

Intersex Genital Mutilation Human Rights Violations Of Children With Variations Of Reproductive Anatomy



**HUMAN
RIGHTS FOR
HERM
APHRODITES
TOO!**

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

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Executive Summary

Despite new 2017 Medical Guidelines issued by the Ministry of Health, **all typical forms of Intersex Genital Mutilation are still practised in Israel**, facilitated and **paid for by the State party** via the **public health system**. Parents and children are misinformed, kept in the dark, **pressured** to “consent” to harmful surgery, and **denied appropriate support**. Despite **repeated Government pledges** and **calls by Israeli intersex persons, experts and allies** to end harmful practices on intersex children, **Israel fails to act**.

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

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

In total, UN treaty bodies **CRC, CEDAW, CAT, CCPR** and **CRPD** have so far issued **72 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, (b) ensure redress and compensation and (c) access to free counselling. Also, the UN Special Rapporteurs on Torture (**SRT**) and on Health (**SRH**), the UN High Commissioner for Human Rights (**UNHCHR**), the World Health Organisation (**WHO**), the Inter-American Commission on Human Rights (**IACHR**), the African Commission on Human and Peoples’ Rights (**ACHPR**) and the Council of Europe (**COE**) recognise **IGM** as a **serious violation of non-derogable human rights**.

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

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

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

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

This **NGO Report** has been compiled by **StopIGM.org / Zwischengeschlecht.org**, an international intersex NGO. It contains **Suggested Questions** (see p. 14).

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

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A. Introduction

1. Israel: Intersex, IGM and Human Rights

Unfortunately, **Intersex and IGM practices were not mentioned in the Israeli State Report.**

Despite that the persistence of IGM practices in Israel is a **matter of public record**, same as the **criticism and appeals** by **intersex persons, experts and allies**, to this day the Israeli Government fails to **recognise** the serious human rights violations and the severe pain and suffering caused by IGM practices, let alone to **“take effective legislative, administrative, judicial or other measures” to protect intersex children from harmful practices.**

This Thematic NGO Report demonstrates that the current and ongoing **harmful medical practices on intersex children in Israel** – advocated, facilitated and perpetrated by the state funded **University Hospitals**, as well as **private hospitals**, and **paid for by the State party** via the **public health system** – constitute a **serious breach** of Israel’s obligations under the Convention.

2. About the Rapporteurs

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

- **StopIGM.org / Zwischengeschlecht.org** is an international intersex human rights NGO based in Switzerland, working to end IGM practices and other human rights violations perpetrated on intersex people, according to its motto, *“Human Rights for Hermaphrodites, too!”*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 72 Treaty body Concluding Observations recognising IGM as a serious human rights violation.⁴

In addition, the Rapporteurs would like to acknowledge the work of Israeli intersex NGO **PELE** (**‘Rallying for intersex rights’**).⁵ And we would like to acknowledge the work of **Limor Meoded Danon**.⁶

3. Methodology

This thematic NGO report is a localised update to the **2021 CRC Bulgaria NGO Report (for LOIPR)**⁷ by the same Rapporteurs.

1 <https://Zwischengeschlecht.org/> English homepage: <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://www.facebook.com/119012418134853>

6 <https://medicine.biu.ac.il/en/node/2879>

7 <https://intersex.shadowreport.org/public/2021-CRC-Bulgaria-LOIPR-NGO-Intersex-StopIGM.pdf>

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

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

In **Israel**, same as in the **fellow Mediterranean countries** of *Malta* (CRC/C/MLT/CO/3-6, paras 28-29), *Greece* (CRC/C/GRC/CO/4-6, para 28(c)), *Cyprus* (CRC/C/CYP/CO/5-6, para 25(b)), and in **many more State parties**,⁸ there are

- **no legal or other effective protections** in place to **prevent IGM practices** as stipulated in art. 24(3) and the CRC-CEDAW Joint General Comment No. 18/31,
- **no legal measures** in place to ensure **access to redress and justice** for IGM survivors,
- **no legal measures** in place to ensure the **accountability** of IGM perpetrators,
- **no measures** in place to ensure **data collection** and **monitoring** of IGM practices.

