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Intersex Genital Mutilations

Human Rights Violations Of Children With Variations Of Sex Anatomy

NGO Report
to the 5th Periodic Report of Denmark
on the Convention on the Rights of the Child (CRC)

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Executive Summary

Denmark is in breach of its obligations under the Convention on the Rights of the Child to **(a) take effective legislative, administrative, judicial or other measures to prevent harmful practices, i.e. non-urgent, unnecessary surgery and other medical treatment carried out on intersex children** without the effective, informed consent of those concerned, causing severe mental and physical pain and suffering, and **(b) to ensure impartial investigation, access to redress, and the right to fair and adequate compensation and rehabilitation for victims**. (Art. 24 para. 3 in conjunction with CRC/CEDAW Joint General Comment No. 18/31 "on harmful practices"). (**A**)

This Committee has already recognised IGM practices as a breach of the Convention in previous **Concluding Observations** for Switzerland, Chile, Ireland, France, the UK, Nepal, South Africa and New Zealand, and called to **(a)** guarantee bodily integrity, autonomy and self-determination to children concerned, **(b)** adopt legal provisions to ensure redress and compensation, and **(c)** provide access to free counselling. (**A**)

Also **CAT**, **CEDAW**, **CRPD**, the UN Special Rapporteur on Torture (**SRT**), the UN High Commissioner for Human Rights (**UNHCHR**), the World Health Organisation (**WHO**) and the Council of Europe (**COE**), **ACHPR** and **IACHR** are calling for **legislative remedy** and **access to redress and justice** for victims.

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

IGM Practices include **non-consensual, medically unnecessary, irreversible, cosmetic genital surgeries, and/or other harmful medical treatments** that would not be considered for "normal" children, without evidence of benefit for the children concerned, but justified by societal and cultural norms and beliefs. **Typical forms** of IGM include "masculinising" and "feminising", "corrective" genital surgery, sterilising procedures, imposition of hormones, forced genital exams, vaginal dilations, medical display, human experimentation and denial of needed health care.

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

All typical IGM forms are still practised in Denmark today. Parents and children are misinformed, kept in the dark, sworn to secrecy, kept isolated and denied appropriate support. (**A**)

For more than 20 years, intersex people have criticised IGM as **harmful** and **traumatising**, as a form of **genital mutilation** and **child sexual abuse**, as **torture or ill-treatment**, and called for legislation to prevent it and to ensure remedies.

This **Thematic NGO Report** to the 5th Danish state report has been compiled by the Danish intersex person and advocate **Ditte Dyreborg** in collaboration with the international intersex NGO **StopIGM.org / Zwischengeschlecht.org**.
It contains **Suggested Questions for the List of Issues** (**C**)

NGO Report
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Introduction

State Report and Intersex in Denmark

Denmark will be considered for its 5th periodic review by the Pre-Sessional Working Group of the Committee on the Rights of the Child for the upcoming 76th CRC session in 2017. Unfortunately, human rights violations of intersex children and adults were **not mentioned in the State Report.** However, this NGO Report demonstrates that the current **medical treatment of intersex infants and children in Denmark are pervasive,** constituting a breach of Denmark's obligations under the Convention on the Rights of the Child.

In Denmark, doctors in public university clinics are regularly performing **IGM Practices**, i.e. non-consensual, medically unnecessary, irreversible cosmetic genital surgeries, sterilising procedures, and other harmful treatments on intersex children, which have been described by survivors as genital mutilation and torture, which are known to cause severe, lifelong physical and psychological pain and suffering, and which have been **repeatedly recognised by this Committee and other UN bodies as constituting a harmful practice** as well as torture or ill-treatment.

The Danish State not only does nothing to prevent this abuse, but in fact **directly finances it** via the public social security and via funding the public university clinics and paediatric hospitals, thus violating its duty to prevent harmful practices (Art. 24(3) in conjunction with the CRC/CEDAW Joint general comment 18/31). To this day, the Danish Government refuses to take appropriate legislative, administrative and other measures to protect intersex children, and refuses access to redress and compensation for survivors. Also, the Government refuses to provide adequate education and training of medical personnel regarding this harmful practices on intersex children.

About the Rapporteurs

This NGO report has been prepared by Danish intersex person and advocate *Ditte Dyreborg* in collaboration with the international intersex NGO *StopIGM.org / Zwischengeschlecht.org*:

- **Ditte Dyreborg** is a Danish intersex person and advocate familiar with IGM Practices who has been working to improve the well-being and human rights of intersex people in Denmark, Scandinavia and Europe, and to raise awareness on intersex issues for more than a decade.
- **StopIGM.org / Zwischengeschlecht.org,** founded in 2007, is an international Human Rights NGO based in Switzerland. It is led by intersex persons, their partners, families and friends, and works to represent the interests of intersex people and their relatives, raise awareness, and fight 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] Zwischengeschlecht.org works to support persons concerned seeking redress and justice, and has continuously collaborated with members of parliament and human rights bodies in order to call on Governments and Clinics to collect and disclose statistics of intersex births and IGM practices, and to prevent them. StopIGM.org has authored and co-authored several international thematic NGO reports resulting in concluding observations on IGM practices by CRC, CAT, CEDAW and CRPD.[3]

