

Intersex Genital Mutilations

Human Rights Violations Of Children With Variations Of Reproductive Anatomy



**HUMAN
RIGHTS FOR
HERM
APHRODITES
TOO!**

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

Compiled by:

StopIGM.org / Zwischengeschlecht.org (International Intersex Human Rights NGO)

Markus Bauer, Daniela Truffer

Zwischengeschlecht.org

P.O.Box 2122

CH-8031 Zurich

info_at_zwischengeschlecht.org

<https://Zwischengeschlecht.org/>

<https://StopIGM.org/>

Gavan Coleman (Irish Intersex Person and Advocate)

July 2020

This NGO Report online:

<https://intersex.shadowreport.org/public/2020-CRC-Ireland-LOIPR-NGO-Intersex-IGM.pdf>



Executive Summary

All typical forms of Intersex Genital Mutilation are still practised in Ireland, facilitated and paid for by the State party via the public health system (*Health Service Executive (HSE)*). Parents and children are misinformed, kept in the dark, sworn to secrecy, kept isolated and denied appropriate support. The Government refuses to take action, upholding the impunity of IGM practitioners, while IGM survivors are denied access to justice and redress.

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

This Committee has consistently recognised IGM practices in Ireland to constitute a harmful practice under the Convention in Concluding Observations, same as CEDAW.

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

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

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

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

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

This NGO Report has been compiled by Gavan Coleman and StopIGM.org / Zwischengeschlecht.org. It contains Suggested Questions (see p. 21).

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

Table of Contents

IGM Practices in Ireland (p. 6-21)

Executive Summary	3
Introduction	5
1. Intersex, IGM and Human Rights in Ireland.....	5
2. About the Rapporteurs.....	5
3. Methodology	5
A. Precedents: Concluding Observations	6
1. Harmful Practices and CRC-CEDAW Joint General Comment No. 18/31	6
a) CRC 2016 Concl Obs: CRC/C/IRL/CO/3-4, paras 39-40	6
b) CEDAW 2017 Concl Obs: CEDAW/C/IRL/CO/6-7, paras 24-25.....	6
B. IGM practices in Ireland: State-sponsored and pervasive.....	7
1. IGM in Ireland: Still no protections, Government fails to act.....	7
2. IGM in Ireland: Still pervasive, advocated and paid for by the State party.....	8
a) IGM 3 – Sterilising Procedures: Castration / “Gonadectomy” / Hysterectomy	9
b) IGM 2 – “Feminising Procedures”: Clitoris Amputation/“Reduction”, “Vaginoplasty”	10
c) IGM 1 – “Masculinising Surgery”: Hypospadias “Repair”	11
C. Ireland ignores Concluding Observations on Intersex	12
1. Legislative and other measures to prevent IGM.....	12
a) Growing public criticism of IGM practices in Ireland after the CRC Concl Obs	13
b) Irish authorities fail to take appropriate action	15
2. Access to justice, redress and compensation	19
3. Educate and train medical professionals on the consequences of IGM.....	19
4. Data collection	20
D. Conclusion: Ireland is failing its obligations towards intersex people.....	20
E. Suggested Questions for the LOIPR	21
Annexe 1 – IGM Practices in Ireland as a Violation of CRC	22
1. The Treatment of Intersex Children in Ireland as Harmful Practice and Violence.....	22
a) Harmful Practice (art. 24(3) and JGC No. 18)	22
b) Violence against Children (art. 19 and GC No. 13)	23
2. Required Legislative Provisions to Ensure Protection from IGM Practices, Impunity...23	
3. Obstacles to Redress, Fair and Adequate Compensation, and Rehabilitation.....24	
Annexe 2 – Intersex, IGM and Non-Derogable Human Rights.....	25
1. Intersex = variations of reproductive anatomy	25
2. IGM = Involuntary, unnecessary and harmful interventions.....	25
3. Intersex is NOT THE SAME as LGBT or Transgender.....	27
4. IGM is NOT a “Discrimination” Issue.....	28
5. IGM is NOT a “Health” Issue.....	28

Introduction

1. Intersex, IGM and Human Rights in Ireland

IGM practices in Ireland are known to cause severe, lifelong physical and psychological pain and suffering, and have been repeatedly **recognised by UN treaty bodies¹ CRC and CEDAW** to constitute a **harmful practice** and inhuman treatment.

This NGO Report demonstrates that the ongoing **harmful medical practice on intersex persons in Ireland** – advocated, facilitated and paid for by the State party – **persists unchanged in spite of the Concluding observations by this Committee (paras 39-40)**, as well as of those by **CEDAW²**, and constitutes a **serious breach** of Ireland’s obligations under the Convention.

2. About the Rapporteurs

This NGO report has been prepared by the Irish intersex advocate *Gavan Coleman* in collaboration with the international intersex NGO *Zwischengeschlecht.org / StopIGM.org*.

- **Gavan Coleman** is an Irish intersex person, survivor of IGM practices and intersex human rights defender who has been working to improve the well-being and human rights of intersex persons in Ireland and Europe, and to raise awareness on intersex issues for many years.³
- **StopIGM.org / Zwischengeschlecht.org** is an international intersex human rights NGO based in Switzerland, working to end IGM practices and other human rights violations perpetrated on intersex people, according to its motto, “*Human Rights for Hermaphrodites, too!*”⁴ According to its charter,⁵ StopIGM.org works to support persons concerned seeking redress and justice, and regularly reports to UN treaty bodies, mostly in collaboration with local intersex advocates and organisations.⁶ In 2015 StopIGM.org in collaboration with Irish intersex advocate Gavan Coleman first reported the on-going practice in Ireland to CRC,⁷ and in 2017 to CEDAW.⁸ In 2014 in Dublin StopIGM.org facilitated non-violent protests and an Open Letter with over a 100 signatures denouncing Irish IGM clinics and universities and their complicity in international medical networks promoting and practicing IGM.⁹

In addition, the Rapporteurs would like to acknowledge **Intersex Ireland**.¹⁰

3. Methodology

This thematic NGO report follows up on the **2015 thematic CRC NGO Report for Ireland** by the same rapporteurs,¹¹ and the resulting **2016 Concluding observations for Ireland** by this Committee (paras 39-40).

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 CEDAW/C/IRL/CO/6-7, paras 24-25

3 <http://www.intersexionfilm.com/>

4 <https://Zwischengeschlecht.org/>. English pages: <https://StopIGM.org/>

5 <https://zwischengeschlecht.org/post/Statuten>

6 <https://intersex.shadowreport.org/>

7 <https://intersex.shadowreport.org/public/2015-CRC-Ireland-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

8 <https://intersex.shadowreport.org/public/2017-CEDAW-Ireland-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

9 Open Letter of Concern to 53rd ESPE 2014 and Irish DSD Universities and Clinics by Persons Concerned, Partners, Families, Friends and Allies, September 2014, <https://zwischengeschlecht.org/pages/Open-Letter-of-Concern-to-53rd-ESPE-2014-Irish-DSD-Universities-and-Childrens-Clinics>

10 <https://www.facebook.com/Intersex.ie/>

11 <https://intersex.shadowreport.org/public/2015-CRC-Ireland-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

A. Precedents: Concluding Observations

1. Harmful Practices and CRC-CEDAW Joint General Comment No. 18/31

a) CRC 2016 Concl Obs: CRC/C/IRL/CO/3-4, paras 39-40

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

[...]

