Intersex Genital Mutilation

Human Rights Violations Of Children With Variations Of Reproductive Anatomy

NGO Report (for Session)

to the 8th Report of the United Kingdom on the International Covenant on Civil and Political Rights (CCPR)

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https://intersex.shadowreport.org/public/2024-CCPR-UK-NGO-Intersex-StopIGM.pdf

Executive Summary

All typical forms of IGM practices are still widespread in the United Kingdom today, facilitated and paid for by the State party via the National Health Service (NHS), with statistics indicating about 2,900 involuntary, non-urgent interventions practiced annually.

Thus, the **United Kingdom fails to take appropriate action** to effectively protect intersex children from harmful practices, in spite of **repeated Concluding Observations** by **CAT** (CAT/C/GBR/CO/6, paras 64-65), **CRC** (CRC/C/GBR/CO/5, paras 46-47; CRC/C/GBR/CO/6-7, para 35(d)), and **CRPD** (CRPD/C/GBR/CO/1, paras 10(a)+11(a), 38-41).

This Committee has consistently recognised IGM practices to constitute inhuman treatment in Concluding Observations, invoking **Articles 2, 3, 7, 9, 17, 24 and 26**.

The United Kingdom is thus in breach of its **obligations** under the Covenant to **(a)** take effective legislative, administrative, judicial or other measures to **prevent inhuman treatment and involuntary experimentation on intersex children** causing severe mental and physical pain and suffering of the persons concerned, and **(b) ensure equal access to justice and redress**, including fair and adequate **compensation** and as full as possible **rehabilitation** for victims, as stipulated in the CCPR in conjunction with the **General comment No. 20**.

In total, UN treaty bodies **CRC, CAT, CCPR, CEDAW** and **CRPD** have so far issued **88 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 treatments** that would not be considered for "normal" children, without evidence of benefit for the children concerned, but justified by societal and cultural norms and beliefs. **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 the international intersex NGO **StopIGM.org**. It contains **Suggested Recommendations (p. 24).**

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A. Introduction

1. Intersex, IGM and Human Rights in the United Kingdom

The United Kingdom has been reviewed by **CRC** (2016, 2023), **CRPD** (2017) and **CAT** (2019) with all Committees **recognising** IGM in the UK as constituting a **harmful practice**, **cruel, inhuman or degrading treatment**, and a **violation of integrity**.

Nonetheless, **the UK fails to recognise** the serious nature of the violations constituted by IGM practices, and **fails to undertake effective measures**, including legislation, to protect intersex children from the daily mutilations, amounting to **2,900 incidents annually** in England alone.

This NGO Report demonstrates that the current **harmful medical practice on intersex persons in the UK** – advocated, facilitated and **paid for by the State party** – constitute **serious breaches** of the UK's obligations under the Covenant.

To this day the United Kingdom 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 non-derogable duty** to prevent inhuman treatment of intersex children, to guarantee access to **justice, redress and compensation** to IGM survivors, as well as 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 international intersex NGO *StopIGM.org*:

- **StopIGM.org / Zwischengeschlecht.org**, founded in 2007, 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!"* [1] According to its charter,[2] 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,[3] substantially contributing to the so far 88 Treaty body Concluding Observations recognising IGM as a serious human rights violation.[4]

  StopIGM.org has been active in the UK since 2011[5] [6] [7] [8] [9] [10] [11] [12].

1 https://Zwischengeschlecht.org/ English pages: https://StopIGM.org/
2 https://zwischengeschlecht.org/post/Statuten
3 https://intersex.shadowreport.org/
4 https://stopigm.org/post/IAD-2016-Soon-20-UN-Reprimands-for-Intersex-Genital-Mutilations
5 https://zwischengeschlecht.org/pages/Open-Letter-ISHID-2011-18-09
6 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
7 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
8 https://stopigm.org/public/Open-Letter_I-DSD_2013.pdf
9 https://www.ias.surrey.ac.uk/wp-content/uploads/2019/11/Intersex-programme-brochure.pdf

In addition, the Rapporteurs would like to acknowledge the work of **IntersexUK (iUK)**,[13] **The UK Intersex Association (UKIA)**[14] and **Interconnected (ICON) UK**.[15] And we would like to acknowledge the work of the **Androgen Insensitivity Syndrome Support Group UK (AISSG UK)**[16] and **Margaret Simmonds**.[17] We would like to acknowledge the work of **Leslie Jaye**[18] and of **Michel O'Brien**.[19] We would like to acknowledge the work of **Ellie Magritte**[20] and **dsdfamilies.org**.[21] 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's **Intersex/DSD Human Rights, Citizenship and Democracy [EUICIT] Project**.[22]

3. Methodology

This thematic NGO report is an update to the **2020 CCPR UK NGO Report (for LOIPR)**[23] by the same Rapporteurs.

10 https://research.hud.ac.uk/institutes-centres/ccid/projects/current_projects/intersex-dsd_human_rights/
11 https://stopigm.org/public/StopIGM-Concern-Call-for-Evidence-UK-GEO.pdf
12 https://cordis.europa.eu/project/id/859869
13 https://www.facebook.com/intersexuk/
14 http://ukia.co.uk/
15 https://interconnecteduk.org/
16 http://www.aissg.org/
17 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
18 https://intersexday.org/en/language-truth-jaye/
19 http://oiiinternational.com/653/holistic-for-whom/
20 https://web.archive.org/web/20170223000642/http://www.dsdfamilies.org/docs/conf/working_together.pdf
21 http://www.dsdfamilies.org/
22 https://research.hud.ac.uk/institutes-centres/ccid/projects/current_projects/intersex-dsd_human_rights/
23 http://intersex.shadowreport.org/public/2020-CCPR-LOIPR-UK-NGO-Intersex-StopIGM.pdf

B. Precedents

1. Previous Concluding Observations

a) Harmful Practices: CRC 2016, CRC/C/GBR/CO/5, paras 46(b)+47(b-e)

Harmful practices

46. The Committee welcomes the enactment of the Serious Crime Act (2015) in England and Wales, which enables the courts to issue protection orders to protect potential or actual child victims of female genital mutilation. However the Committee is concerned at: […]

(b) Cases of medically unnecessary surgeries and other procedures on intersex children before they are able to provide their informed consent, which often entail irreversible consequences and can cause severe physical and psychological suffering, and the lack of redress and compensation in such cases.

47. ***With reference to its general comment No. 18 (2014) on harmful practices, the Committee recommends that the State party:*** *[…]*

(b) ***Continue and strengthen preventive and protection measures to address the issue of harmful practices, including the collection of data, the training of relevant professionals, awareness-raising programmes, the provision of protection and care to the child victims and the prosecution of those found guilty of perpetrating such acts;***

(c) ***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 and provide families with intersex children with adequate counselling and support;***

(d) ***Provide redress to the victims of such treatment;***

(e) ***Educate medical and psychological professionals on the range of sexual, and related biological and physical diversity and on the consequences of unnecessary interventions for intersex children.***

b) Protecting the Integrity of the Person: CRPD 2017, CRPD/C/GBR/CO/1, paras 10(a)+11(a), 38-41

10. The Committee is concerned about:

(a) The challenges facing organizations of persons with disabilities, including organizations representing women, children and intersex persons with disabilities, in accessing support and being consulted and actively involved in the implementation of the Convention; […]

11. ***The Committee recommends that the State party:***

(a) ***Allocate financial resources to support organizations representing persons with disabilities, including women and children with disabilities, and develop mechanisms to ensure the inclusive, strategic and active involvement of organizations of persons with disabilities, including women, children and intersex persons, in the planning and implementation of all legislation and measures that affect the lives of persons with disabilities;***

[…]

Freedom from exploitation, violence and abuse (art. 16)

38. The Committee is concerned about abuse, ill-treatment, sexual violence and exploitation of women, children, intersex persons and elderly persons with disabilities, and the insufficient measures to prevent all forms of exploitation, violence and abuse against persons with disabilities. It is also concerned at reports of cases of disability hate crime, in the absence of consistent data collection and differences in legal provisions for sentencing different types of hate crime, particularly in England and Wales.

39. ***The Committee recommends that the State party, in close collaboration with organizations of persons with disabilities, and in line with target 16.3 of the Sustainable Development Goals:***

(a) ***Establish measures to ensure equal access to justice and to safeguard persons with disabilities, particularly women, children, intersex persons and elderly persons with disabilities from abuse, ill-treatment, sexual violence and exploitation; […]***

Protecting the integrity of the person (art. 17)

40. The Committee is concerned that persons with disabilities, including women, intersex persons, girls and boys, reportedly continue to be subjected to involuntary medical treatment, including forced sterilization and conversion surgeries.