Despite that the persistence of IGM practices in Israel is a **matter of public record**, same as the **criticism and appeals** by **intersex persons, experts and allies** (see below, p. 12), to this day the Israeli Government fails to **recognise** the serious human rights violations and the severe pain and suffering caused by IGM practices, let alone to **“take effective legislative, administrative, judicial or other measures”** to **effectively protect intersex children from harmful practices**.

2. Israel’s commitment to “protect intersex children from violence and harmful practices”, “investigate abuses”, “ensure accountability” and “access to remedy”

a) UNHRC45 Statement, 01.10.2020

On occasion of the **45th Session of the Human Rights Council** the **State party** supported a public statement calling to **“protect [...] intersex adults and children [...] so that they live free from violence and harmful practices. Governments should investigate human rights violations and abuses against intersex people, ensure accountability, [...] and provide victims with access to remedy.”**⁹

b) UNHRC48 Statement, 04.10.2021

On occasion of the **48th Session of the Human Rights Council** the **State party** supported a public follow-up statement reiterating the call to end harmful practices and ensure access to justice:

*“Intersex persons also need to be protected from **violence** and States must **ensure accountability** for these acts. [...]*

*Furthermore, there is also a need to take measures to protect the **autonomy** of intersex children and adults and their rights to health and to **physical and mental integrity** so that they live **free from violence and harmful practices**. Medically unnecessary surgeries, hormonal treatments and other invasive or irreversible non-vital medical procedures without their free, prior, full and informed consent are **harmful to the full enjoyment of the human rights of intersex persons**.*

⁸ Currently we count **72 UN Treaty body Concluding Observations** explicitly condemning IGM practices as a **serious violation of non-derogable human rights**, see:

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

⁹ Statement supported by Israel (and 34 other States) during the 45th Session of the Human Rights Council on 1 October 2020, <https://www.dfat.gov.au/international-relations/themes/human-rights/hrc-statements/45th-session-human-rights-council/joint-statement-led-austria-rights-intersex-persons>

*We call on all member states to take measures to combat violence and discrimination against intersex persons, develop policies in close consultations with those affected, ensure accountability, reverse discriminatory laws and provide victims with access to remedy.”*¹⁰

3. Most Common IGM Forms advocated and perpetrated by Israel

Despite above mentioned commitments to protect intersex children, **to this day, in Israel all forms of IGM practices remain widespread and ongoing**, persistently **advocated, prescribed and perpetrated** by the state funded **University Hospitals**, as well as private clinics, and **paid for by the State** via the **public health system** under the oversight of the **Ministry of Health**.

In Israel, IGM is practiced in at least **8 large hospitals**,¹¹ and there are **2 main hospitals** that are perceived as **“DSD centres”**.¹²

Also in Israel, medically unnecessary, non-consensual and irreversible IGM practices are **justified by psychosocial indications**, and **parents are pressured to “consent” to IGM**, as interviews with IGM practitioners demonstrate:

*“Prof. B, an Israeli urologist: ‘[...] they have genitalia that are neither male nor female, and society cannot accept this. [...] psychologically, a girl also has to grow up . . . knowing that she is more or less normal. [...] So, the goal is to fix these children between the age of six months and a year. This is the optimum age.’”*¹³

“[Y]ou want to have a boy who can urinate and feel normal around others, so we talk to the parents [...]. [If they refuse, we] will tell them, ‘Listen, you are very smart parents, but it is very bad for your child. He’ll be very uncomfortable in first grade or in third ...’ The pediatrician knows much better than the inexperienced parent.” (Prof. Ziv., Israeli endocrinologist, 24.11.19)¹⁴

Israeli parents also criticise this pressure to “consent” to IGM:

“Why did none of the doctors come to me and say okay, this is an aesthetic problem, and only when it actually bothers the child, [...] we’ll arrive at a common understanding that if he wants to do it then it will be possible to do it?” (Suzi, mother of a baby with hypospadias, 17.2.2020)¹⁵

Further, **Israeli doctors justify early IGM practices by comparing them to the ritual circumcision of boys**:

10 Statement supported by Israel (and 52 other States) during the 48th Session of the Human Rights Council on 4 October 2021, <https://www.bmeia.gv.at/oev-genf/speeches/alle/2021/10/united-nations-human-rights-council-48th-session-joint-statement-on-the-human-rights-of-intersex-persons/>

11 Limor Meoded Danon (2018), “Intersex Activists in Israel: Their Achievements and the Obstacles They Face”, *J Bioeth Inq.* 2018 Dec;15(4):569-578, p. 577, <https://pubmed.ncbi.nlm.nih.gov/30194675/>

12 Limor Meoded Danon (2018), “Comparing contemporary medical treatment practices aimed at intersex/DSD bodies in Israel and Germany”, *Sociol Health Illn.* 2019 Jan;41(1):143-164, p. 155, <https://pubmed.ncbi.nlm.nih.gov/30182487/>

13 Limor Meoded Danon (2018), “Comparing contemporary medical treatment practices aimed at intersex/DSD bodies in Israel and Germany”, *Sociol Health Illn.* 2019 Jan;41(1):143-164, p. 157, <https://pubmed.ncbi.nlm.nih.gov/30182487/>

14 Limor Meoded Danon (2022), “Temporal sociomedical approaches to intersex* bodies”, *Hist Philos Life Sci.* 2022 Jun 8;44(2):28., p. 12, <https://pubmed.ncbi.nlm.nih.gov/35674937/>

15 *Ibid.*, p. 19

*“Israeli urologist, Dr. Benny [...]: ‘There is a reason that boys are ritually circumcized at age eight days and not eight years [in Judaism]. Really, it’s less painful and less psychologically traumatic. There’s less separation anxiety from the parents and everything that’s connected to it at older ages. There are many advantages to doing it at a young age, so today we recommend age six months to a year for [intersex] children.’”*¹⁶

[Note: As stressed also by the study author, this assumption of medical professionals that early surgeries are less psychologically traumatic is not empirically based. However, the pain and suffering caused by IGM is.]

Currently practiced forms of IGM in Israel include:

a) IGM 3 – Sterilising Procedures:

**Castration / “Gonadectomy” / Hysterectomy /
Removal of “Discordant Reproductive Structures” / (Secondary) Sterilisation
Plus arbitrary imposition of hormones**¹⁷

The “*Pediatric Urology*” homepage of the **Wilf Children’s Hospital at the Shaare Zedek Medical Center (SZMC)** in Jerusalem lists under “*disorders treated in the clinic*”: “**18. Sexual malformations in children with sexual differentiation disorders.**”¹⁸

And the “*Urology (Pediatrics)*” homepage of the “**Dana-Dwek**” **Children’s Hospital at the Tel Aviv Sourasky Medical Center Ichilov (TASMC)** “*treats congenital deformities of the genitourinary tract of boys and girls. [...] [It] performs surgeries to correct [...] “intersex” conditions (‘hermaphrodites’).*”¹⁹

Accordingly, a **2018** Israeli study interviewing doctors found:²⁰

“Medical professionals from different hospitals in Israel [...] reported that [...] surgeries to remove internal sex organs are performed [...] between the ages of six months and one year.”

Another Israeli doctor explained:²¹

“[We did] a laparoscopy . . . We inserted a camera and looked for the testicles in the abdomen. [...] I saw two – we do not call them testicles . . . two gonads. It seemed they might be strange ovaries, I don’t know, and a uterus and fallopian tubes [...] we performed tests and found that he was really lacking this MIF [Müllerian inhibiting factor]. This is something fantastic in theory. Why in theory? Because we usually prefer to remove it . . . we moved the testicles into the scrotum and removed the uterus and fallopian tubes.” (Prof. B., 25 October 2015)

16 Limor Meoded Danon (2018), “Intersex Activists in Israel: Their Achievements and the Obstacles They Face”, *J Bioeth Inq.* 2018 Dec;15(4):569-578, p. 576-577, <https://pubmed.ncbi.nlm.nih.gov/30194675/>