Harmful practices

39. *The Committee notes as positive the adoption of the Gender Recognition Act 2015 by the State party. It remains concerned, however, about 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.*

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

(a) ***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;***

(b) ***Undertake investigation of incidents of surgical and other medical treatment of intersex children without informed consent and adopt legal provisions in order to provide redress to the victims of such treatment, including adequate compensation;***

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

b) CEDAW 2017 Concl Obs: CEDAW/C/IRL/CO/6-7, paras 24-25

Stereotypes and harmful practices

24. *The Committee welcomes the State party's efforts to combat discriminatory gender stereotypes and harmful practices such as female genital mutilation following the adoption of the Criminal Justice (Female Genital Mutilation) Act in April 2012. The Committee is, however, concerned that: [...]*

(b) *Medically irreversible and unnecessary sex assignment surgery and other treatments are reportedly performed on intersex children.*

25. ***The Committee recommends that the State party: [...]***

(b) ***Develop and implement an appropriate rights-based health-care protocol for intersex children, which ensures that children and their parents are properly informed of all options and that children are, to the greatest extent possible, involved in decision-making about medical interventions and that their choices are fully respected.***

B. IGM practices in Ireland: State-sponsored and pervasive

1. IGM in Ireland: Still no protections, Government fails to act

Allover Ireland, all forms of **IGM practices remain widespread and ongoing**, persistently **advocated** by the official **public medical body** “*Health Service Executive (HSE)*”, including in National HSE Guidelines and in endorsed International Guidelines, **prescribed and perpetrated** by the Irish public “*Children’s Health Ireland (CHI)*” **Hospital Group** and other **University Children’s Clinics**, and **paid for** by the **public Health System**.

During the **2016 CRC Review of Ireland**,¹² Head of Delegation Minister Dr James Reilly (then Minister for Children and Youth Affairs, former Minister for Health, former president of the Irish Medical Organisation, medical doctor) denied yet inadvertently admitted the ongoing practice:

“[...] it’s a clinical decision to intervene [...]. I think if you relate to the consent of the child you’ll obviously have to be talking about older children. And to my knowledge these operations do not take place later in life [...] that’s my experience in practice. [...] So, very often we are talking about very young babies here, very very young children, who have a serious anatomical, physiological difficulty to be sorted out, and that’s the basis on which these procedures might be carried out. [...]”

During the **2017 CEDAW Review of Ireland**, Department of Health Principal Officer Kieran Smyth again denied the practice, while confirming treatments on intersex children taking place at Our Lady's Children's Hospital (Dublin) “*after a unanimous decision of the consultants and of the parents*”.¹³

In contrast, **on the side of protections**, in **Ireland** (CRC/C/IRL/CO/3-4, paras 39-40; CEDAW/C/IRL/CO/6-7, paras 24-25) – same as in the States of the *United Kingdom* (see CRC/C/GBR/CO/5, paras 46-47; CRPD/C/GBR/CO/1, paras 10(a)-11(a), 38-41; CAT/C/GBR/CO/6, paras 64-65), *France* (CRC/C/FRA/CO/5, paras 47-48; CAT/C/FRA/CO/7, paras 32–33; CEDAW/C/FRA/CO/7-8, paras 17e-f+18e-f), *Spain* (see CRC/C/ESP/CO/5-6, para 24), *Portugal* (CRC/C/PRT/CO/5-6, paras 28(b); CCPR/C/PRT/CO/5, paras 16-17), *Switzerland* (see CRC/C/CHE/CO/2-4, paras 42-43; CAT/C/CHE/CO/7, para 20; CEDAW/C/CHE/CO/4-5, paras 38-39), and in many more State parties,¹⁴ 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 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

12 CRC 71st Session, 14 January 2016, see transcription: <https://stopigm.org/post/Geneva-Ireland-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-the-Child>; see also CRC/C/IRL/CO/3-4, paras 39-40

13 CEDAW 66th Session, 15 February 2017, see transcription: <https://stopigm.org/post/CEDAW65-Ireland-to-be-Questioned-by-UN-over-Intersex-Genital-Mutilations>; see also CEDAW/C/IRL/CO/6-7, paras 24-25

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

2. IGM in Ireland: Still pervasive, advocated and paid for by the State party

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 Irish Health Service Executive (HSE), including in **National HSE Guidelines** and in **Children's Health Ireland (CHI) Leaflets for Parents**.

Current Irish IGM Clinics include:

- **“Children's Health Ireland (CHI)” Hospital Group** (Our Lady's Children's Hospital, Crumlin, Dublin; Temple Street Children's University Hospital, Dublin; The National Children's Hospital Tallaght, Dublin)¹⁵
- **Cork University Hospital**¹⁶
- **University Hospital Galway**¹⁷
- **Beacon Hospital, Dublin**¹⁸

In **2017**, the Health Service Executive (HSE) in collaboration with the Royal College of Physicians of Ireland (RCPI) started implementing¹⁹ a **new “National Model of Care for Paediatrics Healthcare Services in Ireland”**.²⁰ Concerning IGM practices, however, this “new” Model of Care merely reinforces the old way of submitting children to non-urgent, irreversible procedures based on psychosocial indications, as documented in **“Chapter 28: Paediatric Gynaecology”**²¹, which lists under **“Developmental Anomalies”** typical **intersex diagnoses** (p. 2):

“Mullerian Anomalies:

- *Agenesis e.g. Absence of the uterus and upper vagina, as in the Mayer-Rokitansky-Kuster-Hauser Syndrome (MRKH) [...]*

Disorders of Sex Development (DSD):

- *46 XY DSD including disorders of gonadal development such as Swyer Syndrome and disorders of androgen synthesis or action such as Androgen Insensitivity Syndrome (AIS), 5-alpha reductase deficiency and 17 hydroxysteroid dehydrogenase deficiency*
- *46XX DSD including disorders of gonadal development such as gonadal dysgenesis as well as androgen excess, e.g. Congenital Adrenal Hyperplasia*
- *Sex chromosome DSD including Turner syndrome and variants and 46X/46XY mixed gonadal dysgenesis”*

15 <http://www.newchildrenshospital.ie/the-project/the-childrens-hospital-group/>

16 See 2015 CRC Intersex Report Ireland, p. 9, fn. 11,

<https://intersex.shadowreport.org/public/2015-CRC-Ireland-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

17 Health Service Executive (HSE), University Hospital Galway (2006), “Women's and Children's Directorate, University Hospital Galway. Annual Clinical Report 2006”, p. 23, “8. Congenital Abnormalities”,

<https://www.lenus.ie/bitstream/handle/10147/45739/8815.pdf>

18 <https://www.beaconhospital.ie/our-services/paediatric/paediatrics-surgical-department/>

19 <https://www.ijic.org/articles/abstract/10.5334/ijic.3662/>

20 <https://www.hse.ie/eng/about/who/cspd/ncps/paediatrics-neonatology/moc/>

21 Health Service Executive (HSE), Royal College of Physicians of Ireland (RCPI) (2017), National Clinical Programme for Paediatrics and Neonatology: “A National Model of Care for Paediatrics Healthcare Services in Ireland. Chapter 28: Paediatric Gynaecology”,

<https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/paediatric-gynaecology.pdf>

On p. 4 “*Disorders of sex development*” is further explained as: “*Older terminology now abandoned by clinicians (but still present in ICD classification) includes **intersex**, indeterminate sex and **hermaphrodite/pseudohermaphrodite**.*”

Under “**28.2 Proposed Model of Care**” the programme prescribes that children “*with a DSD (commonest presentation is with ambiguous genitalia) or complex urological anomaly*” (p. 3) will be presented to a “*multi-disciplinary team*” which includes a “*urologist*” and a “*plastic surgeon*”, and further specifies: “*Those with a DSD will also need specialist endocrinology and urology input.*” (p. 4)

On p. 5 the programme states these children should be treated at a “*Specialist Centre*” which “*should have the expertise to manage the full range of DSDs*”.

