

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



**HUMAN
RIGHTS FOR
HERMAPHRODITES
TOO !**

NGO Report (for LOIPR)
to the 6th Report of Austria on the
International Covenant on Civil and Political Rights
(CCPR)

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Executive Summary

All typical forms of IGM practices are still widespread in Austria today, facilitated and paid for by the State party via the public health care system, and **practiced with impunity**. Survivors of IGM continue to be **denied access to justice and reparations** due to lack of effective legal prohibition and the **statutes of limitations**.

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

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

CAT, as well as **CRC** and **CRPD** have already considered **IGM in Austria** as constituting **inhuman treatment** and a **harmful practice**. Nonetheless, to this day the **Austrian Government fails to act**.

In total, UN treaty bodies **CCPR**, **CAT**, **CRC**, **CRPD**, and **CEDAW** have so far issued **91 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 **30 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 **Thematic NGO Report** was compiled by the international intersex NGO **Zwischengeschlecht.org / StopIGM.org**. It contains **Suggested Questions** (see p. 21).

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A. Introduction

1. Austria: Intersex, IGM and Human Rights

Austrian intersex advocates and NGOs, as well as human rights experts, NHRIs and other Civil Society Organisations have publicly **criticised IGM, and called for effective legal protections for almost two decades.**

Austria has been reviewed by **CAT** (2015), **CRC** (2020) and **CRPD** (2023) with all Committees **recognising** IGM in Austria as constituting **cruel, inhuman or degrading treatment or torture** and a **harmful practice.**

Latest, in 2024 during its 79th Session, **CAT** again raised intersex genital mutilation in Austria, with **Austria on 17 April 2024 openly admitting that IGM continues** and that there are currently no effective legal measures in place (see p. 11). And the Concluding Observations are currently expected by 10.05.2024.

While **in 2021 a Draft Law** was introduced to specifically and effectively protect intersex children from IGM, so far, this Draft Law has been **stalled** in Parliament (see p. 19). Latest, on **12.03.2024, the Children's Rights Committee of the Austrian Federal Council voted against** a new Motion for a resolution to protect intersex children from IGM (p. 20).

To this day, **Austria continues to deny** the serious nature of the violations constituted by IGM practices, and **refuses to take effective legislative, administrative, judicial or other measures,** including prohibition under Criminal Law, to protect intersex children from cruel, inhuman or degrading treatment and harmful practices.

This NGO Report demonstrates that the persisting **harmful medical practice on intersex persons in Austria** – advocated, facilitated and **paid for by the State party,** and practiced with **impunity** –, as well as the ongoing **denial of access to justice and reparations** for IGM survivors, constitute **serious breaches** of Austria's obligations under the Covenant.

2. About the Rapporteurs

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

- **StopIGM.org / Zwischenengeschlecht.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 advocates and NGOs,³ substantially contributing to the so far 91 Treaty body Concluding Observations recognising IGM as a serious human rights violation.⁴

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>

StopIGM.org has been active in Austria since 2011, documenting the ongoing practice, publicly confronting individual perpetrators and hospitals, has been consulted by the CRC NHRI Child and Youth Advocates Austria (KIJOE), supporting IGM survivors to testify at the UN, and has previously reported on IGM in Austria to CAT in 2015 (in collaboration with VIMÖ – Verein Intergeschlechtlicher Menschen Österreich), to CRC in March and December 2019, and to CRPD in 2018 and 2023.

The Rapporteurs would like to acknowledge the work of pioneering Austrian intersex advocate and IGM survivor **Alex Jürgen**.^{5 6 7 8 9} And we would like to acknowledge the work of the Austrian Intersex NGO **VIMÖ – Verein Intergeschlechtlicher Menschen Österreich**,^{10 11 12 13 14} of the associated intersex peer support organisation **VARGES**,^{15 16} and the work of the Austrian NGO **Plattform Intersex**.¹⁷

3. Methodology

This thematic NGO report is based on the **2024 CAT NGO Report for Session**¹⁸ by the same Rapporteurs.

5 <https://www.interfaceproject.org/alex-jurgen>

6 <https://www.berlinale.de/external/programme/archive/pdf/20060735.pdf>

7 https://www.austrianfilms.com/news/bodytintenfischalarm_ein_gespraech_mit_elisabeth_scharang_und_alex_juergenbody

8 <http://www.m-media.or.at/gesellschaft/alex-jurgen-mein-korper-wurde-gebastelt/2013/11/05/index.html>

9 https://www.tagblatt-wienerzeitung.at/nachrichten/chronik/oesterreich/700353_Ich-haette-gerne-wieder-was-sie-mir-weggeschnitten-haben.html

10 <https://vimoe.at/>

11 Intersex NGO Report to CAT (2024), https://vimoe.at/wp-content/uploads/2024/04/UN_Public_Final-1.pdf

12 <https://vimoe.at/2024/04/25/oesterreich-vom-un-ausschuss-gegen-folter-cat-geprueft-veroeffentlichung-unseres-ngo-berichts-und-bedeutende-antwort-oesterreichs/>

13 <https://vimoe.at/2024/03/13/maerz-2024-anhoerung/>

14 <https://vimoe.at/2023/12/11/vimoe-oevp-blockiert-schutz-fuer-intergeschlechtliche-kinder-und-jugendliche/>

15 <https://varges.at/>

16 Intersex NGO Report to CAT (2024), https://vimoe.at/wp-content/uploads/2024/04/UN_Public_Final-1.pdf

17 <https://www.plattform-intersex.at/>

18 <https://intersex.shadowreport.org/public/2024-CAT-Austria-NGO-Intersex-StopIGM.pdf>

B. Precedents: Concluding Observations, UPR

1. Previous Concluding Observations

a) Inhuman Treatment: CAT 2015 (CAT/C/AUT/CO/6, paras 44–45)

Intersex persons

44. *The Committee appreciates the assurances provided by the delegation that surgical interventions on intersex children are carried out only when necessary, following medical and psychological opinions. It remains concerned, however, about reports of cases of unnecessary surgery and other medical treatment with lifelong consequences to which intersex children have been subjected without their informed consent. The Committee is further concerned at the lack of legal provisions providing redress and rehabilitation in such cases (arts. 14 and 16).*

