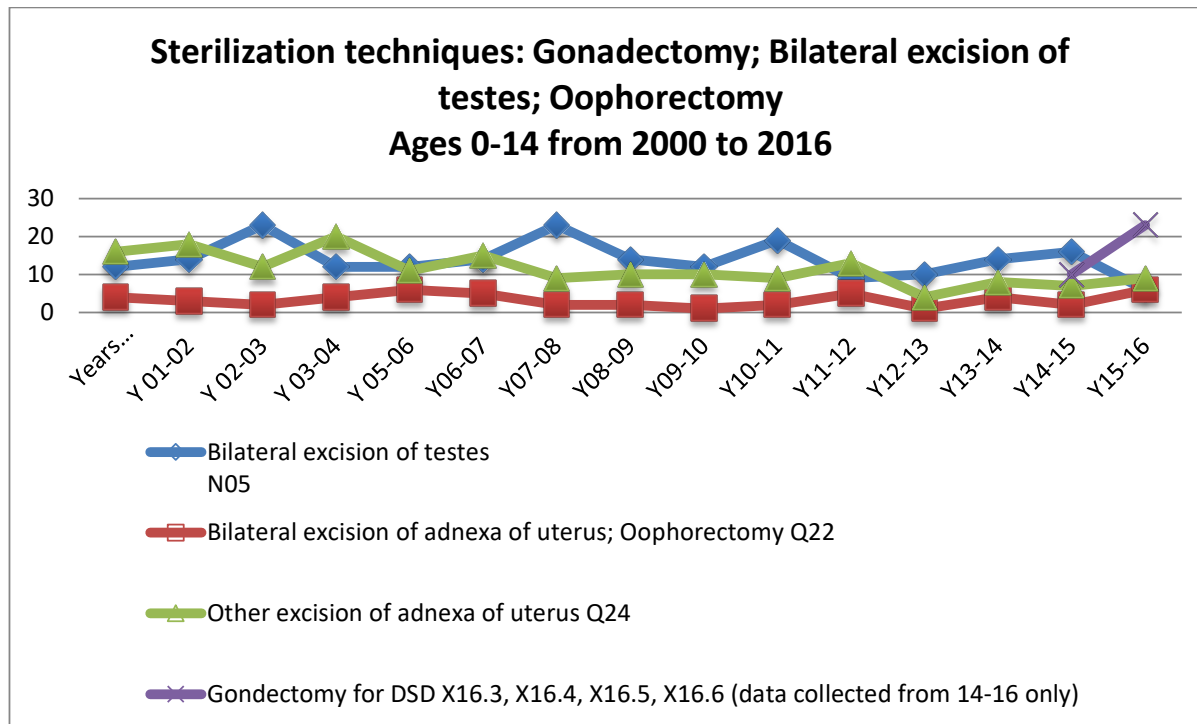
Where babies and children could be described as intersex decisions about when and how to make medical interventions should be taken by clinicians in consultation with the parents of the child, and where possible and the child is older, seeking the views of the child himself or herself or themselves.»

To this day, in the UK **all forms of IGM practices remain widespread and ongoing**, persistently **advocated, prescribed and perpetrated** by state funded University and public Children’s Hospitals, and **advocated and paid for** by the public **National Health Service (NHS)**, despite that CRC criticised IGM in the UK as a serious human rights violation.

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

48 CRC 72nd Session, 24. May 2016, see transcription: <http://stop.genitalmutilation.org/post/UK-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-the-Child>

a) IGM 3 – Sterilising Procedures:
 Castration / “Gonadectomy” / Hysterectomy /
 Removal of “Discordant Reproductive Structures” / (Secondary) Sterilisation
 Plus arbitrary imposition of hormones ⁴⁹



Source: Huddersfield UK Intersex Report 2017, p. 13⁵⁰

Removal of testes, as advocated in the 2013 “*ESPU/SPU standpoint on the surgical management of Disorders of Sex Development (DSD)*”,⁵¹ co-authored by Dr Peter Malone (University College Hospital UCLH, University College London Hospitals NHS Foundation Trust / Royal Berkshire Hospital, Royal Berkshire NHS Foundation Trust):

“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.”