And on p. 6 the programme specifies:

*“The specialist centre needs to provide a multidisciplinary approach to treatment. This includes joint clinics and theatre sessions with **paediatric surgeons, urologists** (often paediatric and adult), **plastic surgeons, paediatric and adult endocrinologists** and additional input from geneticists, radiologists, specialist nurses, psychologists and psychiatrists as necessary.”*

Further, while there are **no specific Irish intersex medical guidelines**, there should be noted that the **Irish Society of Urology (ISU) endorses**²² the relevant “**Paediatric Urology**” Guidelines of the European Association of Urology (EAU) and the European Society for Paediatric Urology (ESPU) which to this day **openly advocate IGM practices**.²³

In other words, also under the “*New Model*” intersex children will **continue to be submitted to the full range of IGM practices**, same as today:

a) IGM 3 – Sterilising Procedures:

**Castration / “Gonadectomy” / Hysterectomy /
Removal of “Discordant Reproductive Structures” / (Secondary) Sterilisation
Plus arbitrary imposition of hormones**²⁴

As currently advocated by the public Irish **Health Service Executive (HSE)** under “*Treating androgen insensitivity syndrome*”:²⁵

“Removal of the testes

*“Women who have CAIS are **recommended to have their internal testes removed**, as they can become cancerous. Cancer develops in around 9% of women with CAIS [**Note: actual cancer risk is 0.8%**]²⁶], though hardly ever before puberty.*

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

23 See e.g. 2020 CRC Intersex Report for Sweden (for LOIPR), p. 7-8,

<https://intersex.shadowreport.org/public/2020-CRC-Sweden-LOIPR-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

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

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

25 Health Service Executive, “Androgen insensitivity syndrome”,

<https://www.hse.ie/eng/health/az/a/androgen-insensitivity-syndrome/>

26 See 2020 CRC Czechia Intersex Report, p. 7,

<https://intersex.shadowreport.org/public/2020-CRC-Czechia-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

*“The operation to remove the testes (an orchidectomy) used to be carried out at an early age but **many** [Note: not all] experts now recommend leaving the operation until the girl has finished puberty. This is because the testes can help convert androgen to oestrogen, so the girl can develop a normal female body without the need for hormone treatments.*

“Boys with PAIS can have operations to move their testes into their scrotum (orchiopexy) and to straighten their penis so they can urinate standing up (hypospadias repair).”

“Hormone therapy

*“Women with CAIS who have gone through puberty and **had their testes removed** will need to **take a supplement of the hormone oestrogen** to prevent them getting menopausal symptoms and developing weak bones (osteoporosis).”*

b) IGM 2 – “Feminising Procedures”: Clitoris Amputation/“Reduction”, “Vaginoplasty”, “Labioplasty”, Dilatation²⁷

According to Professor Hillary Hoey, former Director of Professional Competence at the Royal College of Physicians of Ireland, former Chair of Paediatrics at the National Children’s Hospital, former Dean of the Faculty of Paediatrics at Royal College of Physicians of Ireland, former Chair of the European Society for Paediatric Endocrinology (ESPE),

“feminising surgeries [are] done in Ireland by two specialised paediatric surgeons”²⁸

And according to paediatric endocrinologist Dr Colm Costigan, *“Crumlin Children’s Hospital sees **two or three new DSD (disorders of sexual development) cases each year**, where baby isn’t immediately identifiable as boy or girl,”* and children with CAH are *“reassessed after a few months to see if surgery’s needed to reduce clitoris size,”* with parents *“usually [being] very accepting of the decision made in the best interests of the child”*. *“For more complicated rare surgeries, ‘we send children abroad,’ says Costigan.”²⁹*

Accordingly, the current **Parent / Patient Information Leaflet “Congenital Adrenal Hyperplasia 2017”³⁰** of the **Children’s Health Ireland (CHI) Hospital Crumlin, Dublin³¹** prescribes (p. 9-10):

“Surgical treatment

*Surgical treatment of CAH is usually carried out when the child is **about one year of age**, by which time she is big enough to be operated on safely, but not old enough to have become embarrassed about the appearance of her genitalia. The nature of surgery required depends on the degree of masculinisation. Usually the surgeon will need to **reduce the size of the clitoris** very carefully, preserving the delicate supply of nerves and blood vessels to the tip so that normal sexual relationships can be experienced in the future. Also, the surgeon may try to **open***

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

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

28 Informal dialogue between ESPE Representatives and the Rapporteurs, Dublin, 19.09.2014, see:

<https://stopigm.org/post/Ending-IGM-Dialogue-with-ESPE-Representatives-Dublin-19-09-2014>

29 Helen O’Callaghan, “What happens when a child is born intersex in Ireland?”, Irish Examiner, 04.11.2016, Cover story, p. 7-9, at p. 8

30 <https://www.olchc.ie/Children-Family/Parent-Patient-Information-leaflets/Endocrine-Congenital-Adrenal-Hyperplasia-2017.pdf>

31 <https://www.olchc.ie/Children-Family/Parent-Patient-Information-leaflets/Parent-Patient-Information-Leaflets.html>

the entrance to the vagina. The length of stay in hospital varies, but between 5 and 10 days is usual.

Sometimes it is not possible to open the vagina completely at the first operation and in some girls a future operation may be needed, optimally at the time of puberty and certainly well before they want to start a sexual relationship.”

c) IGM 1 – “Masculinising Surgery”: Hypospadias “Repair”³²

As advocated by the **National Children’s Hospital Tallaght**, Teaching Hospital of Trinity College Dublin in its current **Patient Information Leaflet “Care of your child following ‘Hypospadias Repair’”** (p. 2):³³

“What is Hypospadias?

“A condition that a boy is born with which affects the appearance and function of the penis.

“How can it be treated?

“An operation is required to help improve the appearance and function of the penis. Usually one but sometimes two operations are required. You can discuss surgery options with your child’s surgeon.” [Note: Foregoing surgery and lack of medical necessity aren’t mentioned at all.]