45. *The State party should:*

(a) Take the legislative, administrative and other measures necessary to guarantee the respect for the physical integrity and autonomy of intersex persons and to ensure that no one is subjected during infancy or childhood to non-urgent medical or surgical procedures intended to decide the sex of the child;

(b) Guarantee impartial counselling services for all intersex children and their parents, so as to inform them of the consequences of unnecessary and non-urgent surgery and other medical treatment to decide on the sex of the child and the possibility of postponing any decision on such treatment or surgery until the persons concerned can decide by themselves;

(c) Guarantee that full, free and informed consent is ensured in connection with medical and surgical treatments for intersex persons and that non-urgent, irreversible medical interventions are postponed until a child is sufficiently mature to participate in decision-making and give effective consent;

(d) Undertake investigation of instances of surgical interventions or other medical procedures performed on intersex persons without effective consent and ensure that the persons concerned are adequately compensated.

b) Harmful Practices: CRC 2020 (CRC/C/AUT/CO/5-6, para 27(a)-(b))

Harmful practices

27. *With reference to joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2014) on harmful practices and recalling the concluding observations of the Committee against Torture (CAT/C/AUT/CO/6 para. 45) the Committee recommends that the State party:*

(a) Prohibit the performance of unnecessary medical or surgical treatment on intersex children where those procedures may be safely deferred until children are able to provide their informed consent;

(b) Gather data with a view to understanding the extent of these harmful practices so that children at risk can be more easily identified and their abuse prevented;

c) Freedom from Torture: CRPD 2023 (CRPD/C/AUT/CO/2-3, paras 39-40, 71(b)+72)

Freedom from torture or cruel, inhuman or degrading treatment or punishment (art. 15)

[...]

39. *The Committee is concerned about the continued performance of sex-reassignment surgery on intersex children.*

40. *The Committee recommends that the State party enact a legal ban on non-live-saving sex-reassignment medical intervention on intersex children.*

[...]

Statistics and data collection (art. 31)

71. *The Committee notes with concern:*

[...]

(b) The lack of disaggregated data, including in relation to the situation of lesbian, gay, bisexual, transgender and intersex persons with disabilities, refugees and stateless persons with disabilities, persons with disabilities in refugee-like situations, persons with disabilities under temporary protection, children with disabilities (in particular concerning education), women and girls with disabilities and persons with disabilities in institutions.

72. *The Committee recommends that the State party develop a comprehensive national disability data framework to ensure appropriate, nationally consistent measures for the collection, interpretation and public reporting of disaggregated data on the full range of obligations under the Convention, in particular with regard to lesbian, gay, bisexual, transgender and intersex persons with disabilities, refugees and stateless persons with disabilities, persons with disabilities in refugee-like situations, persons with disabilities under temporary protection, children with disabilities, women and girls with disabilities and persons with disabilities in institutions.*

2. Universal Periodical Review (UPR)

a) 2021 3rd Cycle Recommendations supported by Austria (A/HRC/47/12)

139.128 *Strengthen the legislative framework to expressly prohibit any practice that modifies a person's sexual characteristics without well-founded medical reasons or without the full consent of that person (Uruguay);*

139.130 *End harmful practices, including forced and coercive medical interventions, to ensure the bodily integrity of children with intersex variations (Iceland);*

139.131 *Prohibit any practice that modifies a person's sex characteristics without irrefutable medical reasons and the full and informed consent of the person affected (Malta);*

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

1. Lack of legal protection for intersex persons, impunity of perpetrators

In **Austria** (CAT/C/AUT/CO/6, paras 44-45; CRC/C/AUT/CO/5-6, para 27(a)-(b); CRPD/C/AUT/CO/2-3, paras 37-38, 69-70), same as in the **neighbouring states** of *Germany* (CCPR/C/DEU/CO/7, paras 20+21; CAT/C/DEU/CO/5, para 20; CRPD/C/DEU/CO/1, paras 37-38; CEDAW/C/DEU/CO/7-8, paras 23-24; CRC/C/DEU/CO/5-6, para 24(c); CRPD/C/DEU/CO/2-3, paras 39-40), *Switzerland* (CCPR/C/CHE/CO/4, paras 24-25; CAT/C/CHE/CO/7, para 20; CAT/C/CHE/CO/8, paras 37-38; CRC/C/CHE/CO/2-4, paras 42-43; CEDAW/C/CHE/CO/4-5, paras 24-25, 38-39; CRC/C/CHE/CO/5-6, para 29(b)+(c); CRPD/C/CHE/CO/1, paras 35(c)+36(c), 10(a); CEDAW/C/CHE/CO/6, paras 55(f)+56(d)), *Liechtenstein* (CEDAW/C/LIE/CO/5, paras 35+36(c); CRC/C/LIE/CO/3-4, para 24 (b)+(c)), and the *Czech Republic* (CRC/C/CZE/CO/5-6, para 28), and in **many more State parties**,¹⁹ 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, justice and rehabilitation** for adult IGM survivors

To this day, in Austria all forms of IGM practices remain widespread and ongoing, persistently advocated, prescribed and perpetrated with impunity by state funded University and public Children's Hospitals, advocated and paid for by the State via the public health system.