41. ***The Committee recommends that the State party repeal all types of legislation, regulations and practices allowing any form of forced intervention or surgery, and ensure that the right to free, prior and informed consent to treatment is upheld and that supported decision-making mechanisms and strengthened safeguards are provided, paying particular attention to women, intersex persons, girls and boys.***

c) Inhuman Treatment: CAT 2019, CAT/C/GBR/CO/6, paras 64-65

Intersex persons

64. While noting that in January 2019 the Government Equalities Office launched a call for evidence to better understand the experiences of intersex persons in the United Kingdom, the Committee remains concerned about reports of cases of unnecessary surgery and other medical treatment with lifelong consequences, including severe pain and suffering, to which intersex children have been subjected. The Committee is further concerned about the lack of legal provisions providing redress and rehabilitation in such cases (arts. 14 and 16).

65. ***The State party should ensure that:***

(a) ***The parents or guardians of intersex children receive impartial counselling services and psychological and social support, including information on the possibility of deferring any decision on unnecessary treatment until they can be carried out with the full, free and informed consent of the person concerned;***

(b) ***Persons who have been subjected to such procedures without their consent and resulting in severe pain and suffering obtain redress, including the means for rehabilitation.***

d) Harmful Practices: CRC 2023, CRC/C/GBR/CO/6-7, para 35(d)

Harmful practices

35. ***Recalling joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices (2014) and its previous recommendations,12 the Committee recommends that the State party:***

[…]

(d) ***Legally prohibit non-urgent and non-essential (including feminizing or masculinizing) medical or surgical treatment of intersex children before they are of sufficient age or maturity to make their own decisions; ensure that such incidents are investigated and provide redress and psychosocial support to victims; and establish a mechanism to independently monitor implementation of the legal prohibition.***

C. IGM in the UK: State-sponsored and pervasive, Gov fails to act

1. Overview: IGM practices in the UK: Pervasive and unchecked

In the **United Kingdom**,[24] same as in the neighbouring countries of *Ireland* [25], *France* [26] and *Germany*,[27] and in **many more State parties**,[28] there are

- **no effective 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 IGM**
- **no measures** in place to ensure **systematic data collection and monitoring** of IGM
- **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 fails to recognise the serious human rights violations**[29] and the lifelong, severe suffering caused by IGM practices, let alone to ***"take effective legislative, administrative, judicial or other measures"*** to protect intersex children.

What's worse, this continues **after the State party has already been reprimanded** by **CRC in 2016**, by **CRPD in 2017**, by **CAT in 2019** and again by **CRC in 2023** for IGM practices, with Committees calling for **legislative measures** including to ensure access to **redress**, and to provide **adequate support.**

UK doctors are very outspoken about their determination to continue with involuntary surgeries etc. on intersex children ***"[u]ntil such time as there is a change in law"*** (see p. 11-12).

2. Insufficient Government initiatives to combat IGM practices

a) NHS England stalls implementation of new Clinical Commissioning Policy

The **NHS England** "Clinical Priorities Advisory Group" has to be commended for proposing a new **Clinical Commissioning Policy *"Gonadal and genital surgery for infants and children with differences in sex development 1871"***, recommending *"Gonadal and genital surgery for infants and children with differences in sex development (DSD) will **not be available as a routine treatment** option through commissioning **until the individual concerned is able to give fully informed consent** or where there is requirement for emergency surgery. In addition, gonadal surgery will be available as a treatment option for infants and children with DSD when there is a*

24 CRC/C/GBR/CO/5, paras 45-46, CRPD/C/GBR/CO/1, paras 10(a)+11(a), 38-41; CAT/C/GBR/CO/6, paras 64-65); CRC/C/GBR/CO/6-7, para 35(d)

25 CCPR/C/IRL/CO/5, paras 19+20(b); CAT/C/FRA/CO/7, paras 32–33; CRC/C/IRL/CO/3-4, paras 39-40; CEDAW/C/IRL/CO/6-7, paras 24-25

26 CRC/C/FRA/CO/5, paras 47-48; CEDAW/C/FRA/CO/7-8, paras 18(e)-(f)+19(e)-(f); CRPD/C/FRA/CO/1, paras 36(c)+37(c); CRC/C/FRA/CO/6-7, paras 30(b)+(c)

27 CCPR/C/DEU/CO/7, paras 20+21; CAT/C/DEU/CO/5; para 20; CRPD/C/DEU/CO/1, paras 37-38; CEDAW/C/DEU/CO/7-8, paras 23-24; CRC/C/DEU/CO/5-6, para 24(c); CRPD/C/DEU/CO/2-3, paras 39-40

28 See https://stopigm.org/post/IAD-2016-Soon-20-UN-Reprimands-for-Intersex-Genital-Mutilations

29 **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

clinically confirmed significant cancer risk," [30] [31] and NHS England has to be commended for organising a **public consultation on this new proposal** in 2020.[32]

However, unfortunately, since then there have been **no new developments** in this matter, **let alone an implementation** of the proposed Clinical Commissioning Policy.

b) GEO "Call for Evidence" ignores human rights, stalls

The **Government Equalities Office (GEO)** has to be commended for adequately consulting with UK intersex NGOs regarding its 2019 ***"Call for Evidence on Variations in Sex Characteristics"*** [33].

Further, the **GEO *"Technical Paper"*** [34] has to be commended for officially stating that the UK Government is now ***"aware of calls from some UK stakeholders to end the practice*** *of what they describe as 'medically unnecessary interventions'"*. Still, we note with great concern that both the *"Call for Evidence"* itself as well as its *"Technical Paper"* **fail to adequately consider human rights**, namely the non-derogable rights to protection from harmful practices, and to justice and redress for victims, despite that these are crucial issues for IGM survivors.[35]

c) UK NHS Doctors consciously dismissing Intersex Human Rights Concerns

UK paediatric surgeons are often adamant advocates of IGM practices, consciously dismissing human rights concerns, despite openly admitting to knowledge of relevant criticisms.

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, currently retired) 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.[36]

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*

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30 NHS-England, Clinical Commissioning Policy Proposition: Gonadal and genital surgery for infants and children with differences in sex development 1871, http://tracking.vuelio.co.uk/tracking/click?d=IsmbMIYnKpM_yDODsVGSu3XHdKLFe3yGDu6UC3ImR5WWxiwSX7BTOPLzcSwxcy-MxFyPZwL0qLKvfzinBzHv03TV4kQQKsMvUD4lSUy5BijL3AMMW83k30rhOVIN8JSdYgubVpWUUC5TQcSAVOju-wdVzoTU_73l8Oys0QIHFbXdZiPsMUzJ369kX7irWuMDaz-axH5f8FSD80E2xzgKNNA1

31 Faye Kirkland, Katie Gibbons (2020), "Surgery on intersex children may stop," The Times, 09.11.2020, https://www.thetimes.co.uk/article/surgery-on-intersex-children-may-stop-p2p8qq5dc

32 http://criticalsexology.org.uk/consultation-document/

33 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/771459/VSC_call_for_evidence_Web_Accessible.pdf

34 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/771468/VSC_Technical_Paper_Web_Accessible.pdf

35 See StopIGM.org (2019), Open Letter of Concern to GEO, https://stopigm.org/public/StopIGM-Concern-Call-for-Evidence-UK-GEO.pdf
See also GEO's telling non-answer, https://stopigm.org/post/Letter-of-Concern-Government-Equalities-Office-Intersex-Human-Rights

36 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.jpurol.com/article/S1477-5131(13)00313-6/pdf

children with DSD" from continuing with IGM practices:[37]

> *"**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,[38] as are Government bodies.

Nonetheless, so far Government bodies fail to take appropriate action, but continue to ignore intersex human rights, and allow IGM doctors to continue practicing with impunity.

d) Misrepresentation of Intersex as LGBT issue, Misappropriation of Funding

Intersex persons and their organisations have **spoken out clearly against misrepresenting intersex as an LGBT issue**, and in particular **against instrumentalising intersex** as a means to an end by LGBT groups, and **against pinkwashing of IGM** by State parties trying to deflect from criticism of involuntary intersex treatments, 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.**[39]

A UK example of **LGBT groups talking for intersex persons and their organisations without consultation or representation** is the Scottish Pink Saltire Video "Introducing Intersex"[40] originally also promoted by the Scottish DSD Network,[41] which was financed by the Scottish Lottery Fund,[42] and in which intersex is "introduced" and explained exclusively by non-intersex persons and organisations including Pink Saltire, Equality Network Scotland, and the Scottish DSD Network, while intersex persons and their organisations were neither consulted nor represented.