Also, the Children’s Health Ireland (CHI) Hospital Crumlin, Dublin³⁴ offers a **“Discharge Information Leaflet for Parents / Carers of a Child after Hypospadias Repair with Dripping Urethral Stent”**.³⁵

The **Royal College of Surgeons in Ireland (RCSI)** published a Thesis **“Comparing the Outcomes of Tubularized Incised Plate Urethroplasty and Dorsal Inlay Graft Urethroplasty in Children with Hypospadias: A Systematic Review and Meta-Analysis”**³⁶ which was supervised by Professor Feargal Quinn (Consultant Paediatric Surgery at **Children’s Health Ireland (CHI) Hospital Crumlin**, Dublin)³⁷ and Co-reviewed by Salvatore Cascio (Consultant Urology at **Children’s Health Ireland (CHI) Hospital Temple Street**, Dublin).³⁸

Also, the **Paediatrics Surgical Department** of the private **Beacon Hospital**, Dublin lists two consultants specializing in **“Hypospadias”**³⁹ and **“Congenital Penoscrotal Abnormalities”**⁴⁰, as well as **“Disorders of Sexual Development”**.⁴¹

32 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>

33 Tallaght Hospital, “Patient Information Leaflet: Care of your child following ‘Hypospadias Repair’”, online: <http://www.tallaghthospital.ie/ImageLibrary/Just-for-Kids-Image/-Hypospadias.pdf>

34 <https://www.olchc.ie/Children-Family/Parent-Patient-Information-leaflets/Parent-Patient-Information-Leaflets.html>

35 <https://www.olchc.ie/Children-Family/Parent-Patient-Information-leaflets/Urology-Hypospadias-Repair-with-Dripping-Urethral-Stent-Dec-2017.pdf>

36 Alshafei, Abdulrahman (2018), “Comparing the Outcomes of Tubularized Incised Plate Urethroplasty and Dorsal Inlay Graft Urethroplasty in Children with Hypospadias: A Systematic Review and Meta-Analysis”, Royal College of Surgeons in Ireland, Thesis, <https://repository.rcsi.com/ndownloader/files/19487867/1>

37 <https://www.olchc.ie/Services/Consultants-A-Z/#q>

38 <https://www.cuh.ie/healthcare-professionals/consultants-listing/>

39 <https://www.beaconhospital.ie/consultants/mr-sami-awadalla/>

40 <https://www.beaconhospital.ie/consultants/fardod-okelly/>

41 Ibid.

The latest publicly available **Report of the Health Service Executive (HSE)** on “*Activity in Acute Public Hospitals in Ireland*” lists for 2015 under “*Elective In-Patient Activity for discharges aged 0-16 years*” and “*Top 20 Principal Procedure Blocks*”: “*Repair of hypospadias: 89*” (p. 123).⁴²

And the **2018 Report of the Health Service Executive (HSE)** “*Key Performance Indicator Metadata*” lists under “*Surgical primary procedures*” the following paediatric procedure numbers “*PRcNum*” (codes):⁴³

“3781800 <i>Glanuloplasty for hypospadias</i>	PAEDIA
3782100 <i>Distal hypospadias, single stage repair</i>	PAEDIA
3782700 <i>Hypospadias, staged repair, first stage</i>	PAEDIA”

C. Ireland ignores Concluding Observations on Intersex

1. Legislative and other measures to prevent IGM

Harmful practices

39. *The Committee [...] remains concerned [...] about 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.*

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

(a) *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; [...]*

Unfortunately, the Concluding Observations did not explicitly recommend to criminalise IGM practices. However, the **CRC-CEDAW Joint General Comment/Recommendation No. 18/31 “on harmful practices”** explicitly “*call[s] upon States parties to explicitly prohibit by law and adequately sanction or criminalize harmful practices, in accordance with the gravity of the offence and harm caused, provide for means of prevention, protection, recovery, reintegration and redress for victims and combat impunity for harmful practices*” (para 13).⁴⁴

42 Healthcare Pricing Office (2016), “Activity in Acute Public Hospitals in Ireland. 2015 Annual Report”, <https://www.lenus.ie/bitstream/handle/10147/621017/ActivityinAcutePublicHospitals2015.pdf>

43 Health Service Executive (HSE) (2018), “Acute Hospitals 2018. Key Performance Indicator Metadata 2018”, https://www.lenus.ie/bitstream/handle/10147/623008/2018_acute_hospitals_metadata_2018.pdf

44 See also Annexe 1, p. 23-24

a) Growing public criticism of IGM practices in Ireland after the CRC Concl Obs

A 2016 national “The LGBTIreland Report”⁴⁵ on the mental health and wellbeing of LGBTI people in Ireland, with a special emphasis on young people and including a sample of intersex people, funded by the **Health Service Executive (HSE) National Office for Suicide Prevention** and available from the HSE website, **confirms the severe pain and suffering** of intersex people in Ireland:

*“A comparative analysis of DASS-scores [Depression, Anxiety and Stress Scale (DASS-21)] revealed that **intersex participants had the highest mean scores on each of the scales. The study findings therefore suggest that, with mean scores of 21.00, 15.68, and 19.89 for depression, anxiety, and stress respectively, intersex people are to be considered as particularly at risk of developing significant mental health difficulties. Within this study indicators among intersex people for some aspect of depression (80%) and anxiety (63%) were particularly high. In addition, they were also more likely to have considered suicide [84.2%] or have seriously attempted to take their own life [57.9%].**”* (p. 126 in PDF / p. 124 in document, 121/119, 123/121)

*“[I]ntersex participants also had relatively **high levels of self-harm (42.1%)**”* (p. 25/23, 110/108, 237/235).

The study explicitly links this pain and suffering to the **consequences of IGM practices**:

*“In the case of intersex people for example, Hird (2003) suggests that there may be particularly pertinent risk factors associated with being intersex which may impact upon mental health, including the **development of trauma from repeated invasive surgeries, medical examinations, aftercare procedures, loss of erotic sensitivity, ambivalent feelings regarding gender identity, sexual orientation, and intimate relationships, and difficult parental and familial relationships.** In addition, the reported **lack of specialised therapeutic support for intersex people may also serve to further induce their feelings of isolation and of not being understood, which in turn may exacerbate mental distress.**”* (p. 132/130-135/133)

The study further explicitly acknowledges the **lack of visibility** of the pain and suffering of intersex people as a result of **intersex being conflated with LGBT**:

*“However, the causes and extent of intersex people’s mental health vulnerability in this regard has gone relatively **unacknowledged** in much of the research literature to date. Traditionally, the **needs of intersex people have largely been conflated with those of their LGBT counterparts** and consequently little is known about their mental health.”* (p. 135/133)

Notably, in its “Recommendations” the study explicitly calls for “*specific research on [...] the **identification of surgical and medical interventions carried out in Ireland***” (p. 246/244).

However, the study **falls short** of calling to **effectively address the root causes** of the pain and suffering of intersex people, namely to effectively prevent **harmful practices** and inhuman treatment, but instead merely calls for “*more in-depth research on intersex people*”, “[g]reater

45 Agnes Higgins, Louise Doyle, Carmel Downes, Rebecca Murphy, Danika Sharek, Jan DeVries, Thelma Begley, Edward McCann, Fintan Sheerin, Siobhain Smyth (2016), “The LGBTIreland Report: national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland”, <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/lgbt-ireland-pdf.pdf>

understanding and awareness of intersex people [...] among both the general public and professionals” and “to ensure suitable structures and services exist and are resourced to meet their needs” (p. 246/244-247/245).

The 2017 article in the Irish Examiner⁴⁶ which **confirmed** ongoing IGM practices at **Children’s Health Ireland (CHI) Hospital Crumlin** as well as Irish intersex children sent abroad for IGM (see above, p. 10), also **acknowledged** the CRC Concluding Observations for Ireland, and the criticism and pain and suffering of IGM survivors:

*“The UN repeatedly sanctions countries where children with intersex variations undergo surgical/medical interventions, because children aren’t consenting to these interventions. **The UN Committee on the Rights of the Child sanctioned Ireland this year** — because, says Ní Mhuirthile, “Ireland can’t clarify whether/how the State protects bodies of children with an intersex variation.”*

*“Intersex activists see an **analogy between female genital mutilation** (cutting for social/cultural reasons) and some gender assignment [sic!] surgeries, she says.*

*‘They say cutting is for the same reasons — that these surgeries are **rarely medically necessary** to safeguard a child’s physical health.’*

*She has spoken with a handful of Irish people with intersex variations — some had ‘**corrective**’ surgeries.*

*‘**Once the first surgery happens, you have to keep going back. Outcomes can be poor. Scar tissue doesn’t grow at the same rate. People’s intimate lives are negatively impacted because of pain. People feel freakish.***

*‘If treated in a teaching hospital, every junior doctor is trotted past. There are **awful stories of people subjected to this medical parade.**’”*

During the **2016 Universal Periodic Review (UPR)** of Ireland, *“Israel was deeply concerned about hate crimes, unnecessary surgery on intersex children”*, however, there resulted no relevant Recommendation (A/HRC/33/17, para 19).