2. Austria'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** initiated a public *“Joint Statement led by Austria on the Rights of Intersex Persons”* 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.”**²⁰

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:

19 Currently we count **91 Concluding observations on IGM practices for 24 State parties in Europe, South America, Asia and Oceania**, see

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

20 Statement initiated by Austria (and supported by 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>

*“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.*

*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**.”²¹*

c) UNHRC54 Statement, 04.10.2023

On occasion of the **54th Session of the Human Rights Council** the **State party** supported a public follow-up statement reiterating the call to prohibit harmful practices and inhuman treatment and to ensure access to justice:

*“4. Because their bodies are perceived as different, intersex persons, including children, face stigma, misconception and **violence, such as forced, coercive, irreversible and non-vital medical interventions**. These include so-called “normalising” surgeries that can have **life-long negative impacts on their physical and mental health**. These harmful practices **should be urgently stopped**. Human rights of intersex persons need to be respected, so that they can live free from violence, cruel, inhuman, or degrading treatment and harmful practices. [...]*

*8. We call on all States to increase efforts to combat violence, harmful practices and discrimination on the basis of sex characteristics, address their root causes, and **implement protective laws and policies in close consultations with those affected**, in order to ensure the full realization of human rights of intersex persons.”²²*

d) UNHRC55 Intersex Resolution A/HRC/55/L.9 co-sponsored by Austria, 21.03.2024

On occasion of the **55th Session of the Human Rights Council**, HRC adopted a Resolution promoted by Austria **recognising “violence and harmful practices against intersex persons [...]** including **medically unnecessary or deferrable interventions [...]** performed without the full, free and informed consent of the person”, and urging States to **“combat” such “violence”**.

3. Over 1000 IGM procedures annually, Government denies

According to **current research by local intersex NGOs VIMÖ and VARGES**, documented in their recent NGO Report to CAT (p. 15-16, p. 16-17 in PDF)²³ and based on **official data sourced from Statistics Austria’s “Inpatient health care: hospital discharges”** of known relevant

21 Statement supported by Austria (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/>

22 Statement supported by Austria (and 55 other States) during the 54th Session of the Human Rights Council on 4 October 2023, https://finlandabroad.fi/web/geneve/current-affairs/-/asset_publisher/h5w4iTUJhNne/content/general-debate-item-8/384951

23 Intersex NGO Report to CAT (2024), https://vimoe.at/wp-content/uploads/2024/04/UN_Public_Final-1.pdf

ICD-10 procedures associated with IGM practices crossed with known relevant ICD-10 diagnoses associated with intersex diagnoses shows still **over 1000 IGM procedures practiced in Austrian Children’s Clinics annually:**

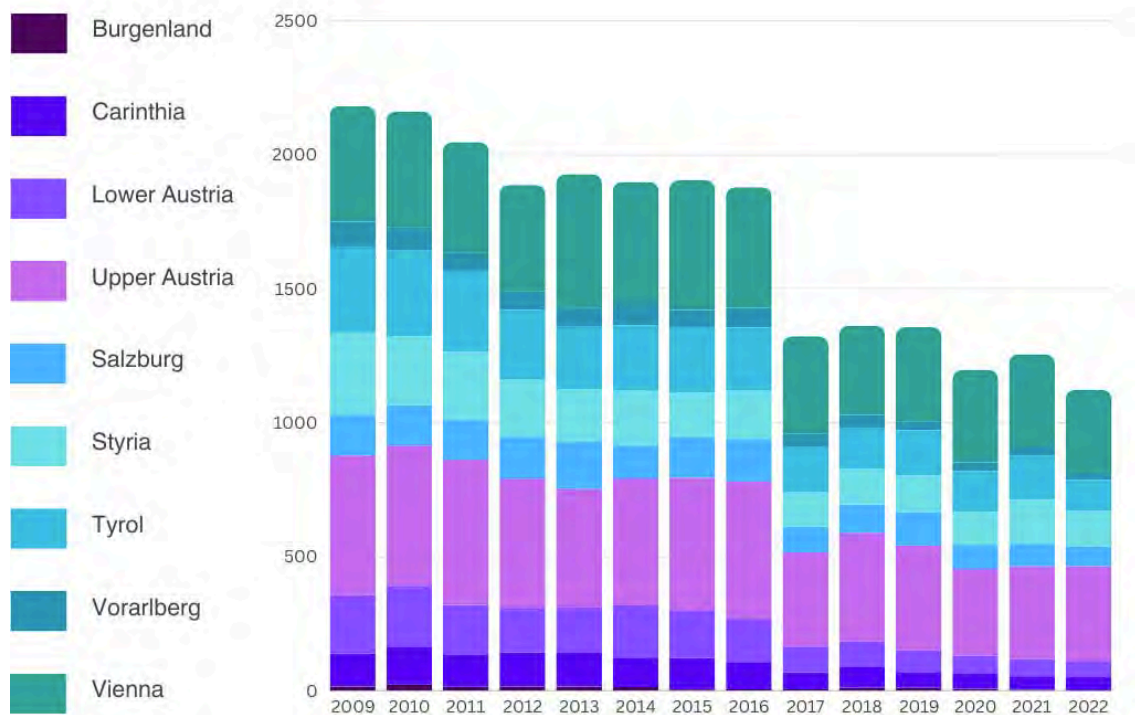


Figure 1: Number of patient discharges on common medically unnecessary intersex surgeries (Source: Statistics Austria)

During the **CAT79 review of Austria**, above statistics showing “*more than 1000 surgeries per year*” were **mentioned by the Task Force** during the dialogue on 17.04.2024.²⁴ In **Austria’s reply**, the Head of Department of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection **dismissed above official data** sourced from Statistics Austria out of hand as “*too high*”, referring to an “*estimate [...] of about 180 and 200 cases*” instead of providing actual statistical data, while at the same time **officially admitting that IGM surgeries in Austria are indeed ongoing**.²⁵

“*First of all, the number you mentioned of 1000 treatments is too high. It is not easy to estimate numbers here, but we have comparisons with Germany, and compared to Germany there is a number of about 180 and 200 cases that is estimated in Austria, for Austria, but I can try to get more valid information on that, but that’s the estimation we have.*”

At the same time, the Austrian delegate from the Federal Ministry of Social Affairs, Health, Care and Consumer Protection **further admitted that there are still no specific, effective legal provisions** to protect intersex children from IGM:²⁶

“*Austria is aware that there are requests and initiatives concerning special regulations on this topic. The political discussion about this topic is ongoing at the moment.*”

24 <http://webtv.un.org/en/asset/k1p/k1pkhdsjrw> at 01:50:12

25 <http://webtv.un.org/en/asset/k1p/k1pkhdsjrw> at 02:21:07

26 Ibid.

4. IGM practices persist

Despite above mentioned pledges to end IGM, **to this day, in Austria all forms of IGM practices remain widespread and ongoing**, persistently **advocated, prescribed and perpetrated** by the state funded **University Hospitals**, and **paid for by the State** via the **public health system**.