Similarly, the “**2016 Global Disorders of Sex Development Consensus Statement**”,⁵² co-authored by Prof S. Faisal Ahmed (Paediatric Endocrinology, School of Medicine, University of Glasgow / Royal Hospital For Children, NHS Greater Glasgow and Clyde) still advocates “gonadectomy” – even when admitting “low” cancer risk for CAIS (and despite explicitly

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

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

50 Monroe, Surya, Crocetti, Daniela, Yeadon-Lee, Tray, Garland, Fae and Travis, Mitch (2017), Intersex, Variations of Sex Characteristics, and DSD: The Need for Change. Research Report. University of Huddersfield, <http://eprints.hud.ac.uk/id/eprint/33535/>

51 P. Mouriquand, A. Caldamone, P. Malone, J.D. Frank, P. Hoebeke, “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)

52 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>

acknowledging CRC/C/CHE/CO/2-4)⁵³.

Accordingly, around **450 times annually** the NHS England facilitates and pays for **removal of testes of children 0–14 years, including unnecessary removal in intersex children age 0-14**.⁵⁴

And around **5 times annually** the NHS England regularly facilitates and pays for **unnecessary removal of “atypical” gonadal tissue of intersex children age 0-14 (“excision of ovotestes”)**.⁵⁵

In addition, as the more refined statistics 2014-2015 for “gonadectomies” show, in England **often gonadectomies, including excision of ovotestes, still happen very early from 0-4 years**, when in any case actual cancer risk is hardly an issue.⁵⁶

b) IGM 2 – “Feminising Procedures”: Clitoris Amputation/“Reduction”, “Vaginoplasty”, “Labiaplasty”, Dilation⁵⁷

The “*Society for Endocrinology UK guidance on the initial evaluation of an infant or an adolescent with a suspected disorder of sex development (Revised 2015)*”⁵⁸ generally advocates early unnecessary surgeries as legitimate, framing the human rights issues involved as “*controversies*”:

“Some parents may consider early genital surgery as a mechanism that could possibly protect their child from the risk of future stigma. This will require a thorough discussion with several members of the MDT team including the clinical psychologist, surgeons, gynaecologist and nurses so that the parents are fully informed of the controversies around undertaking or withholding early genital surgery.”

53 *ibid*, at 180 (fn 111)

54 Figure derived from Hospital Episode Statistics (HES) available at <http://www.hscic.gov.uk/searchcatalogue?q=title%3A%22Hospital+Episode+Statistics%2C+Admitted+patient+care+England%22&area=&size=10&sort=Relevance>: 2000-2014: “Main procedures and interventions: 4 character”, N05.2, N06.3. 2014-15: N05.2, N05.3, N06.3, N06.6. Note: Numbers also include necessary treatments of non-intersex children.