A **2018 Irish online article**⁴⁷ again **acknowledged** the criticism and pain and suffering of IGM survivors, as well as UN criticism:

*“The Irish intersex community face an array of **obstacles including medically unnecessary procedures and stigma.** [...]*

*These procedures may cause a number of **harmful consequences** including scarring, chronic pain, urinary incontinence, loss of sexual sensation or function, psychological damage and incorrect gender assignment. [...]*

*The **United Nations** has called the practice ‘a **human rights violation** that occurs without the informed consent of young patients’. [...]*

*On top of medically unnecessary surgeries, intersex people face **stigma** in Ireland today.”*

46 Helen O’Callaghan, “What happens when a child is born intersex in Ireland?”, Irish Examiner, 04.11.2016, Cover story, p. 7-9, at p. 8

47 Sarah McKenna Barry (2018), “The Challenges Facing Intersex People In Ireland”, <https://gcn.ie/challenges-intersex-people-ireland/>

The “**2018 Country Report on Human Rights Practices: Ireland**”⁴⁸ of the **U.S. Department of State** acknowledged the 2017 **CEDAW Concluding Observations** which also considered IGM in Ireland as a harmful practice:

“In 2017 CEDAW alleged, ‘Medically irreversible and unnecessary sex assignment surgery and other treatments are reportedly performed on intersex children.’”

A **2020 Irish online article**⁴⁹ again **acknowledged** the work of Co-Rapporteur Gavan Coleman and further **documented the criticism and pain and suffering of IGM survivors**:

*“There is a lack of knowledge and education in society on intersex issues and only a handful of activists, such as **Gavan Coleman**, have been working in this area. Intersex Ireland has been set up to support Gavan’s work, support our community and advocate for our rights.”*

*“Sara informs us that, ‘There is so much work to do. Intersex people have been consistently marginalised. Our stories have been side-lined and shared in hushed tones. Parents are told not to expose our variations; **doctors often medically intervene** and society consistently shames us for who we are. **Human rights violations continue in Ireland today**. We need it to stop.’”*

*“Clara shares her story: ‘Before they even brought me home from the hospital, my parents were told that I had an intersex condition. Of course, this being Ireland in the ‘90s, they actually told my parents I had a ‘syndrome’, that it was nothing to worry about, they should simply raise me as a girl and ‘keep an eye on things’. **Throughout my childhood I had countless medical interventions, so much poking and prodding I can’t even quantify it. It’s only in my 20’s that I’ve developed the courage to question my doctors.** [...]”*

*“Timara reiterates, ‘**Nobody should have to endure a life of unwarranted, non-consensual medical interventions, and a life of secrecy and rejection through the ignorance of others. It is a different time now. I hope.**’”*

b) Irish authorities fail to take appropriate action

However, despite above mounting criticism, no action has been taken in practice. On the contrary, on several occasions the **Irish authorities have demonstrated their continued and active refusal to comply** with the Recommendation to “*[e]nsure that no one is subjected to unnecessary medical or surgical treatment during infancy or childhood*”, nor with the CRC-CEDAW Joint General Comment/Recommendation No. 18/31 unmistakably stipulating to “*explicitly prohibit by law and adequately sanction or criminalize*” IGM practices.

Instead, the Irish Government engages in a **never-ending cycle of empty promises, grand announcements and “Endless Calls for ‘More Research’ as Harmful Interventions Continue”**⁵⁰:

48 <https://www.state.gov/wp-content/uploads/2019/03/IRELAND-2018-HUMAN-RIGHTS-REPORT.pdf>

49 The Intersex Ireland Team (2020), “No longer invisible: A conversation with Intersex Ireland”, <https://gcn.ie/no-longer-invisible-conversation-intersex-ireland/>

50 Tiger Howard Devore (1996), Endless Calls for ‘More Research’ as Harmful Interventions Continue, Hermaphrodites With Attitude, Fall/Winter 1996:2, <http://www.isna.org/files/hwa/winter1996.pdf>

Example 1: The “**LGBTI+ National Youth Strategy 2018-2020**”⁵¹ of the **Department of Children and Youth Affairs** promises to ensure that children “[a]re safe and protected from harm” (p. 11 in PDF / p. 3 in document), and in particular:

“Vision: The LGBTI+ National Youth Strategy vision is aligned to the Better Outcomes, Brighter Futures vision, which strives to: ‘Make Ireland the best small country in the world in which to grow up and raise a family, and where the rights of all children and young people are respected, protected and fulfilled; where their voices are heard and where they are supported to realise their maximum potential now and in the future.’

In addition the Strategy will: [...] Expand legislation to include and protect LGBTI+ young people” (p. 22/14)

Also, the “**LGBTI+ National Youth Strategy 2018-2020**” extensively **refers** to the “*The LGBTIreland Report*” (see above, p. 13-14):

“The LGBTIreland Report, and other LGBTI+-related research and data sets, indicate that challenges remain for LGBTI+ young people with respect to: [...]

- *Mental health problems, including higher rates of severe stress, anxiety, depression, self-harm and attempted suicide”* (p. 16/8)

However, concerning intersex children and adolescents, the Strategy **conveniently ignores** the 2016 LGBTIreland Report’s findings, but **reiterates** the well-worn phrases of intersex as an eternally “*emerging*” issue, forever in need of “*more research*” starting at zero:

“emerging conversations around intersex young people” (p. 34/26)

“Intersex developments continue to remain in their infancy but it is hoped that foundations can be put in place over the life of this Strategy to support greater progress in this space in future years.” (p. 12/4)

“Intersex young people are another cohort that is difficult to quantify given the complexities surrounding a clear definition of this group.” (p. 15/7)

Accordingly, concerning intersex children and adolescents, in its “**Strategic Goals for 2020**” the “**LGBTI+ National Youth Strategy 2018-2020**” **disregards its promises** to ensure that all children “[a]re safe and protected from harm”, but – instead of insisting on effective protections from IGM practices – tellingly **calls for “self-regulation” by the current perpetrators:**

“Objective 14: Improve the understanding of, and the response to, the physical and mental health needs of intersex young people

Action 14(a): Establish a working group on intersex healthcare for children and young people with a view to considering how Resolution 2191/2017 Council of Europe [Note: which explicitly calls to “prohibit” IGM practices⁵²] and other relevant health care recommendations can be taken account of in healthcare provision in Ireland.

Responsibility Lead: Department of Health

Responsibility Partner: Department of Children and Youth Affairs, [Health Service Executive] HSE, Tusla [Child and Family Agency]

Timeline: 2018, 2019, 2020” (p. 37/29)

51 Government of Ireland, Department of Children and Youth Affairs (2018), “LGBTI+ National Youth Strategy 2018-2020”, <https://assets.gov.ie/24459/9355b474de34447cb9a55261542a39cf.pdf>

52 See 7.1.1., <https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-EN.asp?fileid=24232&lang=en>

However, so far **no results** have been made public ...