Also in 2024, **Austrian medical bodies continue to endorse** international medical guidelines prescribing all forms of IGM practices (see below).

Currently practiced forms of IGM in Austria include:

a) IGM 3 – Sterilising Procedures:

**Castration / “Gonadectomy” / Hysterectomy /
Removal of “Discordant Reproductive Structures” / (Secondary) Sterilisation
Plus arbitrary imposition of hormones** ²⁷

The **Austrian Urological Society (Österreichische Gesellschaft für Urologie und Andrologie, ÖGU)** endorses the **2023 Guidelines of the European Association of Urology (EAU)**,²⁸ which include the current **ESPU/EAU “Paediatric Urology” Guidelines 2023**²⁹ of the European Society for Paediatric Urology (ESPU) and the European Association of Urology (EAU), chaired by Innsbruck paediatric urology head surgeon Prof Dr Christian Radmayr, which stress:³⁰

“The issue of whether gonads should be removed and the timing of such surgery remains controversial and has been altogether questioned in some forms of DSD. Patients with, for example, CAIS benefit from the presence of testicles and the resultant aromatisation of the naturally occurring testosterone to oestrogens. The risk of malignant gonadal transformation in this subcategory is low (1.5%) with cases of malignancy first appearing after the second decade of life, thus allowing for the safe deferral of gonadectomy until after puberty [1248, 1249].”

Further, regarding *“whether and when to pursue gonadal or genital surgery”*,³¹ the Guidelines refer to the *“ESPU/SPU standpoint on the surgical management of Disorders of Sex Development (DSD)”*,³² which advocates *“gonadectomies”*:

“Testes are either brought down in boys or removed if dysgenetic with tumour risk or in complete androgen insensitivity syndrome or 5 alpha reductase deficiency. Testicular prostheses can be inserted at puberty at the patient’s request.”

Also, the **“2016 Global Disorders of Sex Development Consensus Statement”**³³ refers to the *“ESPU/SPU standpoint”*, advocates *“gonadectomy”* – even when admitting *“low”* cancer risk

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

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

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

29 <https://d56bochluxqz.cloudfront.net/documents/full-guideline/EAU-Guidelines-on-Paediatric-Urology-2023.pdf>

30 Ibid., p. 94

31 Ibid., p. 93

32 P. Mouriquand, A. Caldamone, P. Malone, J.D. Frank, P. Hoebeke, “The ESPU/SPU standpoint on the surgical management of Disorders of Sex Development (DSD)”, Journal of Pediatric Urology vol. 10, no. 1 (2014), p. 8-10, [http://www.jpurology.com/article/S1477-5131\(13\)00313-6/pdf](http://www.jpurology.com/article/S1477-5131(13)00313-6/pdf)

33 Lee et al., “Global Disorders of Sex Development Update since 2006: Perceptions, Approach and Care”, Horm Res Paediatr 2016;85:158–180, <https://www.karger.com/Article/Pdf/442975>

for CAIS (and despite explicitly acknowledging CRC/C/CHE/CO/2-4)³⁴:

Table 2. GCC risk: clinical management

	Male	Female	Unclear gender
Gonadal dysgenesis (45,X/46,XY and 46,XY)	Undescended testes – Orchiopexy with biopsy – Self-examination – Annual ultrasound (post-puberty) Post-pubertal biopsy – Based on ultrasound and results of first biopsy – If CIS becomes GB → gonadectomy Low threshold for gonadectomy if ambiguous genitalia	Bilateral gonadectomy at diagnosis	Low threshold for gonadectomy if ambiguous genitalia If intact, gonadectomy depends on gender identity
Undervirilization (46,XY: partial AIS, complete AIS, testosterone synthesis disorders)	Undescended testes – Orchiopexy with biopsy – Self-examination – Annual ultrasound (post-puberty) Post-pubertal biopsy – Bilateral, CIS → gonadectomy/irradiation Repeat biopsy at 10 years of age – Consider gonadectomy to avoid gynecomastia or if on testosterone supplementation	Partial AIS and testosterone synthesis disorders – Prepubertal gonadectomy Complete AIS – Postpubertal gonadectomy or follow-up – GCC risk low, allow spontaneous puberty	Partial AIS and testosterone synthesis disorders – Bilateral biopsy – Low threshold for gonadectomy Intensive psychological counseling and follow-up
No data are available on the value of cryopreservation or safety if a precursor lesion for GCC is present.			

Source: Lee et al., in: Horm Res Paediatr 2016;85:158-180, at 174

b) IGM 2 – “Feminising Procedures”: Clitoris Amputation/“Reduction”, “Vaginoplasty”, “Labiaplasty”, Dilatation³⁵

The **Austrian Urological Society (Österreichische Gesellschaft für Urologie und Andrologie, ÖGU)** endorses the **2023 Guidelines of the European Association of Urology (EAU)**,³⁶ which include the current **ESPU/EAU “Paediatric Urology” Guidelines 2023**³⁷ of the European Society for Paediatric Urology (ESPU) and the European Association of Urology (EAU), chaired by Innsbruck paediatric urology head surgeon Prof Dr Christian Radmayr. In **chapter 3.17 “Disorders of sex development”**,³⁸ despite admitting that “Surgery that alters appearance is not urgent”³⁹ and that “adverse outcomes have led to recommendations to delay unnecessary [clitoral] surgery to an age when the patient can give informed consent”,⁴⁰ the ESPU/EAU Guidelines nonetheless explicitly **refuse to postpone non-emergency surgery**, but in contrary **insist to continue with non-emergency genital surgery** (including partial clitoris amputation) on young children based on “social and emotional conditions” and **substituted decision-making by “parents and caregivers implicitly act[ing] in the best interest of their children”**⁴¹ and making “well-informed decisions [...] on their behalf”, and further **explicitly refusing “prohibition regulations”** of unnecessary early surgery,⁴² referring to the 2018 ESPU Open Letter to the Council of Europe (COE),⁴³ which further invokes **parents’ “social, and cultural considerations”** as justifications for early surgery (p. 2).