So far Scotland is the only UK country with a budget for funding **intersex awareness raising** with at least "£135,000 for intersex work", however **paid out exclusively to LGBT organisations**.[43] In total, 2016-2020 a staggering **£180,000 will be paid out to LGBT**

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37 Imran Mushtaq, "Surgery in infants and children with DSD" (2011), https://stopigm.org/wp-content/uploads/dsdfamilies_Surgery-Mushtaq.pdf

38 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

39 For more information and sources, see 2019 CCPR Mexico NGO Report, Annexe 2, p. 37-40, https://intersex.shadowreport.org/public/2019-CCPR-Mexico-NGO-Intersex-Brujula-StopIGM.pdf

40 Pink Saltire, "Introducing Intersex", video 22.03.2017. **Note:** The Rapporteurs **can NOT endorse this video** as it was made by third party groups without consultation and representation of intersex persons and their organisations. (**Video removed after CRPD18:** https://www.youtube.com/watch?v=onRPZEPDoPs)

41 See "Introducing Intersex", http://www.sdsd.scot.nhs.uk/support/ **(link removed after CRPD18)**

42 See https://web.archive.org/web/20230129023252/https://pinksaltire.com/2016/10/08/do-you-know-what-the-i-means/

43 *"Equality Network funding includes £600,000 for the work of Scottish Trans, representing an increase of 53% on previous funding, and in recognition of the huge increase in demand for trans services, including a Scottish Government gender recognition consultation expected in the Autumn, as well as £135,000 for intersex work."*,

organisations for "intersex work",[44] [45] while intersex NGOs continue to receive ZERO.

So unfortunately while the Scottish Government and the Scottish political parties publicly strive to *"include[...] intersex as part of our equality approach since 2014"*,[46] in fact they only do so regarding issues marginal to most intersex people like e.g. *"hate crimes against non-binary or intersex people"* [47] and *"update[ing] the Gender Recognition Act 2004 […] to alter the law to make better provisions for […] specifically non-binary and intersex people"*,[48] however, regarding the main issue of intersex children being submitted to IGM they steadfastly **keep funding and supporting the doctors and clinics responsible for continuing the practice**.

3. IGM in the UK: Still pervasive, advocated and paid for by State party

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 **publicly available data on IGM** based on NHS England Hospital Episode Statistics (HES) indicating **annually up to 2,900** non-urgent genital surgeries on intersex children in England alone,[49] UK Officials and NHS doctors **conveniently ignore** available data by either completely ignoring questions on IGM (for example answering on FGM instead),[50] or denying any knowledge of data on IGM,[51] or severely downplaying numbers on IGM practices (*"between 20 and 40"*).[52]

In **Northern Ireland**, intersex children are sent to England for *"major corrective surgery"*. [53]

Further, also **intersex children from Ireland**[54] **and Malta**[55] are sent to the UK NHS hospitals for

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see Pink Saltire, "Big Four LGBT Charities in Government Funding Windfall", https://web.archive.org/web/20230131132057/https://pinksaltire.com/2017/06/28/big-four-lgbt-charities-in-government-funding-windfall/

44 See also £45,000 for "intersex project" paid out to Equality Network in 2016, https://www.gov.scot/publications/equality-funding-2016-2017/

45 See also annually £45,000 for "intersex project" paid out to Equality Network in 2017, 2018, 2019. https://www.gov.scot/publications/equality-national-intermediary-bodies-funding-2017-2020/

46 https://www.gov.scot/policies/lgbti/

47 https://web.archive.org/web/20230129022827/https://pinksaltire.com/2017/06/10/scots-lgbt-hate-crime-reaches-new-high/

48 https://web.archive.org/web/20230131140035/https://pinksaltire.com/2016/09/01/nhs-under-strain-as-gender-identity-demand-surges/

49 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/

50 See CRPD18 Transcript, https://stopigm.org/post/You-answered-on-female-genital-mutilation%2C-but-I-was-talking-about-intersex-genital-mutilation-CRPD18

51 ***"The British government has said it is unaware how many intersex children […] are being subjected to surgeries on the NHS"***, Buzzfeed News (16.01.2019), https://www.buzzfeed.com/patrickstrudwick/how-many-intersex-children-being-operated-on

52 See for example IGM surgeon Dr Mark Woodward publicly claiming: ***"maybe between 20 and 40 surgical procedures a year in the whole of the UK,*** *so we are talking about relatively small numbers"*, BBC interview, 14.01.2019, see transcript: https://stopigm.org/post/UK-NHS-Doctor-admits-to-Intersex-Genital-Mutilation

53 See 2022 State Party Report to CRC, para 197 (CRC/C/GBR/6-7)

54 IGM in **Ireland** has previously been recognised as a serious violation by **this Committee**, CRC and CEDAW: CRC/C/IRL/CO/3-4, paras 39-40; CEDAW/C/IRL/CO/6-7, paras 24-25

55 IGM in **Malta** has previously been recognised as a serious violation by CRC: CRC/C/MLT/CO/3-6, paras 28-29

IGM: According to the "Irish Examiner"[56] paediatricians of the Great Ormond Street Children's Hospital NHS Trust regularly attend "multidisciplinary meetings" at "Our Lady's Crumlin Children's Hospital" in Dublin, **Ireland**, when "difficult decisions" are made regarding IGM surgery on Irish intersex children, and according to Crumlin paediatrician Dr Colm Costigan, *"for more complicated rare surgeries, 'we send children abroad'"*, arguably to Great Ormond Street. Also, **Maltese** intersex children have traditionally been sent to UK NHS Hospitals for IGM surgery which was also indirectly confirmed by a Maltese ERN Board of Member States representative highlighting the special Maltese relationship with England and Great Ormond Street.[57]

Last but not least, UK NHS Hospitals play a prominent role in **International IGM Networks**: In 2017, the "European Reference Network" was launched to ensure better treatment for patients with rare diseases within the European Union.[58] Unfortunately, **2 of the newly created "ERNs" also specialise in the proliferation and practice of IGM**, namely the **"Network Urogenital Diseases" a.k.a. "eUROGEN"** and the **"Network on Endocrine Conditions" a.k.a. "Endo-ERN"**.[59] Like with earlier international networks led by IGM perpetrators, e.g. "I-DSD",[60] "DSDnet"[61] and "DSD-Life",[62] **UK NHS Hospitals are prominently involved**.[63]

a) NHS England tertiary children's hospitals practising IGM

In England there are **14 tertiary NHS children's hospitals** where intersex children are referred to and submitted to IGM practices:[64]

- Birmingham Women's and Children's Hospital[65] [66]
- Bristol University Hospitals[67] [68]
- Cambridge University Hospitals (Addenbrooke's Hospital)[69] [70] [71]
- Doncaster and Bassetlaw Teaching Hospitals[72]
- Hull University Teaching Hospitals (Hull Royal Infirmary)[73]

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56 Irish Examiner, "What happens when a child is born intersex in Ireland?", 04.11.2016, Cover story, p. 7-9

57 See 2019 CRC Intersex NGO Report Malta, p. 10, https://intersex.shadowreport.org/public/2019-CRC-Malta-NGO-Zwischengeschlecht-Intersex-IGM.pdf

58 https://ec.europa.eu/health/sites/health/files/ern/docs/2017_brochure_en.pdf

59 See https://stopigm.org/post/eUROGEN-EU-funded-Intersex-Genital-Mutilators

60 See Open Letter to "I-DSD 2013", https://stopigm.org/public/Open-Letter_I-DSD_2013.pdf

61 See https://stopigm.org/post/DSDnet-Intersex-Genital-Mutilators-European-Union

62 See https://stopigm.org/post/EU-biggest-funder-of-Intersex-Genital-Mutilation-how-much-longer

63 The "Open Letter of Concern to 6th I-DSD 2017, DSDnet, eUROGEN, Endo-ERN, DSD-Life and Affiliates" lists **14 NHS Clinics involved in current international IGM projects**, see p. 2, https://stopigm.org/public/Open_Letter_I-DSD_Copenhagen_2017.pdf

64 Fae Garland, Michael Thomson, Mitchell Travis, Joshua Warburton (2021), "Management of 'disorders of sex development'/intersex variations in children: Results from a freedom of information exercise", Medical Law International, 2021, Vol. 21(2) 116–146, https://journals.sagepub.com/doi/full/10.1177/09685332211003636

65 https://bwc.nhs.uk/paediatric-surgery-treatments

66 https://bwc.nhs.uk/mr-liam-mccarthy

67 https://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/bristol-royal-hospital-for-children/what-we-do/paediatric-urology/

68 https://www.uhbristol.nhs.uk/patients-and-visitors/your-hospitals/st-michaels-hospital/what-we-do/paediatric-and-adolescent-gynaecology/

69 https://www.cuh.nhs.uk/our-services/childrens-services-paediatrics/childrens-services-a-z/surgery-and-urology-paediatrics/

70 https://www.cuh.nhs.uk/clinics/children-and-young-peoples-dsd-clinic/

71 https://paediatrics.medschl.cam.ac.uk/research/clinical-trials/differences-disorders-of-sex-development-cambridge-dsd-database/

72 https://www.dbth.nhs.uk/services/library-services/specialties-pages/paediatrics/

- Leeds Teaching Hospitals (Leeds Children's Hospital)[74] [75]
- Liverpool, Alder Hey Children's Hospital[76] [77]
- London, Great Ormond Street Hospital for Children (GOSH)[78] [79] [80] [81]
- London, Guy's and St Thomas' Hospitals (Evelina London Children's Hospital)[82] [83]
- Manchester University Hospitals (Royal Manchester Children's Hospital)[84] [85]
- Newcastle upon Tyne Hospitals (Great North Children's Hospital)[86] [87]
- Nottingham University Hospitals (Nottingham Children's Hospital)[88] [89] [90]
- Oxford University Hospitals (Oxford Children's Hospital)[91] [92]
- Sheffield Children's Hospital[93] [94] [95] [96] [97]
- Southampton University Hospital (Southampton Children's Hospital)[98] [99]

b) NHS Scotland tertiary children's hospitals practising IGM

In Scotland there are **3 tertiary NHS children's hospitals** where intersex children are referred to and submitted to IGM practices:[100]