Example 2: The “**National LGBTI+ Inclusion Strategy 2019-2021**”⁵³ of the **Department of Justice and Equality** promises to “*ensure that*” intersex people’s “*rights are protected*” (p. 2 in PDF / p. 1 in document), that they “*enjoy visibility, equality and safety in Irish society*” (p. 3/2), to “*protecting and promoting their rights*” (p. 4/5), to “*promote inclusion, equality, health, and safety for [intersex] individuals*” (p. 5/6), and to “*providing a vision of an Ireland where [intersex] people are: [...] Safe and Supported*” (p. 6/9).

However, in the “**Strategy Thematic Pillar: Safe and Supported**” intersex people and IGM practices are **not mentioned**.

In fact, the only Pillar where IGM practices are mentioned is:

“Strategy Thematic Pillars

- Healthy [...]

Outcomes to be achieved in this area: [...]

- *There are **clinical guidelines** in place to prevent unnecessary surgeries on intersex people with **better data** available on the prevalence of intersex conditions in Ireland.” (p. 14)*

And the “**Action plan**” which further elaborates on these intended outcomes, instead of insisting on effective protections from IGM practices, once more merely repeats the “**Endless Calls for ‘More Research’ as Harmful Interventions Continue**” as well as for “**self-regulation**” by the **current perpetrators**, but rather not too quickly:

“Action plan to support the Strategy

Healthy [...]

20 *Better data is available on the prevalence of intersex conditions in Ireland and consideration given to appropriate clinical governance in the context of international evidence and guidelines.*

20.1 *Conduct a **scoping exercise** on Intersex conditions in Ireland to determine and document prevalence, **current practice, clinical governance** and compare against international evidence and guidelines. This scoping exercise will include key recommendations which **may** include the establishment of an **expert working group** to develop **clinical guidelines**.*

Lead: [Department of Health] *DH* / [Health Service Executive] *HSE* / [Department of Justice and Equality] *DJE*

Action to Commence: 2021, *Q1* [**Note:** Action 20 is the only Action in the whole Action plan scheduled to start only in 2021]” (p. 24)

53 Government of Ireland, Department of Justice and Equality (2019), “National LGBTI+ Inclusion Strategy 2019-2021”, http://www.justice.ie/en/JELR/LGBTI+Inclusion_Strategy_2019-2021.pdf/Files/LGBTI+Inclusion_Strategy_2019-2021.pdf

Example 3: In 2019 a study at the **Dublin City University (DCU)** titled *“Mapping the Lived Experience of Intersex in Ireland: Contextualising Lay and Professional Knowledge to Enable Development of Law and Policy”* has received *“almost €200,000 in funding from the Irish Research Council (IRC)”*.⁵⁴ The announcement describes IGM practices as *“controversial” interventions to “re-sculpt intersex bodies”*, and refers to the **CRC and CEDAW Concluding Observations** (although without naming the Committees):

“Such interventions have been compared to female genital mutilations and the UN has deemed them to be ‘torture-like’. Twice in 2016, the UN asked Ireland to account for how the rights of Irish intersex children are protected.”

The announcement once more claims *“there has been no research available”* and **promises:**

*“The project will **bridge that gap** [...] [and] will then map [the] experience [of intersex people, their families and the medical profession] onto **Ireland’s legal obligations** to identify the strengths and weaknesses in **protections** for this marginalised and vulnerable community. Ultimately, it will **enable the development of law, policy and guidelines** to improve the lived experience of intersex in Ireland.”*

Also, the **project’s website** describes IGM practices as *“[s]urgery to [...] to **arrange the genitalia**”* of intersex children or to *“re-configure them along the socially acceptable gender lines”* and again claims, *“For the first time in Ireland, we are attempting to understand what life is like”* for intersex people and *“there is not enough data about people’s lives to meaningfully engage in **policy reform** to ensure that their rights are upheld”*.⁵⁵

However, if its website is any indication, so far the project seems to be **more interested in “gender” issues**^{56 57} and **“gay rights”**,⁵⁸ which are widely discussed, **than in human rights**, in particular physical integrity and children’s rights to protection from serious violations, which – if at all – are **only briefly mentioned and without any reference** to relevant human rights frameworks, the **Concluding Observations for Ireland** or other previous findings (like e.g those mentioned above p. 13-15).

Conclusion: Despite **bold claims and big promises** to protect intersex children and their human rights, so far **the actually considered measures in Ireland** invariably remain limited to the well-worn *“Endless Calls for ‘More Research’ as Harmful Interventions Continue”*⁵⁹ plus vague *“policy reforms”* which *“may include [...] clinical guidelines”*, despite the **known fact** that in the absence of a clear and effective prohibition of IGM, in practice such *“self-regulation”* by the **current perpetrators inevitably results in state-sponsored IGM practices to continue with impunity** (see also below, p. 28)

54 <https://www.dcu.ie/news/news/2019/Mar/Irish-Research-Council-funding-new-DCU-study-lived-experience-of-intersex-people>

55 <https://sites.google.com/dcu.ie/intersex/our-research/our-research>

56 Ibid.

57 <https://sites.google.com/dcu.ie/intersex/resources>

58 <https://sites.google.com/dcu.ie/intersex/pride-2020>

59 Tiger Howard Devore (1996), Endless Calls for ‘More Research’ as Harmful Interventions Continue, Hermaphrodites With Attitude, Fall/Winter 1996:2, <http://www.isna.org/files/hwa/winter1996.pdf>

2. Access to justice, redress and compensation

Harmful practices

39. *The Committee [...] remains concerned [...] about cases of medically unnecessary surgeries and other procedures on intersex children [...] and the lack of redress and compensation in such cases.*

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

(b) Undertake investigation of incidents of surgical and other medical treatment of intersex children without informed consent and adopt legal provisions in order to provide redress to the victims of such treatment, including adequate compensation;

Also, the **CRC-CEDAW Joint General Comment/Recommendation No. 18/31 “on harmful practices”** explicitly “*call[s] upon States parties to [...] provide for means of prevention, protection, recovery, reintegration and redress for victims and combat impunity for harmful practices*” (para 13).⁶⁰

However, also in **Ireland** the **statutes of limitation** prevent survivors of early childhood IGM practices to call a court because persons concerned often **do not find out** about their medical history until much later in life, which in combination with severe trauma caused by IGM practices often proves to amount to a severe obstacle,⁶¹ and effectively **prohibit survivors of early childhood IGM practices to call a court**. This remains **unchanged** in spite of the Concluding Observations.

3. Educate and train medical professionals on the consequences of IGM

Harmful practices

39. *The Committee [...] remains concerned [...] about 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 [...].*

40. ***The Committee recommends that the State party: [...]***

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

On the positive side, both the “**LGBTI+ National Youth Strategy 2018-2020**” and the “**National LGBTI+ Inclusion Strategy 2019-2021**” promise to “*[i]mprove the understanding of, and the response to, the physical and mental health needs of intersex young people*” and improve “*consideration given to appropriate clinical governance*”, including by involving the Ministry of Health and clinicians, to better protect intersex children and their rights (see above, p. 16-17).