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

18 <https://www.szmc.org.il/eng/departments/peds-urology/about/>

19 <https://www.tasmc.org.il/sites/en/Surgery/Urology/Pages/peds-urology.aspx>

20 Limor Meoded Danon (2018), “Intersex Activists in Israel: Their Achievements and the Obstacles They Face”, *J Bioeth Inq.* 2018 Dec;15(4):569-578, p. 577, <https://pubmed.ncbi.nlm.nih.gov/30194675/>

21 Limor Meoded Danon (2018), “Comparing contemporary medical treatment practices aimed at intersex/DSD bodies in Israel and Germany”, *Sociol Health Illn.* 2019 Jan;41(1):143-164, p. 154, <https://pubmed.ncbi.nlm.nih.gov/30182487/>

b) IGM 2 – “Feminising Procedures”: Clitoris Amputation/“Reduction”, “Vaginoplasty”, “Labiaplasty”, Dilatation”²²

The “*Pediatric Urology*” homepage of the **Wilf Children’s Hospital** at the **Shaare Zedek Medical Center (SZMC)** in Jerusalem lists under “*disorders treated in the clinic*”: “*Sexual malformations in children with sexual differentiation disorders.*” It further claims, “*The department serves as a national referral center for children with endocrinological disorders who need sexual organ repair. This is one of the most challenging fields in reconstructive surgery and the department is among the world’s leading centers for these procedures.*”²³

And the “*Urology (Pediatrics)*” homepage of the “**Dana-Dwek**” **Children’s Hospital** at the **Tel Aviv Sourasky Medical Center Ichilov (TASMC)** “*treats congenital deformities of the genitourinary tract of boys and girls. [...] [It] performs surgeries to correct [...] ‘intersex’ conditions (‘hermaphrodites’).*”²⁴

Accordingly, a **2018** Israeli study with interviews with parents of intersex children quotes “*a father of a 9-year-old girl born with 46XX CAH*”: “*The Dr. said it would be better to operate before she was conscious of it, before she grew up and was traumatized by it. [...] But it doesn’t always work.*”²⁵

And a **2021** Israeli study interviewing parents of intersex children quotes a “*mother of a 12-year-old girl, with classical congenital adrenal hyperplasia*” who “**consented**” to **IGM 2** on her child due to psychosocial pressure:²⁶

“[S]he and her husband were mainly afraid of negative social responses. Their daughter first underwent surgery at the age of 11 months, but the operation did not continue as planned because the surgeon said that the baby’s body was not ready. [...] At the age of 19 months, the daughter returned to the operating room, and this time her clitoris was reduced and her urethral opening and vagina were reconstructed. [...] ‘We were more afraid that society wouldn’t know how to accept it. [...]’”

c) IGM 1 – “Masculinising Surgery”: Hypospadias “Repair”²⁷

The “*Pediatric Urology*” homepage of the **Wilf Children’s Hospital** at the **Shaare Zedek Medical Center (SZMC)** in Jerusalem lists under “*disorders treated in the clinic*”: “*Hypospadias – incomplete closure of the urethra.*” It further claims, “*The department is recognized as a Excellence Center for hypospadias repair.*”²⁸

And the “*Urology (Pediatrics)*” homepage of the “**Dana-Dwek**” **Children’s Hospital** at the **Tel Aviv Sourasky Medical Center Ichilov (TASMC)** offers surgery to “correct” “*Hypospadias – a*

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

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

23 <https://www.szmc.org.il/eng/departments/peds-urology/about/>

24 <https://www.tasmc.org.il/sites/en/Surgery/Urology/Pages/peds-urology.aspx>

25 Limor Meoded Danon (2018), “Intersex Activists in Israel: Their Achievements and the Obstacles They Face”, *J Bioeth Inq.* 2018 Dec;15(4):569-578, p. 578, <https://pubmed.ncbi.nlm.nih.gov/30194675/>

26 Limor Meoded Danon (2021), “The Parental Struggle With the Israeli Genital Socialization Process”, *Qualitative Health Research* 2021, Vol. 31(5) 898-912, p. 904, <https://pubmed.ncbi.nlm.nih.gov/33530874/>