- Royal Aberdeen Children's Hospital
- Royal Hospital for Sick Children, Edinburgh
- Royal Hospital for Children, Glasgow

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73 https://www.hey.nhs.uk/patient-leaflet/paediatric-surgery-hypospadias/
74 https://www.leedsth.nhs.uk/a-z-of-services/childrens-surgery/childrens-day-surgery/about-your-procedure/hypospadias-repair/
75 https://www.leedsth.nhs.uk/a-z-of-services/childrens-surgery/what-we-do/
76 https://www.alderhey.nhs.uk/services/disorders-of-sex-development/
77 https://www.alderhey.nhs.uk/services/urology/
https://www.alderhey.nhs.uk/services/disorders-of-sex-development/
78 https://www.gosh.nhs.uk/wards-and-departments/departments/clinical-specialties/urology-information-parents-and-visitors/conditions-we-treat/
79 https://www.gosh.nhs.uk/wards-and-departments/departments/clinical-specialties/endocrinology-information-parents-and-visitors/conditions-we-treat/
80 https://www.gosh.nhs.uk/conditions-and-treatments/procedures-and-treatments/after-hypospadias-repair-0/
81 https://www.gosh.nhs.uk/conditions-and-treatments/clinical-outcomes/urology-clinical-outcomes/
82 https://www.evelinalondon.nhs.uk/our-services/hospital/urology/overview.aspx
83 https://www.evelinalondon.nhs.uk/resources/patient-information/hypospadias-repair-1-stage.pdf
https://www.evelinalondon.nhs.uk/resources/patient-information/hypospadias-repair-2-stage.pdf
84 https://mft.nhs.uk/rmch/services/general-paediatrics/
85 https://whileyouwait.org.uk/childrens-surgery/childrens-urology/
86 https://www.newcastle-hospitals.nhs.uk/services/great-north-childrens-hospital/childrens-surgery/
87 https://www.newcastle-hospitals.nhs.uk/consultants/mr-milan-gopal/
88 https://www.nuh.nhs.uk/nottingham-childrens-hospital
89 https://www.emeesykidney.nhs.uk/parents-families/nottingham-children-s-hospital/urology/125-urology-services-at-nottingham-children-s-hospital
90 https://www.nuh.nhs.uk/download/doc/docm93jijm4n7688.pdf?ver=16651
91 https://www.ouh.nhs.uk/children/services/surgical-services/surgery/
92 https://www.ouh.nhs.uk/patient-guide/leaflets/files/100701hypospadias.pdf
93 https://www.sheffieldchildrens.nhs.uk/services/surgery/paediatric-surgical-unit/urology/
94 https://library.sheffieldchildrens.nhs.uk/differences-in-sexual-development-clinic/
95 https://library.sheffieldchildrens.nhs.uk/mild-hypospadias/
96 https://library.sheffieldchildrens.nhs.uk/moderate-hypospadias/
97 https://library.sheffieldchildrens.nhs.uk/severe-hypospadias/
98 https://www.uhs.nhs.uk/health-professionals/services-for-health-professionals/women-and-children/paediatrics
99 https://www.uhs.nhs.uk/for-visitors/southampton-childrens-hospital/childrens-services/childrens-surgery/diagnosis-and-treatment
100 https://www.sdsd.scot.nhs.uk/about-us/mdt-clinic/

Currently practiced forms of IGM in the UK include:

c) IGM 3 – Sterilising Procedures: Castration / "Gonadectomy" / Hysterectomy / Removal of "Discordant Reproductive Structures" / (Secondary) Sterilisation Plus arbitrary imposition of hormones [101]

The **British Association of Urological Surgeons** endorses the current **2023 Guidelines of the European Association of Urology (EAU)**,[102] which include the current **ESPU/EAU *"Paediatric Urology"* Guidelines 2023**[103] of the European Society for Paediatric Urology (ESPU) and the European Association of Urology (EAU) which stress:[104]

> *"The issue of whether gonads should be removed and the timining of such surgery remains controversial and has been altogether questioned in some forms of DSD. Patients with, for example, CAIS benefit from the presence of testicles and the resultant aromatisation of the naturally occuring testosterone to oestrogens. The risk of malignant gonadal transformation in this subcategory is low (1.5%) with cases of malignancy first appearing after the second decade of life, thus allowing for the safe deferal of gonadectomy until after puberty."*

Further, regarding *"whether and when to pursue gonadal or genital surgery"*,[105] the Guidelines refer to the ***"ESPU/SPU standpoint on the surgical management of Disorders of Sex Development (DSD)"***,[106] which 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"**,[107] co-authored Prof S. Faisal Ahmed (Paediatric Endocrinology, School of Medicine, University of Glasgow / Royal Hospital For Children, NHS Greater Glasgow and Clyde), 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)[108]:

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101 For general information, see 2016 CEDAW NGO Report France, p. 47. https://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf

102 https://uroweb.org/guidelines/endorsement/

103 https://d56bochluxqnz.cloudfront.net/documents/full-guideline/EAU-Guidelines-on-Paediatric-Urology-2023.pdf

104 Ibid., p. 94

105 Ibid., p. 93

106 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.jpurol.com/article/S1477-5131(13)00313-6/pdf

107 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

108 Ibid., at 180 (fn 111)

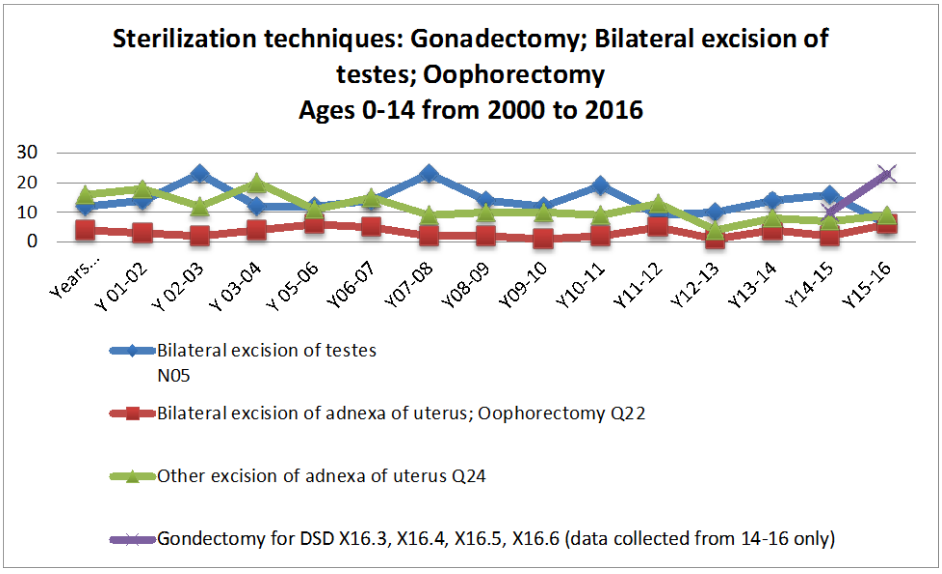
Table 2. GCC risk: clinical management

	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

Accordingly, the **2021 "Society for Endocrinology UK Guidance on the initial evaluation of a suspected difference or disorder of sex development"** defines the *"role"* of the **paediatric urologist** *"in providing care to the patient and the parents"* as follows:[109]

- *"Assessment of external anatomy*
- *Explanation of the anatomy and results of imaging*
- ***Explanation of pros and cons of surgery***
- *Develop a plan for complex imaging (other than pelvic ultrasound) and further assessment of the anatomy*
- ***Perform procedures such as laparoscopy, biopsy, reconstructive surgery and gonadectomy"***



Source: Huddersfield UK Intersex Report 2017, p. 13[110]

109 S. Faisal Ahmed, John Achermann, Julie Alderson, Naomi S. Crouch, Sue Elford, Ieuan A. Hughes, Nils Krone, Ruth McGowan, Stuart O'Toole, Leslie Perry, Martina E. Rodie, Mars Skae, Helen E. Turner (2021), "Society for Endocrinology UK Guidance on the initial evaluation of a suspected difference or disorder of sex development (Revised 2021)", Clinical Endocrinology. 2021;00:1–23, https://onlinelibrary.wiley.com/doi/10.1111/cen.14528

110 Monro, Surya, Crocetti, Daniela, Yeadon-Lee, Tray, Garland, Fae and Travis, Mitch (2017), Intersex, Variations

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**.[111]

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")**.[112]

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.[113]

d) IGM 2 – "Feminising Procedures": Clitoris Amputation/"Reduction", "Vaginoplasty", "Labiaplasty", Dilation[114]

The **British Association of Urological Surgeons** endorses the current **2023 Guidelines of the European Association of Urology (EAU)**,[115] which include the current **ESPU/EAU *"Paediatric Urology"* Guidelines 2023**[116] of the European Society for Paediatric Urology (ESPU) and the European Association of Urology (EAU). In **chapter 3.17 *"Disorders of sex development"***,[117] despite admitting that *"Surgery that alters appearance is not urgent"* [118] and that *"adverse outcomes have led to recommendations to delay unnecessary [clitoral] surgery to an age when the patient can give informed consent"*,[119] 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"* [120] and making *"well-informed decisions […] on their behalf"*, and further **explicitly refusing *"prohibition regulations"*** of unnecessary early surgery,[121] referring to the 2018 ESPU Open Letter to the Council of Europe

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of Sex Characteristics, and DSD: The Need for Change. Research Report. University of Huddersfield, http://eprints.hud.ac.uk/id/eprint/33535/

111 Figure derived from Hospital Episode Statistics (HES) available at https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity, 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.