34 Ibid., at 180 (fn 111)

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

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

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

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

38 Ibid., p. 89

39 Ibid., p. 93

40 Ibid., p. 93

41 Ibid., p. 93

42 Ibid., p. 94

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

Notably, some Austrian IGM doctors publicly **claim to have abandoned IGM 2** (however, they conveniently continue to **refuse to disclose relevant statistics**, for example in an **October 2019** news report based on an interview with **Vienna IGM doctor** Stefan Riedl of the **Vienna University Hospital / St. Anna Children's Clinic**:⁴⁴

“In the past, interventions were carried out as soon as possible, today a reconsideration has taken place in medicine and irreversible interventions are avoided as far as possible, according to medical experts last week at the European Congress for Paediatric Endocrinology in Vienna. [...]

‘In all other cases [i.e. IGM 2] – based on the right to physical integrity – the patient is allowed as much time as possible until puberty or later,’ explains Riedl. If the prospective teenager is not yet sure of his or her gender identity when puberty sets in, it is also possible to delay puberty by administering hormone blockers.”

However, such **unsubstantiated claims** fly in the face of **recent statistics** presented by another **Vienna IGM doctor** at the **September 2019** “*European Congress for Paediatric Endocrinology*” in Vienna mentioned in above quote (i.e. the **58th Annual Meeting of the European Society for Paediatric Endocrinology ESPE**):⁴⁵

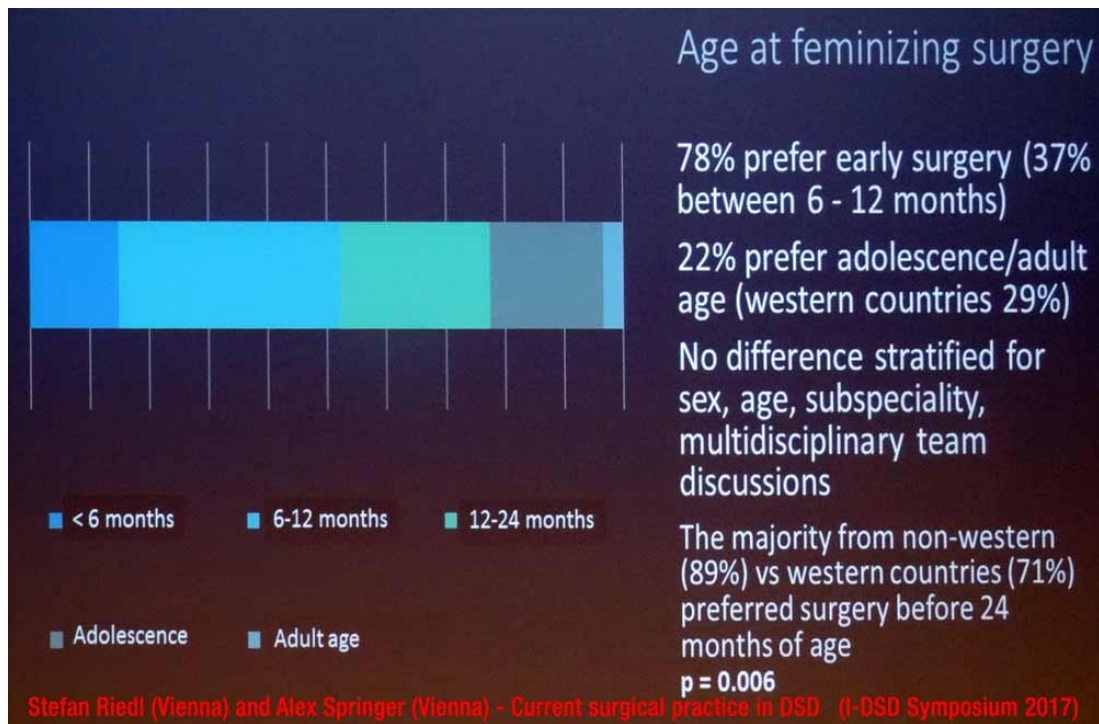
“Genital surgery has been performed in 251 (76%). Clitoral surgery been performed in 231 (92%), vaginal surgery in 204 (81%) and a combination of clitoral and vaginal surgery had been performed in 186 (74%). Of the 251 who had surgery, 18 (7%) had vaginal but no clitoral surgery whilst 42 (17%) had clitoral but no vaginal surgery. Mean age at first surgery was 2.5 years (0-15), with clitoral surgery and vaginal surgery at 2.6 years (range) and 3.2 years (range), respectively. [...] The Chicago Consensus Statement on DSD (comparison of data before and after 2006) did not have any significant influence on the timing or probability of surgery.”

What's more, Riedl's **unsubstantiated claims** fly in the face of a **survey** presented by Riedl **himself** and fellow **Vienna IGM doctor** Alexander Springer,⁴⁶ documenting **preference for early “clitoral surgery”** by **IGM doctors** much in line with above ESPE statistics:

44 Der Standard (21.09.2019), “Geschlechterentwicklung: Was Ärzte tun, wenn ein Neugeborenes weder Mädchen noch Bub ist” (“*Sex development: What doctors do when a newborn is neither a girl nor a boy*”), <https://www.derstandard.at/story/2000108887801/was-aerzte-tun-wenn-ein-neugeborenes-weder-maedchen-noch-bub>

45 Doris Hebenstreit (Department of Urology, Hanusch Krankenhaus, **Vienna**), Faisal Ahmed, on behalf of the contributing centres within the I-DSD registry and I-CAH registry, Alexander Springer (Medical University **Vienna**), Christoph Krall, Nils Krone, Niels Birkebaek, Tatjana Milenkovic, Birgit Koehler, Christa Flueck, Ruth Krone, Antonio Balsamo, Rodolfo Rey, Carlo Acerini, Alya Guven, Tulay Guran, Feyza Darendeliler, Sabah Alvi, Marta Korbonits, Walter Bonfig, Eduardo Correa Costa, Richard Ross, Violeta Iotova, Daniel Konrad, Jillian Bryce, Hedi Claahsen van der Grinten, Liat de Vries, “**Contemporary surgical approach in CAH 46XX – Results from the I-DSD/I-CAH Registries**”, presentation at ESPE 2019, see Abstract Book, p. 96, <https://www.karger.com/Article/Pdf/501868>