However, so far all that resulted from these noble declarations remain empty promises and the usual “*Endless Calls for ‘More Research’ as Harmful Interventions Continue*” (see above, p. 16-18).

⁶⁰ See also Annexe 1, p. 23-24

⁶¹ Globally, no survivor of early surgeries **ever** managed to win in court. All relevant court cases (3 in Germany, 1 in the USA) were either about surgery of adults, or initiated by foster parents.

4. Data collection

Harmful practices

39. *The Committee [...] remains concerned [...] about cases of medically unnecessary surgeries and other procedures on intersex children [...].*

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

(a) *Ensure that no one is subjected to unnecessary medical or surgical treatment during infancy or childhood [...]*

The **CRC-CEDAW Joint General Comment/Recommendation No. 18/31 “on harmful practices”** underlines the need for a “[h]olistic framework for addressing harmful practices” (paras 31–36), including “[d]ata collection and monitoring” (paras 37–39).

However, to this day, the **Irish Government refuses to collect and disclose disaggregated data** on intersex persons and IGM practices.

On the positive side, both the “**LGBTI+ National Youth Strategy 2018-2020**” and the **DCU Study “Mapping the Lived Experience of Intersex in Ireland: Contextualising Lay and Professional Knowledge to Enable Development of Law and Policy”** promise to “[c]onduct a scoping exercise on Intersex conditions in Ireland to determine and document prevalence, current practice, clinical governance” and “for the first time in Ireland” to close the “gap” of lacking “data” and “research” (see above, p. 17-18).

However, so far these **promises have yet to be fulfilled.**

D. Conclusion: Ireland is failing its obligations towards intersex people under CRC and CRC/C/IRL/CO/3-4, paras 39-40

As substantiated above, **all typical forms of Intersex Genital Mutilation are still practised in Ireland**, facilitated and **paid for by the State party** via the **public health system** (“*Health Service Executive (HSE)*”). The Government **refuses** to take action, upholding the **impunity** of IGM practitioners, while IGM survivors are **denied access to justice and redress.**

In particular, Ireland continues to violate its obligation to take **effective legislative, administrative, judicial or other measures to prevent harmful practices** and to **ensure access to justice**, redress and rehabilitation for IGM survivors (Art. 24(3) in conjunction with the CRC-CEDAW Joint General Comment No. 18/31).

What’s more, persisting **health care guidance continues to advocate IGM practices**, backed by Government bodies, as the result of the absence of a **clear legislative framework** explicitly and effectively prohibiting IGM practices.

Ireland is thus **categorically failing to meet its obligations** towards intersex people **resulting from the Concluding Observations of this Committee** (paras 39-40), as well as those from **CEDAW** (CEDAW/C/IRL/CO/6-7, paras 24-25).

E. Suggested Questions for the LOIPR

The Rapporteurs respectfully suggest that in the LOIPR the Committee asks the Irish State party the following questions with respect to the treatment of intersex children:

Harmful Practices: Intersex Genital Mutilation (art. 24(3))

- **Please provide information on the measures taken to ensure that intersex children are not subjected to unnecessary medical or surgical interventions, and to provide adequate counselling, support and access to effective remedies for the victims subjected to such treatment during childhood.**
- **Please provide information on whether unnecessary medical or surgical interventions on intersex children are still covered by the Health Service Executive (HSE).**
- **Please provide information on how medical and psychological professionals are educated and trained on bodily diversity and on the consequences of unnecessary and irreversible surgical and other medical interventions on intersex children.**
- **Please provide data, disaggregated by type of intervention, age at intervention, and hospital, on the number of intersex children subjected to irreversible medical or surgical treatment.**

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

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

a) Harmful Practice (art. 24(3) and JGC No. 18)⁶²

Article 24 para 3 CRC calls on states to abolish harmful “*traditional practices prejudicial to the health of children*”. While the initial point of reference for the term was the example of Female Genital Mutilation/Cutting (FGM/C), the term consciously wasn’t limited to FGM/C, but meant to include all forms of harmful, violent, and/or invasive traditional or customary practices.⁶³

This Committee has repeatedly considered IGM as a harmful practice, and the CRC-CEDAW Joint General Comment No. 18/31 on harmful practices as applicable.⁶⁴

Also **CEDAW** has repeatedly considered IGM as a **harmful practice**, and the CRC-CEDAW Joint General Comment/Recommendation No. 18/31 on harmful practices as applicable.⁶⁵

Harmful practices (and inhuman treatment) have been identified by intersex advocates as the **most effective, well established and applicable human rights frameworks** to eliminate IGM practices and to end the impunity of the perpetrators.⁶⁶

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b) Violence against Children (art. 19 and GC No. 13)⁶⁷

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

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

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

Accordingly, with regards to IGM practices, and referring to Article 24 para 3 and the CRC-CEDAW Joint General Comment/Recommendation No. 18/31, CRC repeatedly recognised the obligation for State parties to *“**[e]nsure that the State party’s legislation prohibits all forms of harmful practices [including intersex genital mutilation]**”*,⁶⁸ as well as to *“**ensure that no-one is subjected to unnecessary medical or surgical treatment during infancy or childhood, guarantee bodily integrity, autonomy and self-determination to children concerned**”*,⁶⁹ and to *“**[u]ndertake investigation of incidents of surgical and other medical treatment of intersex children without informed consent and adopt legal provisions in order to provide redress to the victims of such treatment, including adequate compensation**”*.⁷⁰

67 For a more extensive version with sources, see 2016 CRC UK Thematic NGO Report, p. 57,

https://intersex.shadowreport.org/public/2016-CRC-UK-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

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

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

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

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

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

However, also in **Ireland** the **statutes of limitation** prohibit survivors of early childhood IGM practices to call a court, because persons concerned often **do not find out** about their medical history until much later in life, and **severe trauma** caused by IGM practices often prohibits them to act in time even once they do.⁷¹ So far there was no case where a victim of IGM practices succeeded in getting access to justice and redress at a Irish court.

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

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

1. Intersex = variations of reproductive anatomy

Intersex persons, in the vernacular also known as hermaphrodites, or medically as persons with “Disorders” or “Differences of Sex Development (DSD)”,⁷² are people born with **variations of reproductive anatomy**, or “atypical” reproductive organs, including atypical genitals, atypical sex hormone producing organs, atypical response to sex hormones, atypical genetic make-up, atypical secondary sex markers. Many intersex forms are usually detected at **birth** or earlier during **prenatal testing**, others may only become apparent at **puberty** or **later in life**.