112 Figure derived from Hospital Episode Statistics (HES) available at https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity, 2000-2014: "Main procedures and interventions: 4 character", X15.3. 2014-15: X16.3-6 (see next example).

113 From Hospital Episode Statistics (HES) available at https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity, 2014-15: "Total procedures and interventions: 4 character". Note: These procedures may not all constitute unnecessary treatments.

114 For general information, see 2016 CEDAW NGO Report France, p. 48, https://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf

115 https://uroweb.org/guidelines/endorsement/

116 https://d56bochluxqnz.cloudfront.net/documents/full-guideline/EAU-Guidelines-on-Paediatric-Urology-2023.pdf

117 Ibid., p. 89

118 Ibid., p. 93

119 Ibid., p. 93

120 Ibid., p. 93

121 Ibid., p. 94

(COE),[122] which further invokes **parents' *"social, and cultural considerations"*** as justifications for early surgery (p. 2).

Accordingly, the **2021 "Society for Endocrinology UK Guidance on the initial evaluation of a suspected difference or disorder of sex development"** defines the *"role"* of the **paediatric urologist** *"in providing care to the patient and the parents"* as follows:[123]

- *"Assessment of external anatomy*
- *Explanation of the anatomy and results of imaging*
- ***Explanation of pros and cons of surgery***
- *Develop a plan for complex imaging (other than pelvic ultrasound) and further assessment of the anatomy*
- ***Perform procedures such as laparoscopy, biopsy, reconstructive surgery and gonadectomy"***

Further, a **2022** medical publication of ***"14 tertiary endocrine UK units**, recruiting **101 patients aged 8–18 years** with classic 21-hydroxylase deficiency"* states, *"Of the female patients, 61.1% had undergone urogenital examination under anaesthesia and **40.7% had genital surgery (clitoroplasty 33.3%, vaginoplasty 25.9%)."*** [124]

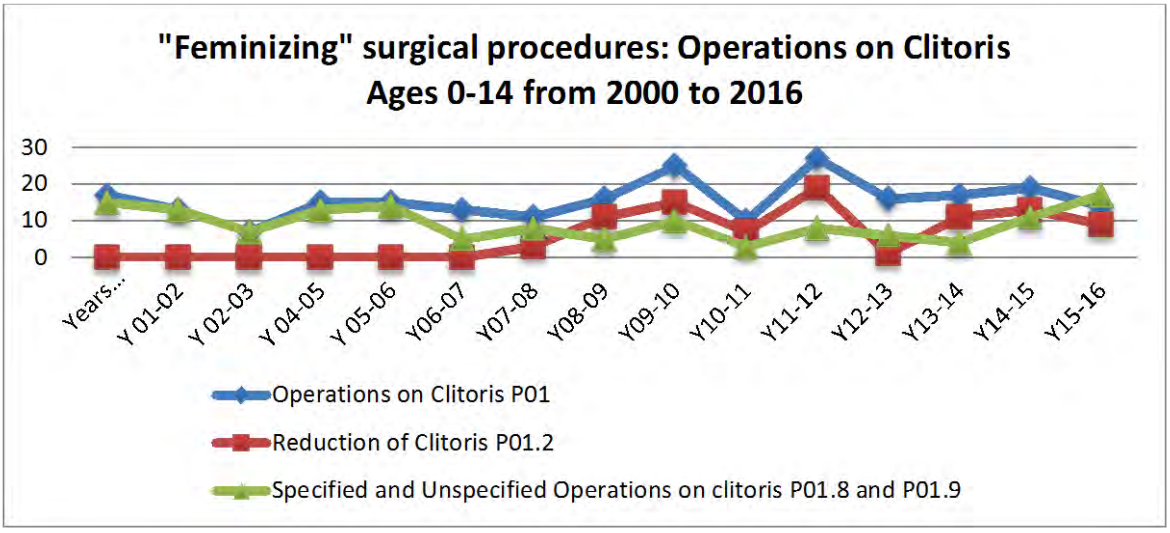
Similarly, a **2017** medical publication out of the Royal Belfast Hospital for Sick Children in Northern Ireland states, ***"13 (48%) girls had perineal surgery in childhood** although we note a trend away from early surgery."*[125] – However, despite this *"trend"*, obviously the surgeries continue.

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

123 S. Faisal Ahmed, John Achermann, Julie Alderson, Naomi S. Crouch, Sue Elford, Ieuan A. Hughes, Nils Krone, Ruth McGowan, Stuart O'Toole, Leslie Perry, Martina E. Rodie, Mars Skae, Helen E. Turner (2021), "Society for Endocrinology UK Guidance on the initial evaluation of a suspected difference or disorder of sex development (Revised 2021)", Clinical Endocrinology. 2021;00:1–23, https://onlinelibrary.wiley.com/doi/10.1111/cen.14528

124 Irina Bacila, Neil Richard Lawrence, Sundus Mahdi, Sabah Alvi, Timothy D Cheetham, Elizabeth Crowne, Urmi Das, Mehul Tulsidas Dattani, Justin H Davies, Evelien Gevers, Ruth E Krone, Andreas Kyriakou, Leena Patel, Tabitha Randell, Fiona J Ryan, Brian Keevil, S Faisal Ahmed, and Nils P Krone (2022), "Health status of children and young persons with congenital adrenal hyperplasia in the UK (CAH-UK): a cross-sectional multi-centre study", European Journal of Endocrinology (2022) 187, 543–553, https://eje.bioscientifica.com/view/journals/eje/187/4/EJE-21-1109.xml

125 J Dixon, C Harvey, D Carson, N Abid (2017), "G158(P) A 40 year review of congenital adrenal hyperplasia in northern ireland", BMJ Journals, Volume 102, Issue Suppl 1, https://adc.bmj.com/content/102/Suppl_1/A65.1



Source: Huddersfield UK Intersex Report 2017, p. 14[126]

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"*.[127]

e) IGM 1 – "Masculinising Surgery": Hypospadias "Repair"[128]

The **British Association of Urological Surgeons** endorses the current **2023 Guidelines of the European Association of Urology (EAU)**,[129] which include the current **ESPU/EAU *"Paediatric Urology"* Guidelines 2023**[130] of the European Society for Paediatric Urology (ESPU) and the European Association of Urology (EAU). In **chapter 3.6 *"Hypospadias"***,[131] the ESPU/EAU Guidelines' **section 3.6.5.3 *"Age at surgery"*** explicitly promotes, ***"The age at surgery for primary hypospadias repair is usually 6-18 (24) months."*** [132] – despite admitting to the *"risk of complications"* [133] and *"aesthetic[…]"* and *"cosmetic"* justifications.[134]

Accordingly, the **2021 "Society for Endocrinology UK Guidance on the initial evaluation of a suspected difference or disorder of sex development"** defines the *"role"* of the **paediatric urologist** *"in providing care to the patient and the parents"* as follows:[135]

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126 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/

127 Figure derived from Hospital Episode Statistics (HES) available at https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity, 2000-2012: "Total procedures and interventions: 3 character", P01. 2012-15: "All procedures and interventions: 4 character" P01.1, P01.2, P01.8.