46 Photo of presentation slide: Stefan Riedl (Vienna) and Alex[ander] Springer (Vienna) -Current surgical practice in DSD: results of the COST/DSDnet surgery survey, presentation at 6th I-DSD Symposium Copenhagen, 29.06.2017, see programme p. 5, https://web.archive.org/web/20191214214059/https://www.gla.ac.uk/media/Media_533778_smxx.pdf



Accordingly, as documented in the 2024 intersex NGO report for CAT by VIMÖ and VARGES (p. 17, p. 18 in PDF), the University Clinic for Paediatric and Adolescent Surgery of the **University Hospital Graz** promotes on its homepage:⁴⁷

“Our range of treatments [...]

Paediatric urology [...]

- Malformation of the genitals (intersex, CAH)”

c) IGM 1 – “Masculinising Surgery”: Hypospadias “Repair”⁴⁸

The **Austrian Urological Society (Österreichische Gesellschaft für Urologie und Andrologie, ÖGU)** endorses the **2023 Guidelines of the European Association of Urology (EAU)**,⁴⁹ which include the current **ESPU/EAU “Paediatric Urology” Guidelines 2023**⁵⁰ of the European Society for Paediatric Urology (ESPU) and the European Association of Urology (EAU), chaired by Innsbruck paediatric urology head surgeon Prof Dr Christian Radmayr. In **chapter 3.6 “Hypospadias”**,⁵¹ the ESPU/EAU Guidelines’ **section 3.6.5.3 “Age at surgery”** explicitly promotes, *“The age at surgery for primary hypospadias repair is usually 6-18 (24) months.”*⁵² – despite admitting to the *“risk of complications”*⁵³ and *“aesthetic[...]*” and *“cosmetic”* justifications.⁵⁴

47 <https://www.uniklinikumgraz.at/kinderchirurgie/ueber-uns>

48 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>

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

50 <https://d56bochluxqz.cloudfront.net/documents/full-guideline/EAU-Guidelines-on-Paediatric-Urology-2023.pdf>

51 Ibid., p. 27

52 Ibid., p. 29

53 Ibid., p. 28

54 Ibid., p. 28

To this day, **Austrian University Clinics** still promote “*early surgical correction*” for hypospadias.

For example, a paediatric urologist and Professor of Paediatric Surgery at the Paediatric Urology department of the **Medical University of Vienna AKH** states on its private **homepage** under “*Paediatric urological diseases*”, “*The treatment for hypospadias is surgery. From a paediatric point of view, early surgery is recommended (around the age of 1).*”⁵⁵

Similarly, the **Ordensklinikum Linz (Religious Hospital Linz)** promotes on its homepage under “*specialised paediatric surgery*”:⁵⁶

“The treatment of hypospadias consists of surgical correction of the malformation. In very severe cases, several operations may be necessary. We also recommend preoperative treatment with a locally effective (ointment) testosterone preparation for selected patients.

The ideal time for the operation is around the first birthday, as the stress on the child - since it is not yet in a sex-specific development phase - is low.”

In addition, a 2019 medical article by IGM doctors from the Departments of Pediatric Surgery and Urology of the **Medical University Vienna** promotes even more experimental “*surgical techniques*”, and further offers revealing insights on the **frequency** of IGM 1 and the **harmful consequences**:

“Materials and Methods: This is a consecutive single team (2 surgeons) retrospective series. Between 2014 and 2017, 250 patients underwent hypospadias repair [...]. Median age at first stage was 1.5 (0.5–22.1) years [...].

*Results: The total complication rate was 22.9%. [...].”*⁵⁷

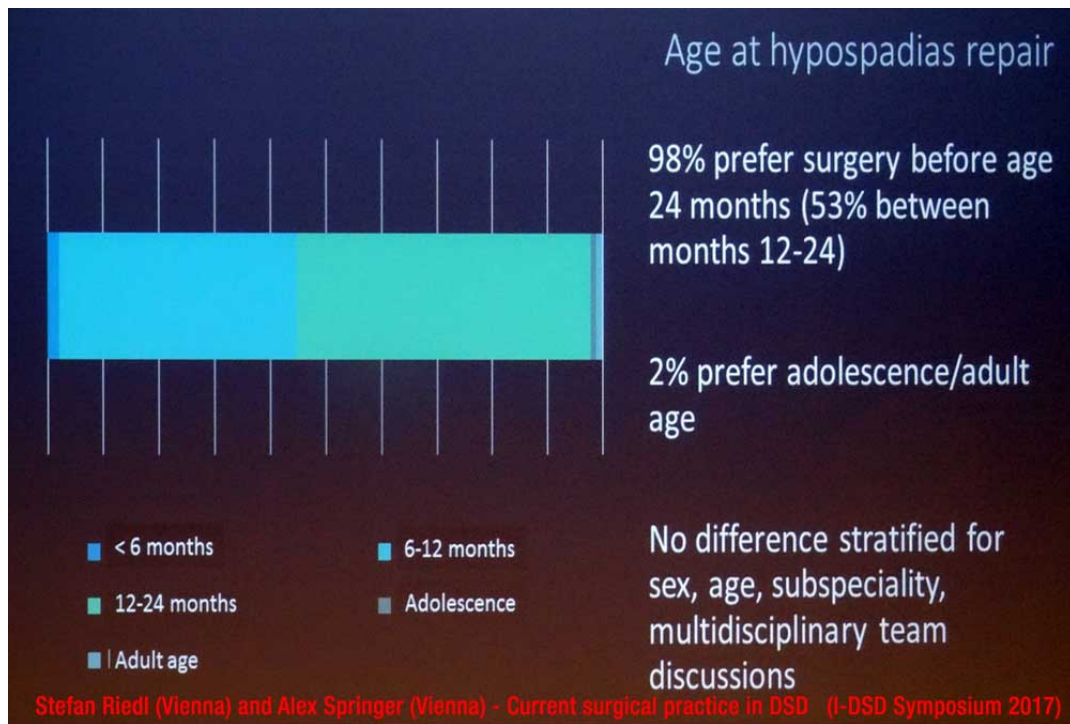
This continued preference for “*early surgical correction*” is also in line with a previous **survey** presented by partly the same **Vienna IGM doctors**:⁵⁸