27 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>

28 <https://www.szmc.org.il/eng/departments/peds-urology/about/>

congenital penile abnormality.”²⁹

Accordingly, a **2022** medical publication out of the Department of Urology of the **Tel Aviv Sourasky Medical Center Ichilov (TASMC)** and the Department of Pediatric Urology of its **“Dana-Dwek” Children’s Hospital** reviewing the medical records of “*children who underwent hypospadias repair between 10/1999 and 12/2018*” and who were circumcised previous to hypospadias “repair” noted, “*mean age at surgery was 14 months (interquartile range 9,22).*”³⁰

Also in Israel, hypospadias “repair” **often result in severe complications** leading to **serious actual medical problems**, and **parents bitterly regret** having “consented” to the unnecessary surgical “corrections”:³¹

“The mother of a 40-year-old man born with minor hypospadias [...] described how the urethral stenosis that resulted from his first surgery, at the age of 2 years, became a significant and complicated issue in her son’s life. The stenosis was treated in two additional surgeries performed when he was an adolescent, but it began to cause problems again in his adult life. [...]. He required a special kit with a sterile catheter that he could use to release his urine when he could not do so himself [...]. She realized that the correction had been detrimental to her son’s well-being and regretted agreeing to it in the first place. [...]:

‘I don’t understand why this surgery is performed so frequently, because they [the doctors] don’t talk about urination at all, only about the psychological aspects, that the child will grow up and have a trauma. What, not being able to urinate isn’t traumatic? [...] You don’t necessarily need scalpels to deal with the problem. Put them aside, why the urgency? It’s not that bad.’

A young mother of a 6-month-old baby with minor hypospadias, re-examined the doctors’ advice to agree to early corrective genital surgery. She searched on social media for adults who had experienced this surgery. [...] When she went to different doctors to [...] discuss her concern regarding surgical complications [...] the reactions were not what she had expected:

‘They started telling me I was making problems for the boy, and in adolescence he would have problems, because that is boys’ most important organ. [...] Get the boy, [...] we’ll perform a two-hour surgery, after that a two-week catheter, and it’s no big deal. If worse comes to worst and the surgery isn’t successful, we’ll do another surgery, take skin from the cheek, it’s nothing. [...] I know better. I’m the professor.’”

d) IGM 4 – Selective Abortion, Pre-Implantation Genetic Diagnosis (PGD)³²

In Israel prenatal testing of fetuses, selective abortions, and pre-implantation genetic diagnosis (PDG) is very frequent, as described in a **2018** Israeli study:

29 <https://ichilov-clinic.gov.il/departments/treatment-of-children/pediatric-urology/>

30 Haim Herzberg, Adit Dubi-Sobol, Tomer Mendelson, Reuben Ben-David, Noam Bar-Yaakov, Ziv Savin, Jacob Ben-Chaim, Yuval Bar-Yosef (2022), “Operative techniques and long-term outcomes of hypospadias repair in the absence of preputial skin after neonatal circumcision”, J Pediatr Surg. 2022 Nov;57(11):676-680, p. 676, <https://pubmed.ncbi.nlm.nih.gov/35927070/>

31 Limor Meoded Danon (2021), “The Parental Struggle With the Israeli Genital Socialization Process”, Qualitative Health Research 2021, Vol. 31(5) 898-912, p. 909, <https://pubmed.ncbi.nlm.nih.gov/33530874/>

32 See 2014 CRC Switzerland, NGO Report p. 76, https://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

*“Biomedical diagnosis in Israel is widely used before and during pregnancy in order to prevent the conception of pathological bodies or identify them as early as possible. Preimplantation genetic diagnosis testing (PGD) is offered to families with a history of various serious conditions, including some intersex conditions. It aims to prevent the conception of fetuses with a variety of intersex conditions, including congenital adrenal hyperplasia and androgen insensitivity syndrome.”*³³

According to another 2018 study,³⁴ “[i]n Israel, **parents’ decision to continue a pregnancy after finding out that their embryo has an intersex condition is perceived as a rare occurrence by many professionals.**” The author was able to obtain data for the number of terminations of pregnancy (TOP) due to different intersex conditions that took place between 2009 and 2014. *“According to this data, approximately 50 fetuses with different intersex bodies are aborted each year.”*