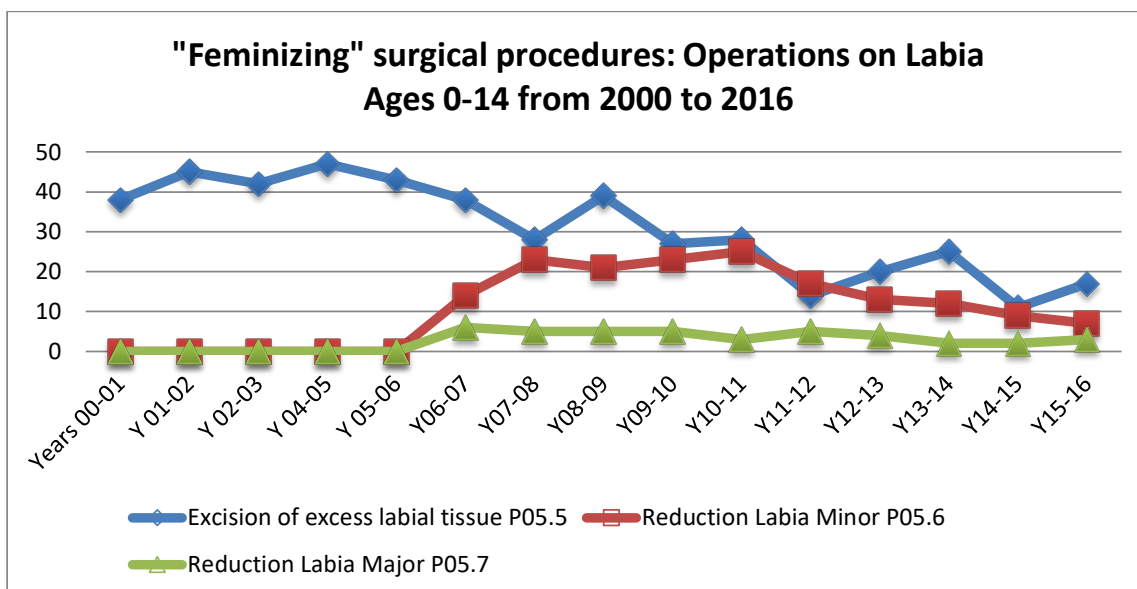
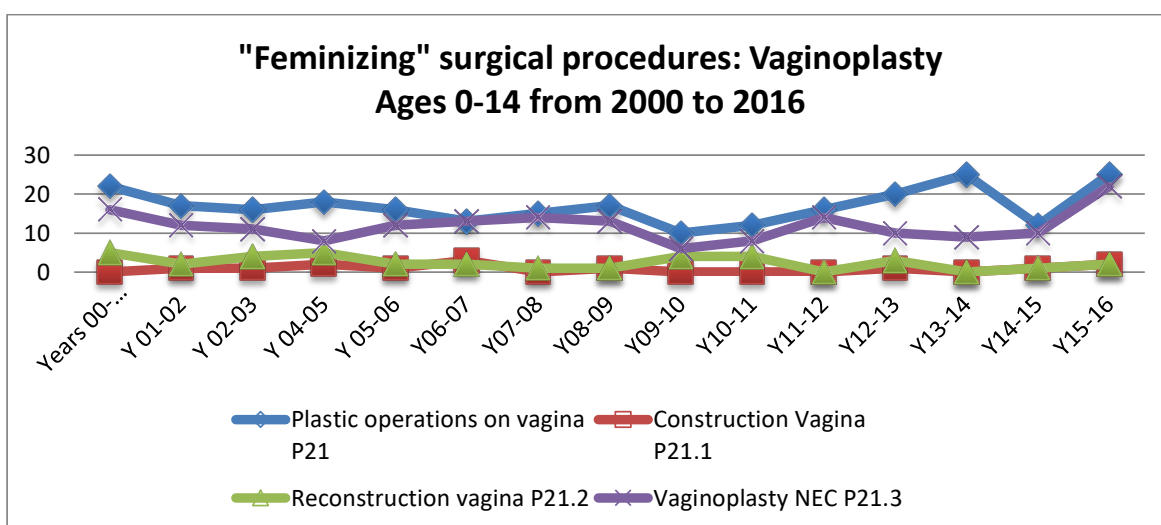
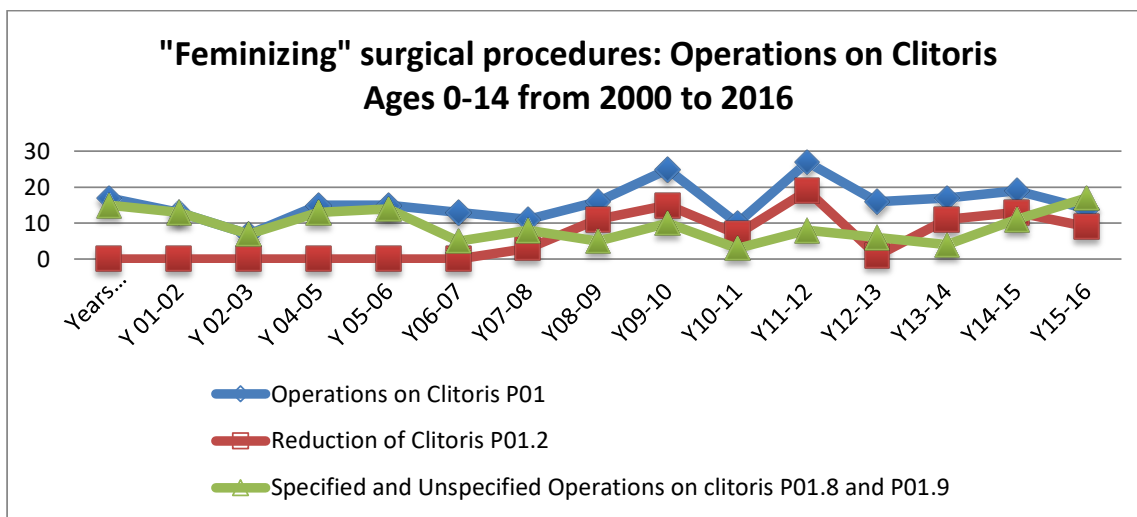
55 Figure derived from Hospital Episode Statistics (HES) available at <http://www.hscic.gov.uk/searchcatalogue?q=title%3A%22Hospital+Episode+Statistics%2C+Admitted+patient+care+England%22&area=&size=10&sort=Relevance>: 2000-2014: “Main procedures and interventions: 4 character”, X15.3. 2014-15: X16.3-6 (see next example).