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

129 https://uroweb.org/guidelines/endorsement/

130 https://d56bochluxqnz.cloudfront.net/documents/full-guideline/EAU-Guidelines-on-Paediatric-Urology-2023.pdf

131 Ibid., p. 27

132 Ibid., p. 29

133 Ibid., p. 28

134 Ibid., p. 28

135 S. Faisal Ahmed, John Achermann, Julie Alderson, Naomi S. Crouch, Sue Elford, Ieuan A. Hughes, Nils Krone, Ruth McGowan, Stuart O'Toole, Leslie Perry, Martina E. Rodie, Mars Skae, Helen E. Turner (2021), "Society

- *"Assessment of external anatomy*
- *Explanation of the anatomy and results of imaging*
- ***Explanation of pros and cons of surgery***
- *Develop a plan for complex imaging (other than pelvic ultrasound) and further assessment of the anatomy*
- ***Perform procedures such as laparoscopy, biopsy, reconstructive surgery and gonadectomy"***

And the current **Scottish Differences of Sex Development Network** leaflet for parents ***"Hypospadias"*** promotes early surgical correction for **cosmetic and psychosocial reasons**:[136]

> ***"How can hypospadias be treated?***
>
> *This depends on the severity of the hypospadias. Mild forms do not necessarily need any treatment but **we can offer surgery to make things look better.** Your son will need surgery if he has **problems standing to pass urine**, or if there is spraying of the urinary stream. Also if the penis is bent, there may be problems with sexual activity in the future, unless surgery is carried out.*
>
> ***Is there a right time for surgery?***
>
> *We usually offer surgery before the child starts school, because **we think this is best for your child socially."***

Similarly, the **Sheffield Children's University Hospital leaflet** for parents ***"Mild hypospadias"*** again promotes early surgical correction for **cosmetic and psychosocial reasons**:[137]

> ***"Is surgery needed?***
>
> *Surgery may be needed for 2 reasons:*
>
> 1. *To make everything work properly (make the pee comes out straight and to **make the penis straight**)*
> 2. *For **cosmetic reasons***
>
> *If your child can pass urine forwards then the operation is **purely cosmetic** and as such does not have to be done. We would prefer to do surgery if and when the young person wants it themselves. That being said, there is a **risk of your child becoming upset by the appearance as they gets older** and the surgery is less sore and heals better if we do it when he is young. There is a risk if is mild and you have a complication you might regret having made the decision to go ahead. We are here to help guide you through this decision making.*
>
> ***When is surgery done?***
>
> *Technically surgery can be done at any age. **We prefer to operate around 9 to 18 months** for a few reasons:*

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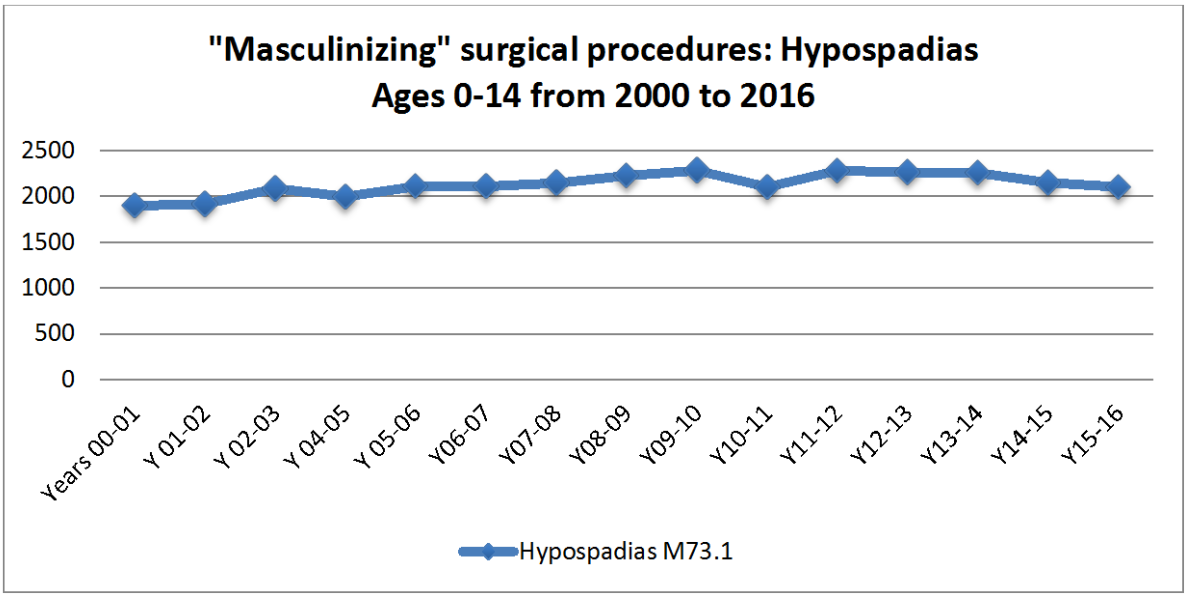
for Endocrinology UK Guidance on the initial evaluation of a suspected difference or disorder of sex development (Revised 2021)", Clinical Endocrinology. 2021;00:1–23, https://aspace.repository.cam.ac.uk/bitstream/handle/1810/324251/cen.14528.pdf

136 https://www.sdsd.scot.nhs.uk/wp-content/uploads/2018-02-26-Hypospadias-for-Parents.pdf

137 https://library.sheffieldchildrens.nhs.uk/mild-hypospadias/

- *the **operation is less upsetting** at this age*
- *they are not potty trained and cannot control their pee (older children may refuse to pee after such operations causing trouble)*
- *the penis is a reasonable size on which to operate"*



Source: Huddersfield UK Intersex Report 2017, p. 15[138]

Accordingly, up to **2400 times annually** the NHS England facilitates and pays for **hypospadias "repair" on intersex children 0–14 years.**[139]

f) "Inferior", "Abnormal", "Deformed": Selective Intersex Abortions in the UK

Individual doctors, national and international medical bodies, public and private healthcare providers have traditionally been **framing and "treating" intersex variations as a form of disability** in need to be "cured" surgically, often **with racist, eugenic and suprematist undertones**.[140] [141] [142] [143]

Accordingly, also in the UK paediatric doctors frame intersex as "abnormalities", "problems" and

138 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/

139 Figure derived from Hospital Episode Statistics (HES) available at https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity, 2000-2012: "Main procedures and interventions: 4 character", M73.1. 2012-15: "All procedures and interventions: 4 character" M73.1.

140 2014 CRC NGO Report, p. 52, 69, 84

141 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

142 "The Racist Roots of Intersex Genital Mutilations" https://stopigm.org/post/Racist-Roots-of-Intersex-Genital-Mutilations-IGM

143 For 500 years of "scientific" prejudice in a nutshell, see 2016 CEDAW France NGO Report, p. 7, https://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf

"disorders", and by parents as "deformity" and "defect".[144]

What's more, the easier an intersex trait can be tested prenatally, **the higher the (selective) abortion rates**,[145] arguably also in the UK,[146] where in particular most intersex diagnoses are listed as permissible for deselection in State sponsored **Preimplantation Genetic Diagnosis (PGD)** guidelines[147], namely:

- ***46XY Sex Reversal 6****; Status: approved; OMIM number: 613762*
- ***5 Alpha Reductase Deficiency (5ARD)*** *insofar as that condition affects males, with simultaneous sex determination; Status: approved; OMIM number: 264600*
- ***Androgen Insensitivity Syndrome****; Status: approved; OMIM number: 300068*
- ***Congenital Adrenal Hyperplasia (21 hydroxylase deficiency)****; Status: approved; OMIM number: 201910*
- ***Gonadal mosaicism****; Status: approved; OMIM number: [no number]*
- ***Hypospadias (severe)****; Status: approved; OMIM number: [no number]*
- ***Partial androgen insensitivity*** *syndrome due to defects in the androgen receptor gene; Status: approved; OMIM number: 312300*
- ***Prader Willi Syndrome****; Status: approved; OMIM number: 176270*
- ***Smith Lemli Opitz Syndrome (SLO)****; Status: approved; OMIM number: 270400*
- ***Turner's syndrome (Mosaic)****; Status: approved; OMIM number: [no number]*

144 The Guardian, "'We don't know if your baby's a boy or a girl': growing up intersex", 02.07.2016, https://www.theguardian.com/world/2016/jul/02/male-and-female-what-is-it-like-to-be-intersex

145 For stats and references, see "Selective Intersex Abortions: XXY 74%, Indeterminate Sex 47%, Hypospadias 2%", https://stopigm.org/post/Selective-Intersex-Abortions-Hypospadias-Intersex-XXY

146 While there are no statistics available on selective intersex abortions in the UK, it's noteworthy that late term abortion is legal in the UK if *"E - there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped: Section 1(1)(d)."*, see https://www.gpnotebook.co.uk/simplepage.cfm?ID=1449852947

147 For example in the UK, see https://www.hfea.gov.uk/pgt-m-conditions/
See also 2014 CRC NGO Report, p. 76, https://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

D. Suggested Recommendation

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

Intersex genital mutilation

The Committee remains concerned about reports of non-urgent surgical and other medical treatment on intersex children without their informed consent, which can cause severe suffering, and the lack of redress and compensation in such cases (arts. 2, 3, 7, 17, 24 and 26).