55 <https://www.kinderuro.at/ordination>

56 <https://www.ordensklinikum.at/de/patienten/medizinische-schwerpunkte/kinderspezialchirurgie/hamroehre/hypospadie/>

57 Ursula Tonnhofer, Manuela Hiess, Martin Metzelder, Doris Hebenstreit, and Alexander Springer (2019), “Midline Incision of a Graft in Staged Hypospadias Repair—Feasible and Durable?”, *Frontiers in Pediatrics*, 2019; 7: 60, p. 1, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6423900/pdf/fped-07-00060.pdf>

58 Photo of presentation slide: Stefan Riedl (Vienna) and Alex[ander] Springer (Vienna) -Current surgical practice in DSD: results of the COST/DSDnet surgery survey, presentation at 6th I-DSD Symposium Copenhagen, 29.06.2017, see programme p. 5, https://web.archive.org/web/20191214214059/https://www.gla.ac.uk/media/Media_533778_smxx.pdf



And it is further confirmed in the **October 2019** news report based on an interview again with **Vienna IGM doctor Stefan Riedl**:⁵⁹

*“certain cases are **treated early** – in addition to medically necessary hormone treatment, these include **hypospadias repair** or the removal of functionless gonads”*

Accordingly, as documented in the 2024 intersex NGO report for CAT by VIMÖ and VARGES (p. 17, p. 18 in PDF), the University Clinic for Paediatric and Adolescent Surgery of the **University Hospital Graz** promotes on its homepage:⁶⁰

“Our range of treatments [...]

Paediatric urology [...]

- Congenital malformation of the urethra (hypospadias)”

5. Ministerial “DSD Guidelines” allowing IGM doctors to continue with impunity

An 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** (i.e. IGM doctors, Health Ministries and other related actors and bodies) – instead of effective measures to finally end IGM practices.

Unfortunately, this has now also been the case in Austria:

Without public announcement, in **September 2019** the **Ministry of Health** published on its homepage a longwinded, 95-page **“Medical DSD Guideline”**.⁶¹ While its title

59 Der Standard (21.09.2019), “Geschlechterentwicklung: Was Ärzte tun, wenn ein Neugeborenes weder Mädchen noch Bub ist” (“*Sex development: What doctors do when a newborn is neither a girl nor a boy*”), <https://www.derstandard.at/story/2000108887801/was-aerzte-tun-wenn-ein-neugeborenes-weder-maedchen-noch-bub>

60 <https://www.uniklinikumgraz.at/kinderchirurgie/ueber-uns>

61 Federal Ministry of Labour, Social Affairs, Health and Consumer Protection (2019), “Empfehlungen zu Varianten der Geschlechtsentwicklung” (“*Recommendations on variations of sex development*”), https://www.sozialministerium.at/dam/jcr:3e0dc44d-0464-42ed-ad1d-c3562ec8c873/empfehlungen_varianten_der_geschlechtsentwicklung.pdf

“*Recommendations on variations of sex development*” clearly **alludes** to the vastly superior (and much more to the point) 2012 Swiss Bioethic Recommendations⁶² which support prohibition of IGM under criminal law and to address obstacles to access to justice, namely the statutes of limitations,⁶³ and further the Ministry has to be commended to have also **consulted with Austrian intersex advocates**, unfortunately, it has to be clearly said that **in the end the Ministry sided with the IGM doctors and failed** to support the demands of intersex people.

Tellingly, while the “Guideline” contains a 9-page section “5 *Legal basis for variations of sex development*” (p. 20-28) which even mentions the “*prohibition of torture (Art. 3 ECHR)*” (p. 20) and “*the possible [!] right to redress after interventions that have subsequently turned out to be severely traumatising and restricting the quality of life*” (p. 19), it conveniently **fails to refer to the 2015 CAT Concluding Observations** to Austria on intersex and IGM (CAT/C/AUT/CO/6, paras 44-45).

What’s more, the “Guideline” repeats the usual **unsubstantiated claims of “considerable change” in the medical practice “in recent decades”** (p. 23).⁶⁴

Accordingly, **Austrian intersex advocates have clearly and officially “criticise[d] double standards” of the “Guideline”**:⁶⁵

“A definite refusal of non-consensual and medically unnecessary treatments is missing here [i.e. within the “Guideline”] and there [i.e. in recent unsubstantiated public claims of “change” by IGM doctors, see above], and so these continue to be carried out.”

Namely, **Platform Intersex Austria (PIÖ)** legal expert Eva Matt further observed:⁶⁶

“The problem is that the various contributions in the paper partly contradict each other strongly. In everyday medical practice, very different therapy plans can be justified by this paper. There is no legal security for the physical autonomy of intersex people.”

And **Association of intersex people Austria (VIMÖ)** member Tinou Ponzer stated:⁶⁷

“For twenty years, medical guidelines have spoken of a restrictive approach to surgery and of involving self-help groups. Unfortunately, in the peer support we have to find out again and again that this is not yet the case in practice in 2019.”