56 From Hospital Episode Statistics (HES) available at <http://www.hscic.gov.uk/searchcatalogue?q=title%3A%22Hospital+Episode+Statistics%2C+Admitted+patient+care+England%22&area=&size=10&sort=Relevance>: 2014-15: “Total procedures and interventions: 4 character”. Note: These procedures may not all constitute unnecessary treatments.

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

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

58 S. Faisal Ahmed et al., “Society for Endocrinology UK guidance on the initial evaluation of an infant or an adolescent with a suspected disorder of sex development (Revised 2015)”, *Clinical Endocrinology* (2016) 84, 771–788, <http://onlinelibrary.wiley.com/doi/10.1111/cen.12857/pdf>



Source: Huddersfield UK Intersex Report 2017, p. 14⁵⁹

59 Monro, Surya, Crocetti, Daniela, Yeadon-Lee, Tray, Garland, Fae and Travis, Mitch (2017), Intersex, Variations of Sex Characteristics, and DSD: The Need for Change. Research Report. University of Huddersfield, <http://eprints.hud.ac.uk/id/eprint/33535/>

Above UK Endocrinology “guidance” remains remarkably similar to the 2011 **“best practice by a multidisciplinary team (MDT) dedicated to children with DSD”** as promoted by paediatric urologist Dr Imran Mushtaq (Great Ormond Street Hospital for Children GOSH NHS Foundation Trust / Senior Lecturer Institute of Child Health, London): ⁶⁰

“There is no subject that creates more controversy and debate than that relating to ‘feminising’ genital surgery in infants and children with DSD. [...]”

“Many parents of children with DSD continue to express deep concerns about the appearance of the genitalia and these concerns need to be taken seriously and managed in an appropriate manner. [...]”

“Clitoral surgery is generally considered when the clitoris is larger than ‘normal’. [...]”

“In girls with severe clitoral enlargement we remain happy to undertake clitoral reduction surgery, provided the family are fully informed and cognisant of the potential risks and benefits.”