The State party should:

(a) explicitly prohibit by Law the performance of non-urgent medical or surgical treatment on intersex children before they are able to provide their informed consent, and provide reparations for victims, including by extending the statute of limitations;

(b) provide families with intersex children with adequate counselling and community-based psychosocial and peer support;

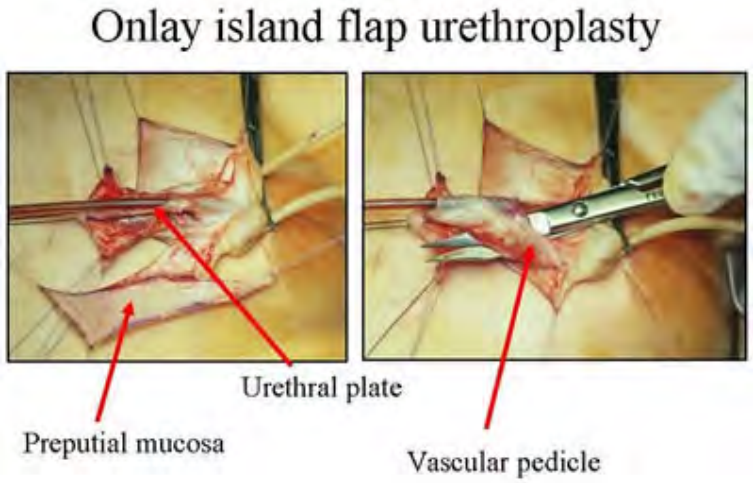
(c) systematically collect disaggregated data on surgical and other medical treatment on intersex children.

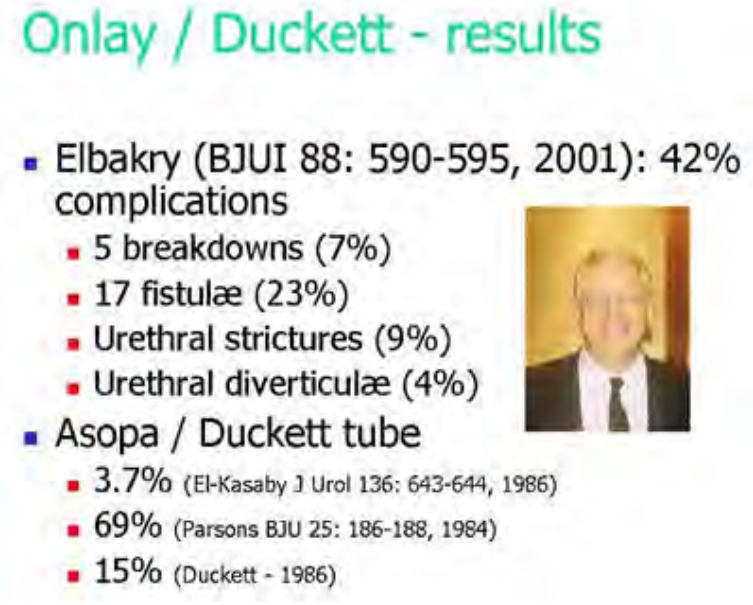
Annexe – “IGM in Medical Textbooks: Current Practice”

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.





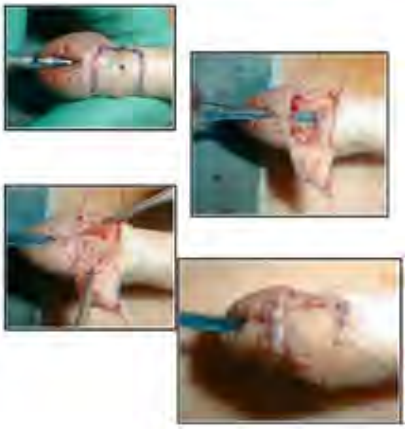
Hypospadias - Procedures for cripple hypospadias

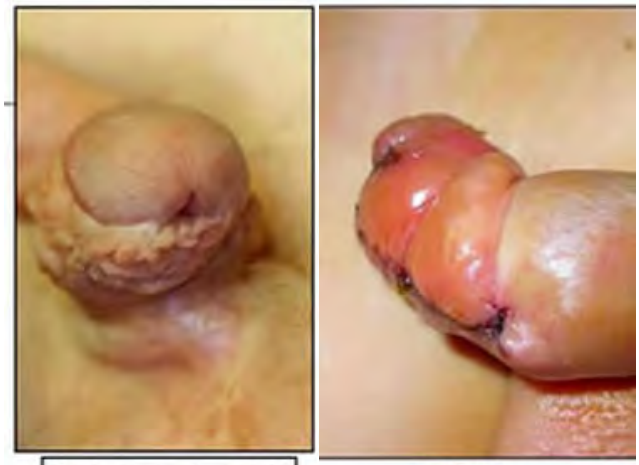
- No standardized procedures
- Personal experience of the surgeon
- Importance of a uro-endocrine approach of complex cases to increase the healing abilities of the penile tissues

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

Treatment of isolated fistulæ

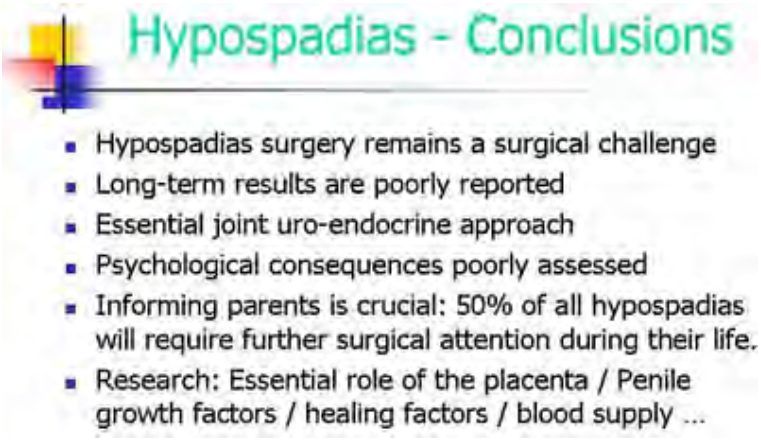
- Rectangular skin incision around the fistula orifice, often lateral
- Dissection and excision of the fistula tract
- Urethral suture
- Multilayer cover with well-vascularized tissue (tunica vaginalis, dartos, dorsal subcutaneous flap ...)
- Problem: coronal fistula +++: Prefer redo urethroplasty
-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





Bad cosmetic result

infection

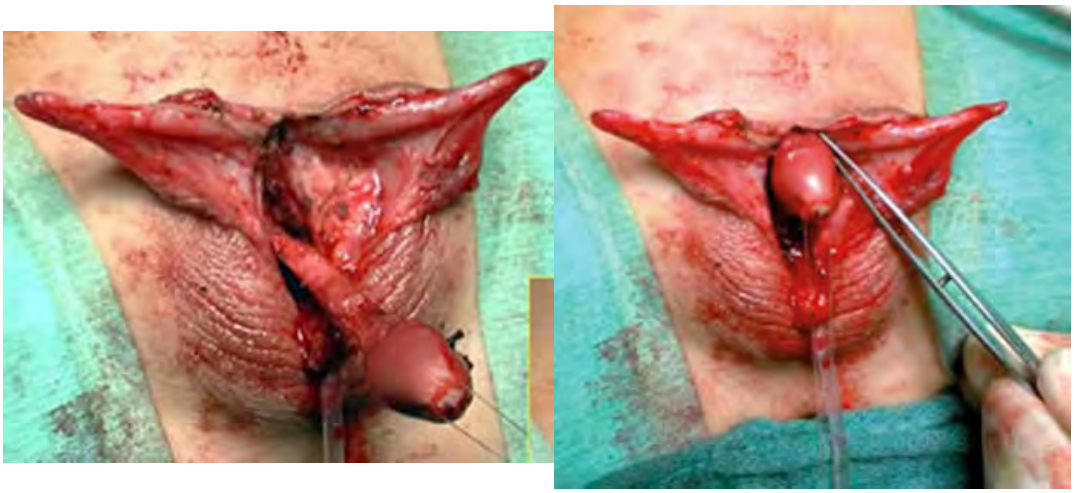


Source: Pierre Mouriquand: "Surgery of Hypospadias in 2006 - Techniques & outcomes"