Similarly, a mother, reflecting on the difficult experience of her abortion, expressed her criticism of the pressure on parents to prevent diseases and disabilities, including intersex diagnoses, in Israeli society, *“It’s prevention for the sake of elimination . . . not . . . for the sake of preparation.”*³⁵

4. 2017 Ministry of Health Intersex Guidelines

In 2017, following eight years of intersex activists’ work with medical professionals, ethicists, feminist activists, and scholars, the **Israeli Ministry of Health** published a **new circular on approved procedures regarding intersex**³⁶ and distributed it to all the hospitals in Israel. It is the first such document to include detailed information about intersex/DSD conditions for parents and patients and to address the importance of putting the patients’ needs and well-being at the centre. While such positive aspects have to be **commended**, including **references to CRC and CRPD**, there are also serious **shortcomings**, as unfortunately the guidelines **fail to effectively prevent IGM practices**:

*“One of its most important statements is that a DSD condition that does not pose a danger to the patient’s life or mental or physical health does not necessarily require medical treatment, and that each case should be decided according to the specific circumstances and wishes of the patient and parents, or both. The circular does not prohibit sex assignment surgery in infancy, nor does it set a new default of non-surgery; however, it provides guidance that will hopefully give rise to informed, well thought out decision making by multiple participants.”*³⁷

33 Limor Meoded Danon (2018), “Intersex Activists in Israel: Their Achievements and the Obstacles They Face”, *J Bioeth Inq.* 2018 Dec;15(4):569-578, p. 576-577, <https://pubmed.ncbi.nlm.nih.gov/30194675/>

34 Limor Meoded Danon (2018), “Comparing contemporary medical treatment practices aimed at intersex/DSD bodies in Israel and Germany”, *Sociol Health Illn.* 2019 Jan;41(1):143-164, p. 151-152, <https://pubmed.ncbi.nlm.nih.gov/30182487/>

35 Limor Meoded Danon (2021), “The Parental Struggle With the Israeli Genital Socialization Process”, *Qualitative Health Research* 2021, Vol. 31(5) 898-912, p. 903, <https://pubmed.ncbi.nlm.nih.gov/33530874/>

36 Ministry of Health, Israel. 2017. [Diagnosis and treatment of a person with DSD/intersex (official circular on procedure (in Hebrew)] March 6, 2017, https://www.health.gov.il/hozer/mr10_2017.pdf

37 Maayan Sudai (2017) “Changing ethical and legal norms in the management of differences of sex development”, *The Lancet Diabetes & Endocrinology* 5(10): 764–766, at 765, [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(17\)30043-8/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(17)30043-8/fulltext)

Another Israeli author also commends that the circular stresses the “*importance of psychological support for patients and families as well as the importance of consent*,” but notes that **in practice there is “a lack of psychological support within hospitals that specialise in DSD/intersex bodies due to budgetary issues,”** and “**no social workers or psychologists participate in the decision making or support parents and patients.**” Worse, where psychological support is available, it “**mainly helps parents to adjust without question to medical normalisation practices.**”³⁸

5. Israel fails to effectively protect intersex children from IGM

The persistence of IGM practices in Israel is a **matter of public record**, same as the **criticism and appeals by intersex persons, experts and allies.**^{39 40 41 42 43}

However, **Israeli paediatric surgeons** nonetheless continue to **fail to adequately consider any human rights concerns.**

And the **Israeli government**, despite recognising CRC and CRPD in the 2017 Guidelines issued by the Ministry of Health (see above p. 11-12), to this day **fails to take effective legislative measures** to protect intersex children from IGM practices, in particular to “**explicitly prohibit by law and adequately sanction or criminalize**” IGM in order to ensure “**equal access to justice, including by addressing legal and practical barriers to initiating legal proceedings, such as the**

38 Limor Meoded Danon (2018), “Comparing contemporary medical treatment practices aimed at intersex/DSD bodies in Israel and Germany”, *Sociol Health Illn.* 2019 Jan;41(1):143-164, p. 153-155, <https://pubmed.ncbi.nlm.nih.gov/30182487/>