Nonetheless, it has to be expected that **Austrian Government representatives will still claim** “we have now this wonderful new Guideline and everything is well” – while at the same time

62 Swiss National Advisory Commission on Biomedical Ethics (NEK-CNE) (2012), Zum Umgang mit Varianten der Geschlechtsentwicklung. Ethische Fragen zur “Intersexualität” (“*On the management of variations of sex development. Ethical issues relating to “intersex”*”), English version see https://www.nek-cne.admin.ch/inhalte/Themen/Stellungnahmen/en/NEK_Intersexualitaet_En.pdf

63 Ibid., see Recommendation 12, p. 19

64 “*In recent decades, opinions about what is medically indicated in the case of a Variation of sex development and what is in the best interest of the child have changed considerably.*”

65 Association of intersex people Austria (VIMÖ) (07.10.2019), Press release: “Gesundheitsministerium veröffentlicht Empfehlungen zu Varianten der Geschlechtsentwicklung” (“*Ministry of Health publishes recommendations on variations of sex development*”), https://www.ots.at/presseaussendung/OTS_20191007_OTS0140/gesundheitsministerium-veroeffentlicht-empfehlungen-zu-varianten-der-geschlechtsentwicklung

66 Ibid.

67 Ibid.

refusing to disclose data on the actual current practice in Austria, let alone to finally take effective measures against harmful practices on intersex children, namely by criminalising the practice and to address obstacles to access to justice and redress, namely the statutes of limitations (see below).

6. Legal prohibition of IGM stalled by Coalition Government

On 09.06.2021, the **Equal Treatment Committee of Austria's Parliament** unanimously adopted^{68 69} the **Motion for a Resolution 1594/A(E) "Protection of intersex children and adolescents from medically unnecessary treatment of their sexual characteristics"**, further calling on the Government to **disclose data on surgery and other treatments on intersex children** to the Parliament.^{70 71} On 16.06.2021, the **National Council supported the Motion (183/E XXVII. GP)**.^{72 73} Both steps have been warmly welcomed by Austrian intersex NGO VIMÖ and allies.^{74 75}

These preliminary steps to prohibit IGM practices were also duly **noted by Austrian IGM doctors**.⁷⁶

However, to this day **no corresponding Draft Law has materialised**. Also, so far the Government **failed to disclose the demanded data** on surgery on intersex children. According to media reports, a **Bill has been drafted**, but has been **stalled for more than half a year** now within the Coalition Government.⁷⁷

In order to urge the Government to finally put forward a Draft Law, on 17.05.2023 the intersex NGO VIMÖ submitted an **Open Letter co-signed by 73 Austrian NGOs**.^{78 79}

In addition, on 14.06.2023 the Austrian intersex NGO VIMÖ submitted a **Petition with currently 7'482 signatories**⁸⁰ to the Austrian Government on occasion of a peaceful protest, again urging the Government to advance a Draft Law.^{81 82}

However, so far, still **no Draft Law has materialised**.

68 https://www.parlament.gv.at/dokument/XXVII/I/896/fnameorig_982576.html

69 https://www.parlament.gv.at/aktuelles/pk/jahr_2021/pk0692#XXVII_A_01594

70 <https://www.parlament.gv.at/gegenstand/XXVII/A/1594>

71 https://www.parlament.gv.at/dokument/XXVII/A/1594/imfname_971331.pdf

72 <https://www.parlament.gv.at/gegenstand/XXVII/E/183>

73 https://www.parlament.gv.at/dokument/XXVII/E/183/fnameorig_984853.html

74 <https://vimoe.at/2021/06/09/juni-2021-parlament-fordert-regierung-auf-intergeschlechtliche-kinder-zu-schuetzen/>

75 https://www.ots.at/presseaussendung/OTS_20210609_OTS0130/hosi-salzburg-genitalverstummelung-an-intergeschlechtlichen-menschen-stoppen

76 Springer A (2022), "56.9 Intersex-Gesetz in Österreich" ("*Intersex Law in Austria*"), presentation at 63rd Annual Meeting of the Austrian Society of Surgery, Eur Surg (2022) 54 :S1–S139, p. S90 (p. 90 in PDF),

<https://link.springer.com/content/pdf/10.1007/s10353-022-00763-x.pdf>

77 "According to the answer to a parliamentary question by Justice Minister Alma Zadic (Greens) from April, a corresponding bill has been in political coordination since autumn 2022 and lies with the coalition partner ÖVP.", news ORF.at (2023), "Gesetz zum Schutz intergeschlechtlicher Kinder gefordert" ("Law for the protection of intersex children called for"), 17.05.2023, <https://orf.at/stories/3317021/>

78 <https://vimoe.at/2023/05/17/mai-2023-offener-brief-an-ministerinnen-zum-schutz-intergeschlechtlicher-kinder-und-jugendlicher/>

79 <https://vimoe.at/wp-content/uploads/2023/06/OffenerBriefMai2023.pdf>

80 https://mein.aufstehn.at/petitions/schutzen-sie-intergeschlechtliche-kinder-und-jugendliche?source=homepage&utm_medium=promotion&utm_source=homepage

81 <https://vimoe.at/2023/06/09/juni-2023-uebergabe-der-petition-am-14-06-2023-um-815-uhr-vor-dem-parlament/>

82 <https://vimoe.at/2023/06/14/juni-2023-vimoe-an-oevp-und-gruene-schuetzen-sie-endlich-intergeschlechtliche-kinder-und-jugendliche/>

In addition, in 2024 a new **Motion for a resolution “Protect children’s rights of intersex children and adolescents - ban non-essential medical operations” (405/A(E)-BR/2023)** has been introduced in the Austrian Federal Council.⁸³ However, to the dismay of local intersex NGO VIMÖ on 12.03.2024 the **Children’s Rights Committee of the Austrian Federal Council voted to dismiss** this new Motion.⁸⁴

Therefore, we would like to **urge the Committee to raise IGM practices in Austria** in the List of Issues Prior to Reporting (see next page).

83 <https://www.parlament.gv.at/gegenstand/BR/A-BR/405>

84 <https://vimoe.at/2024/03/13/maerz-2024-anhoerung/>

D. Suggested Questions for the LOIPR

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

Intersex genital mutilation (arts. 2, 3, 7, 9, 17, 24 and 26)

- **Please provide data on surgical and other interventions on intersex minors, disaggregated by type of procedure, age and region.**
- **Does the State party plan to end this practice and to implement the relevant recommendations by CAT, CRC and CRPD? If yes, what measures does it plan to implement, and by when?**
- **Please indicate which criminal and civil remedies are available to intersex persons submitted to involuntary surgical or other medical treatment, and whether these remedies are subject to any statute of limitations?**