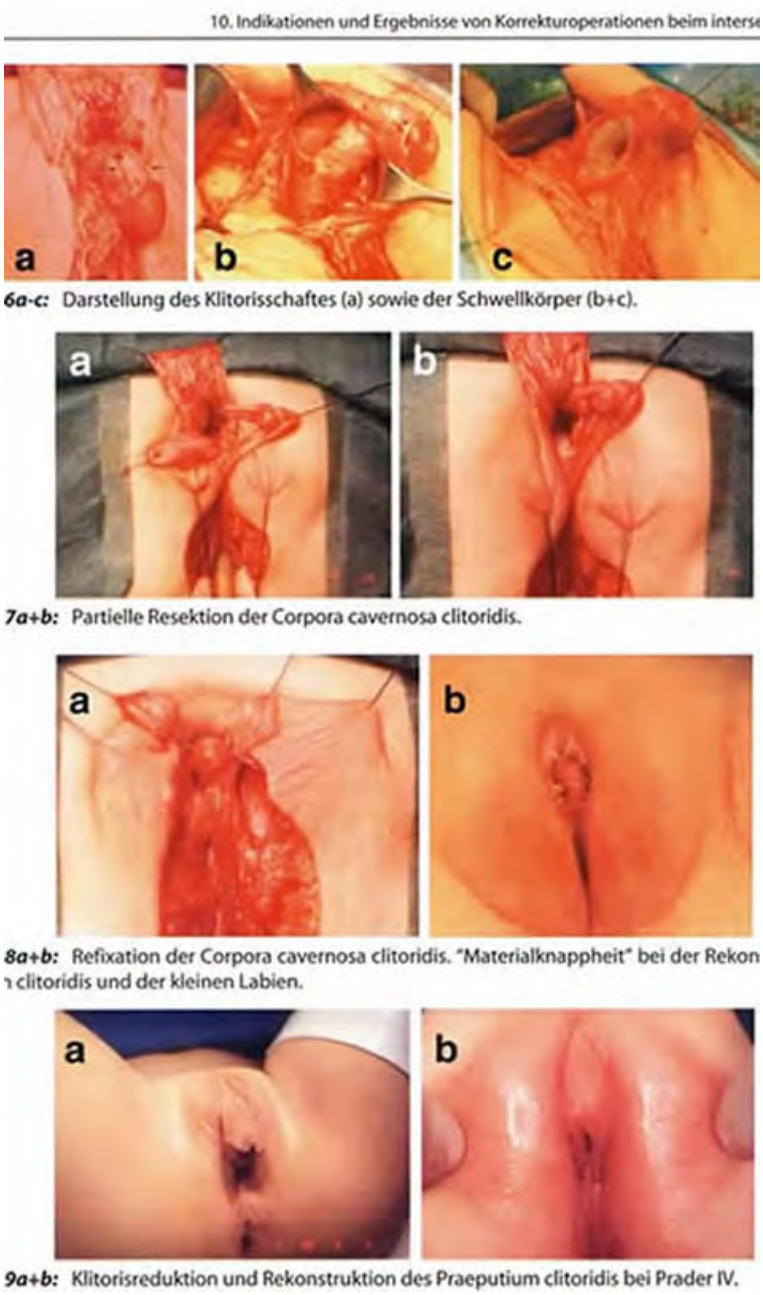
IGM 2 – "Feminising Surgery": "Clitoral Reduction", "Vaginoplasty"

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.

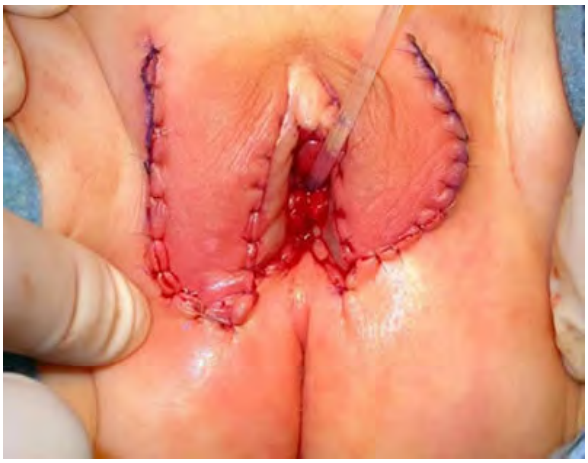


Source: Christian Radmayr: *Molekulare Grundlagen und Diagnostik des Intersex*, 2004



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

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



Source: Pierre Mouriquand: "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

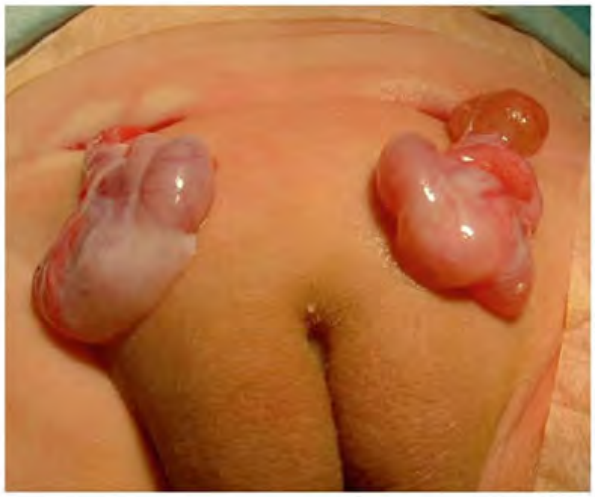


Fig. 91.6 An inguinal approach for gonadectomy in a CAIS patient with two palpable gonads

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
	17β-hydroxysteroid dehydrogenase deficiency	17
Low	CAIS	0.8
	Ovotesticular DSD	2.6
Unknown	5α-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.

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

“Bad results” / “Gonadectomy, Feminising Genitoplasty”

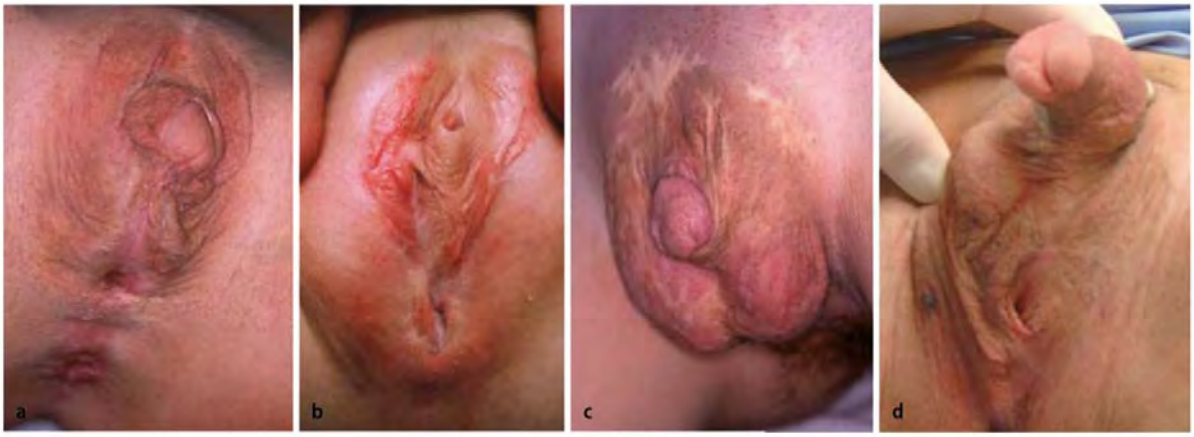
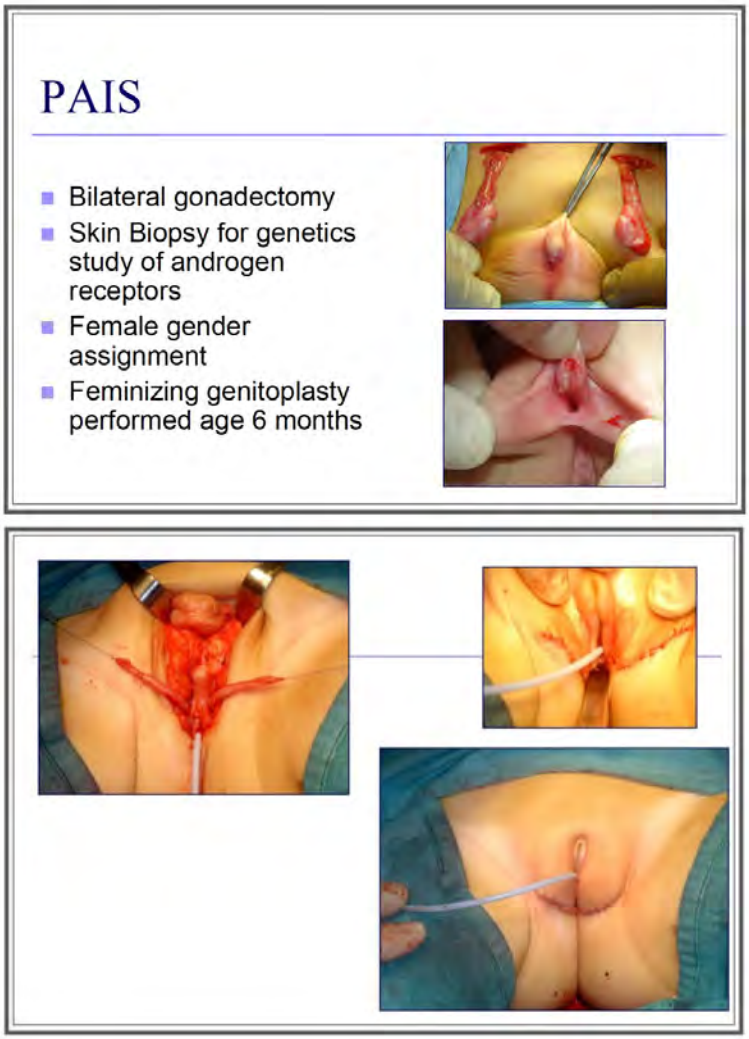


Abb. 2 ▲ **a**, **b** Schlechte Korrekturergebnisse nach Feminisierung und **c**, **d** nach Hypospadiekorrektur

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.



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