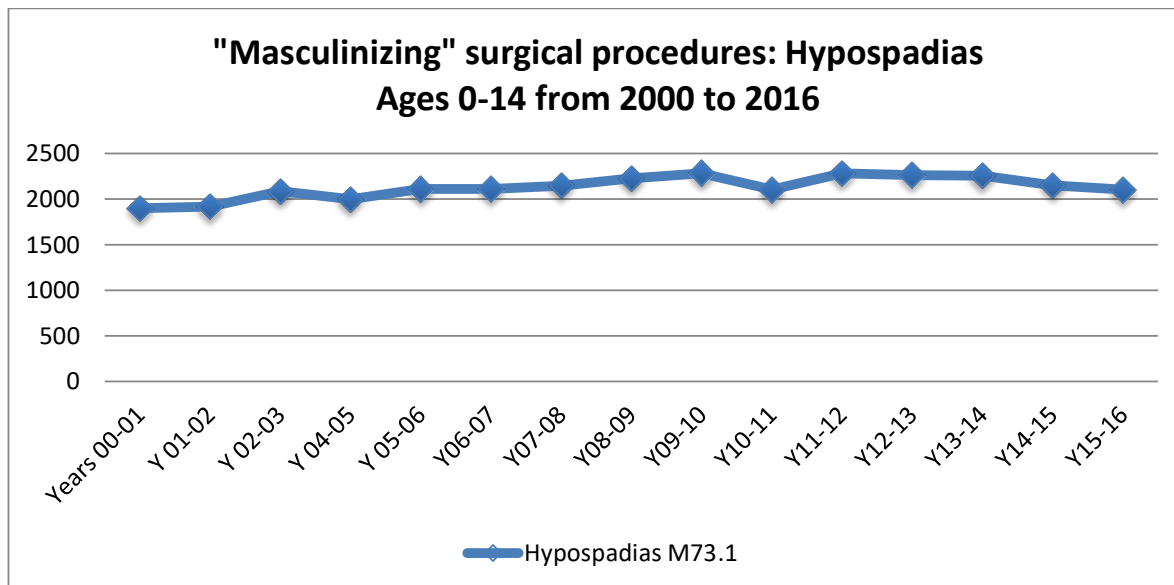
“Until such time as there is a change in the law, parents will continue to have the right to decide if their child should or should not have genital surgery in infancy or childhood. [...]”

Accordingly, the NHS England persistently facilitates and pays for **clitoral surgery on children 0–14 years around 15 times annually** – despite all ethics and human rights *“controversy and debate”*.⁶¹

60 Imran Mushtaq, “Surgery in infants and children with DSD” (2011), <http://dsdfamilies.org/docs/mednote/Surgery%20-%20Mushtaq.pdf>

61 Figure derived from Hospital Episode Statistics (HES) available at <http://www.hscic.gov.uk/searchcatalogue?q=title%3A%22Hospital+Episode+Statistics%2C+Admitted+patient+care+England%22&area=&size=10&sort=Relevance>: 2000-2012: “Total procedures and interventions: 3 character”, P01. 2012-15: “All procedures and interventions: 4 character” P01.1, P01.2, P01.8.

c) IGM 1 – “Masculinising Surgery”: Hypospadias “Repair”⁶²



Source: Huddersfield UK Intersex Report 2017, p. 15⁶³

Hypospadias “repair”, as advocated by the “British Association of Plastic Reconstructive and Aesthetic Surgeons (BAPRAS)” in their online “*Procedure Guide Hypospadias*”: ⁶⁴

“There is no urgency to treat this condition, but once recognised you will be referred to a specialist to discuss surgery to correct the problem. [...]”

“What surgery is available, and what techniques are involved?”

Surgery is recommended to make the penis look as natural as possible and to enable the child to stand up to pass urine. Corrective surgery for the treatment of hypospadias is often carried out 12 months after birth but can be done earlier or later. [...]”

“Is this surgery available on the NHS?”

Surgery to correct hypospadias is widely available on the NHS.”

UK NHS medical bodies and children’s clinics generally **advocate early hypospadias “repair” justified by psychosocial “indications”**. For example the “Norfolk and Norwich University Hospitals NHS Foundation Trust” and “Ipswich Hospital NHS Trust” in their “*Information Leaflet on Hypospadias for Parents*”: ⁶⁵

“WHAT AGE WILL MY SON BE?”