39 Sagit Mor (2013), “From Absence to Presence: A Critique of Intersex Surgeries (Hebrew)” *Mishpatim*, *The Hebrew University Law Review* 44.1 (2013): 89-157. <https://web.archive.org/web/20160121175148/http://works.bepress.com/sagitmor/10/>
“*Intersex surgeries in Israel are performed based on a brief medical protocol, the content of which does not begin to cover the social, medical and legal complexities surrounding it. The Article critiques the protocol for the language that it uses, its insufficient attention to the complex issues of informed consent that the subject involves, including parental consent to surgeries, and its inadequate attention to the ongoing relations between intersex people and the healthcare system. The Article suggests the moratorium approach to intersexuality as an alternative to the prevailing medical-surgical one. This approach offers to suspend the decision on surgical intervention until the intersex person is competent to make an independent decision [...].*”

40 Intersex NGO PELE (‘Rallying for intersex rights’), <https://www.facebook.com/119012418134853>
“*The main goals of PELE are to encourage a positive attitude towards intersex people in Israel, to change the policy of performing early irreversible surgeries on intersex babies, to increase intersex children’s bodily autonomy, and to establish support groups for parents and intersex adults. Currently, PELE focuses on producing and participating in conferences in different places in Israel and recruiting additional intersex people and parents. Using social media networks, sharing knowledge with intersex activists around the world, and raising intersex issues in different circles is the beginning of a long journey that’s purpose is to change biomedical discourse and practices in Israel.*” (Limor Meoded Danon)

41 Yanir Dekel (2015), “Should Parents Decide the Gender of Their Intersex Children?”, <https://blogs.timesofisrael.com/should-parents-decide-the-gender-of-their-intersex-children/>
“*A news story on Ynet about a sexual reassignment surgery that was performed in Haifa’s Ben Tzion hospital on a two-year-old kid who was born intersex sparked angry responses [...] According to the Ynet article, written by Dr. Itay Gal, babies who are born intersex in Israel are going through gender reassignment surgery as early as possible in order to allow them a normal development and to prevent stigmas and damage to the mental development of the baby.*”

42 Maayan Sudai (2017) “Changing ethical and legal norms in the management of differences of sex development”, *The Lancet Diabetes & Endocrinology* 5(10): 764–766, at 765, [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(17\)30043-8/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(17)30043-8/fulltext)

43 Limor Meoded Danon (2018), “Intersex Activists in Israel: Their Achievements and the Obstacles They Face”, *J Bioeth Inq.* 2018 Dec;15(4):569-578, p. 576-577, <https://pubmed.ncbi.nlm.nih.gov/30194675/>

limitation period” (CRC-CEDAW Joint General Comment/Recommendation No. 18/31 “on harmful practices”, paras 13, 55(o)). **Therefore, this situation is clearly not in line with Israel’s obligations under the Convention.**

6. Obstacles to redress, fair and adequate compensation

Also in **Israel** the **statutes of limitation** prohibit survivors of early childhood IGM practices to call a court, because persons concerned often **do not find out** about their medical history until much later in life, and **severe trauma** caused by IGM practices often prohibits them to act in time once they do.⁴⁴ So far, in Israel there was **no successful case** of a victim of IGM practices going to court. Currently, a **first lawsuit is (slowly) underway**, but a trial date is not yet known.⁴⁵

Notably, the CRC-CEDAW Joint General Comment/Recommendation No. 18/31 “on harmful practices” **clearly and explicitly stipulates** “*that the perpetrators and those who aid or condone such practices are held accountable*” (para 55 (o)), as well as “*equal access to legal remedies and appropriate reparations in practice*” (para 55 (q)). **Conclusion, this situation is again clearly not in line with Israel’s obligations under the Convention.**

44 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.

45 Personal communication

C. Suggested Questions for the LOI

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

Harmful practices: Intersex children (art. 24(3))

- **Please provide information on the measures taken to prevent the unnecessary medical or surgical treatment of intersex children, to provide families with intersex children with adequate counselling and support, and to guarantee access to effective remedies for victims subjected to such treatment during childhood, including the statute of limitations for raising a claim against such treatment.**
- **Please provide data, disaggregated by type of intervention, age at intervention, and hospital, on the number of intersex children subjected to non-urgent and irreversible surgical and other procedures.**