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

*For more information and references, see 2014 CRC Switzerland NGO Report, p. 7-12.*⁷³

2. IGM = Involuntary, unnecessary and harmful interventions

In “**developed countries**” with universal access to paediatric health care **1 to 2 in 1000 newborns** are at risk of being submitted to medical **IGM practices**, i.e. non-consensual, unnecessary, irreversible, cosmetic genital surgeries, and/or other harmful medical treatments that **would not be considered for “normal” children**, practiced without evidence of benefit for the children concerned, but justified by societal and cultural norms and beliefs, and often **directly financed by the state** via the public health system.⁷⁴

In **regions without universal access to paediatric health care**, there are reports of **infanticide**⁷⁵ of intersex children, of **abandonment**,⁷⁶ of **expulsion**,⁷⁷ of **massive bullying** preventing the

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

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

74 For references and general information, see 2015 CAT NGO Report Austria, p. 30-35, <https://intersex.shadowreport.org/public/2015-CAT-Austria-VIMOE-Zwischengeschlecht-Intersex-IGM.pdf>

75 For Nepal, see CEDAW/C/NPL/Q/6, para 8(d). See also 2018 CEDAW Joint Intersex NGO Report, p. 13-14, <https://intersex.shadowreport.org/public/2018-CEDAW-Nepal-NGO-Intersex-IGM.pdf>

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

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

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

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

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

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

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

For Mexico, see 2018 CEDAW NGO Joint Statement,

<https://stopigm.org/post/CEDAW70-Mexico-Joint-Intersex-NGO-Statement-05-07-2018>

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

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

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

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

persons concerned from attending school (recognised by CRC as amounting to a harmful practice),⁷⁸ and of **murder**.⁷⁹

Governing State bodies, public and private healthcare providers, national and international medical bodies and individual doctors have traditionally been **framing and “treating”** healthy intersex children as **suffering from a form of disability in the medical definition**, and in need to be **“cured” surgically**, often **with openly racist, eugenic and supremacist implications**.^{80 81 82 83}

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

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

Medical IGM practices are known to cause **lifelong severe physical and mental pain and suffering**,⁸⁴ including loss or impairment of sexual sensation, poorer sexual function, painful scarring, painful intercourse, incontinence, problems with passing urine (e.g. due to urethral stenosis after surgery), increased sexual anxieties, problems with desire, less sexual activity, dissatisfaction with functional and aesthetic results, lifelong trauma and mental suffering, elevated rates of self-harming behaviour and suicidal tendencies comparable to those among women who have experienced physical or (child) sexual abuse, impairment or loss of reproductive capabilities, lifelong dependency on daily doses of artificial hormones.

UN Treaty bodies and other human rights experts have consistently recognised IGM practices as a serious violation of non-derogable human rights.⁸⁵ **UN Treaty bodies have so far issued 50 Concluding Observations condemning IGM practices accordingly.**⁸⁶

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

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

78 For example in Nepal (CRC/C/NPL/CO/3-5, paras 41–42), based on local testimonies, see

<https://stopigm.org/post/Denial-of-Needed-Health-Care-Intersex-in-Nepal-Pt-3>

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

80 2014 CRC NGO Report, p. 52, 69, 84, https://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

81 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>

82 “The Racist Roots of Intersex Genital Mutilations”

<https://stopigm.org/post/Racist-Roots-of-Intersex-Genital-Mutilations-IGM>

83 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>

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

85 **CAT, CRC, CRPD, SPT, SRT, SRSV 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>

86 <https://stopigm.org/post/IAD-2016-Soon-20-UN-Reprimands-for-Intersex-Genital-Mutilations>

3. Intersex is NOT THE SAME as LGBT or Transgender

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

The underlying reasons for such harmful misrepresentations include **lack of awareness**, third party groups **instrumentalising intersex as a means to an end**^{87 88} 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,⁸⁹ maintaining that IGM practices present a **distinct and unique issue** constituting significant human rights violations, which are different from those faced by the LGBT community, and thus need to be **adequately addressed in a separate section as specific intersex issues**.

Also, **human rights experts** are increasingly warning of the **harmful conflation** of intersex and LGBT.^{90 91}

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*”,⁹² and again IGM survivors as “*transgender children*”,⁹³ “*transsexual children who underwent difficult treatments and surgeries*”, and IGM as a form of “*discrimination against transgender and intersex children*”⁹⁴ and as “*sex assignment surgery*” while referring to “*access to gender reassignment-related treatments*”.⁹⁵

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*”,⁹⁶ “*a special provision on sexual orientation and*

87 CRC67 Denmark, <https://stopigm.org/post/CRC67-Intersex-children-used-as-cannon-fodder-LGBT-Denmark>

88 CEDAW66 Ukraine, <https://stopigm.org/post/Ukraine-Instrumentalising-Intersex-and-IGM-for-LGBT-and-Gender-Politics>

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

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

90 For example ACHPR Commissioner Lawrence Murugu Mute, see

<https://stopigm.org/post/ACHPR-African-Commissioner-warns-Stop-conflating-intersex-and-LGBT>

91 2018 Report of the Kenya National Commission on Human Rights (KNCHR), p. 15,

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

92 CAT60 Argentina, <https://stopigm.org/post/UN-Press-Release-calls-IGM-survivors-transsexual-children-CATArgentina-UNCAT60>

93 CRC77 Spain, <https://stopigm.org/post/UN-Press-Release-mentions-genital-mutilation-of-intersex-children>

94 CRC76 Denmark, <https://stopigm.org/post/UN-Press-Release-calls-IGM-survivors-transsexual-children-CRC-Denmark-UNCRC67>

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

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

gender identity”, “*civil registry*” and “*sexual reassignment surgery*”⁹⁷, transgender guidelines⁹⁸ or “*Gender Identity*”⁹⁹ ¹⁰⁰ 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**¹⁰¹ and public **representation**.¹⁰²

4. IGM is NOT a “Discrimination” Issue

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

5. IGM is NOT a “Health” Issue

An interrelated, alarming new trend is the **increasing misrepresentation of IGM as “health-care issue”** instead of a serious violation of non-derogable human rights, and the **promotion of “self-regulation” of IGM by the current perpetrators**¹⁰³ ¹⁰⁴ ¹⁰⁵ ¹⁰⁶ – instead of effective measures to finally end the practice (as repeatedly stipulated also by this Committee).

Even worse, **Health Ministries** construe UN Concluding observations falling short of explicitly recommending legislation to criminalise or adequately sanction IGM as an **excuse for “self-regulation” promoting state-sponsored IGM practices to continue with impunity**.¹⁰⁷ ¹⁰⁸ ¹⁰⁹

97 CCPR120 Switzerland,

<https://stopigm.org/post/Pinkwashing-of-Intersex-Genital-Mutilations-at-the-UN-CCPR120>

98 CAT56 Austria, <https://stopigm.org/post/Geneva-UN-Committee-against-Torture-questions-Austria-over-Intersex-Genital-Mutilations>

99 CAT60 Argentina, <https://stopigm.org/post/CAT60-Argentina-to-be-Questioned-on-Intersex-Genital-Mutilation-by-UN-Committee-against-Torture>

100 CRPD18 UK, <https://stopigm.org/post/UK-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-Persons-with-Disabilities-CRPD>

101 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, <https://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), <https://stopigm.org/post/UK-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-Persons-with-Disabilities-CRPD>

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

103 For example Amnesty (2017), see <https://stopigm.org/post/Amnesty-Report-fails-Intersex-Children-and-IGM-Survivors>

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

https://stopigm.org/public/S3_Zwischengeschlecht_UN-Expert-Meeting-2015_web.pdf

105 For example CEDAW Italy (2017), see <https://stopigm.org/post/Major-Setback-for-Intersex-Human-Rights-at-the-UN>

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

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

<https://stopigm.org/post/Circular-7-step-back-for-intersex-human-rights-in-Chile>

108 For example Ministry of Health France (2018), see 2020 CRC Intersex NGO Report (for LOIPR), p. 19,

<https://intersex.shadowreport.org/public/2020-CRC-France-LOIPR-NGO-Intersex-IGM.pdf>

109 For example Ministry of Health Austria (2019), see 2019 CRC Intersex NGO Report (for Session), p. 4-5, <https://intersex.shadowreport.org/public/2019-CRC-Austria-NGO-Zwischengeschlecht-Intersex-IGM.pdf>