*“We prefer to perform the operation at **about 12 months of age** or above.”*

62 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>

63 Monro, Surya, Crocetti, Daniela, Yeadon-Lee, Tray, Garland, Fae and Travis, Mitch (2017), Intersex, Variations of Sex Characteristics, and DSD: The Need for Change. Research Report. University of Huddersfield, <http://eprints.hud.ac.uk/id/eprint/33535/>

64 <http://www.bapras.org.uk/public/patient-information/surgery-guides/hypospadias>

65 <http://www.nnuh.nhs.uk/publication/download/hypospadias-29-0-14>

Or the “**University Hospitals Bristol NHS Foundation Trust**” in its “*Surgery for Hypospadias Family information leaflet*”:⁶⁶

“Surgery usually takes place at 10-18 months of age [...]”

Accordingly, up to **2400 times annually** the NHS England facilitates and pays for **hypospadias “repair” on intersex children 0–14 years.**⁶⁷

2. UK NHS Doctors consciously dismissing Intersex Human Rights Concerns

It must be duly noted that **UK paediatric surgeons are adamant advocates** of IGM practices, **consciously dismissing to consider any human rights concerns, despite openly admitting to knowledge of relevant criticisms** by human rights and ethics bodies.

For example, the 2013 “*ESPU/SPU standpoint on the surgical management of Disorders of Sex Development (DSD)*”, co-authored by Dr Peter Malone (University College Hospital UCLH, University College London Hospitals NHS Foundation Trust / Royal Berkshire Hospital, Royal Berkshire NHS Foundation Trust) dismissed both the **2013 Report by the Special Rapporteur on Torture** and the 2012 Recommendations by the Swiss National Advisory Commission on Biomedical Ethics as “*inappropriate and biased statements*” and “*biased and counterproductive reports*”, while insisting on continuing with IGM practices.⁶⁸

And paediatric urologist Dr Imran Mushtaq (Great Ormond Street Hospital for Children NHS Foundation Trust / Senior Lecturer Institute of Child Health, London) freely admits **only “a change in law”** would prevent the hospital’s “*multidisciplinary team (MDT) dedicated to children with DSD*” from continuing with IGM practices:⁶⁹

“Until such time as there is a change in the law, parents will continue to have the right to decide if their child should or should not have genital surgery in infancy or childhood. [...]”

This is the more severe, since over a decade of ongoing research published by **clinicians from the UCLH Middlesex Clinic caring for adult intersex persons** clearly documents the disastrous effects of non-consensual, unnecessary childhood treatments in the UK, so UK paediatric doctors specialising in such treatments are obviously fully aware of the severe pain and suffering caused by their actions,⁷⁰ as are Government bodies.

Nonetheless, government bodies refuse to take any appropriate action, but continue to ignore intersex human rights, and allow IGM doctors to continue practicing with impunity.

66 http://www.drmark.info/Dr_Mark/Information_leaflets_files/Hypospadias%20surgery_one%20and%20two%20stage_2012.pdf

67 Figure derived from Hospital Episode Statistics (HES) available at <http://www.hscic.gov.uk/searchcatalogue?q=title%3A%22Hospital+Episode+Statistics%2C+Admitted+patient+care+England%22&area=&size=10&sort=Relevance>: 2000-2012: “Main procedures and interventions: 4 character”, M73.1. 2012-15: “All procedures and interventions: 4 character” M73.1.

68 P. Mouriquand, A. Caldamone, P. Malone, J.D. Frank, P. Hoebeke, “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)

69 Imran Mushtaq, “Surgery in infants and children with DSD” (2011), <http://dsdfamilies.org/docs/mednote/Surgery%20-%20Mushtaq.pdf>

70 see e.g. Sarah M. Creighton et al., (2013), Childhood surgery for ambiguous genitalia: glimpses of practice changes or more of the same?, *Psychology & Sexuality* 5(1):34-43

For a list of older relevant Middlesex publications, see <http://www.intersexinitiative.org/articles/minto-creighton.html>