1 http://Zwischengeschlecht.org/, English pages: http://StopIGM.org/
2 http://zwischengeschlecht.org/post/Statuten
3 see http://intersex.shadowreport.org

Methodology

This thematic NGO report is a country-specific **addition to the thematic CRC NGO Reports** for **Switzerland** (**2014**) **and the UK** (**2016**) by partly the same rapporteurs.[4]

Background: IGM Practices and Intersex Human Rights

Intersex Genital Mutilations are still an **"emerging human rights issue,"** unfortunately often neglected due to lack of access to comprehensive information. To assess the current practice at national level, some general knowledge on the matter is crucial. For more comprehensive information, the rapporteurs refer to the **thematic supplements in earlier thematic CRC NGO reports** (Switzerland, 2014 and the UK, 2016).[5]

The rapporteurs are aware that **IGM Practices are a global issue, which can't be solved on a national level alone.** However, this report illustrates why **Denmark** is a State Party to which it would be timely and most appropriate to issue strong recommendations.

4 *2014 CRC Swiss Thematic NGO Report*, online: http://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf
2016 CRC UK Thematic NGO Report, online: http://intersex.shadowreport.org/public/2016-CRC-UK-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

5 *"IGM – Historical Overview"* and *"IGM – The 17 Most Common Forms"* contained in the *2014 CRC Swiss Thematic NGO Report*, online: http://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf
"D. What is Intersex?", *"E. IGM Practices – Non-Consensual, Unnecessary Medical Interventions"*, *"F. The Treatment of Intersex Persons as a Violation of the Convention on the Rights of the Child"* and *"G. IGM in Medical Textbooks"* contained in the *2016 CRC UK Thematic NGO Report*, online: http://intersex.shadowreport.org/public/2016-CRC-UK-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

A. IGM Practices in Denmark

1. Lack of Protection, IGM Practices Remain Pervasive

a) Overview

In **Denmark**, same as in the states of *Switzerland* (CRC/C/CHE/CO/2-4, paras 42-43), *Ireland* (CRC/C/IRL/CO/3-4, paras 39-40), *France* (CRC/C/FRA/CO/5, paras 47-48), *Chile* (UN CRC, CRC/C/CHL/CO/4-5, paras 48–49), the *United Kingdom* (CRC/C/GBR/CO/5, paras 45–46), *Nepal* (CRC/C/NPL/CO/3-5, paras 41–42), *South Africa* (CRC/C/ZAF/CO/2, paras 37–38) and *New Zealand* (CRC/C/NZL/CO/5, paras 25 + 15), there are **no legal or other protections** in place to ensure the rights of intersex children to physical and mental integrity, autonomy and self-determination, and to prevent non-consensual, medically unnecessary, irreversible surgery and other harmful treatments a.k.a. IGM practices.

In 2015, IGM practices in Denmark and the lack of protection for intersex children have already been **criticised by the Committee against Torture** (CAT/C/DNK/CO/6-7, paras 42–43).[6]

Nonetheless, to this day, the **Danish government refuses to *"take effective legislative, administrative, judicial or other measures"*** to protect intersex children, but instead allows IGM practices to continue with impunity and against better knowledge.

To this day, all forms of **IGM practices remain widespread and ongoing**, advocated, prescribed and perpetrated by **doctors** in **public University and Regional Children's Clinics**.

b) Most Common IGM Forms[7] advocated by Danish Hospitals and Doctors

- **IGM 1: "Masculinising" Genital Surgeries** [8] [9] [10]
- **IGM 2: "Feminising" Genital Surgeries** [11]

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6 During the interactive dialogue with CAT, the Danish delegation simply denied the practice and evaded a follow-up question, see transcript: http://stop.genitalmutilation.org/post/LIVE-Geneva-UN-Committee-against-Torture-IGM-Practices-in-Denmark

7 For more information, see 2016 CRC UK NGO Report (p. 42–47), http://intersex.shadowreport.org/public/2016-CRC-UK-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

8 The **Hypospadias Guidelines** issued by the Odense University Hospital (Author: Per Wittenhagen, Department of Nephrology, Odense University Hospital, Odense) recommend: [own translation]

"Surgery:

Reference to paediatric urology in Skejby.
Outpatient examination is usually done at 6-8 months of age.
Final decision on the method of operation can usually be done at 6 months of age.
Surgery at 12 to 15 months of age or pre-school age."

Online, http://ekstern.infonet.regionsyddanmark.dk/Files/Dokument277505.htm

9 The **Hypospadias Guideline**s issued by the Aarhus University Hospital, Skejby (Author: Consultant Urological Surgeon Gitte Hvistendahl, Department of Urology K, Aarhus University Hospital, Skejby) also refers to surgical "hypospadias repair" on children
Online, http://e-dok.rm.dk/edok/Admin/GUI.nsf/Desktop.html?open&openlink=http://e-dok.rm.dk/edok/enduser/portal.nsf/Main.html?open&unid=XC2CC0807FC3D1A17C12576F0003F49B5&level=AAUH&dbpath=/edok/editor/AAUHAN.nsf/&windowwidth=1100&windowheight=600&windowtitle=S%F8g

10 see below footnote 12

11 see below footnote 12

- **IGM 3: Sterilising Procedures** [12]
- **Prenatal "Therapy"** [13]

c) Examples of Danish University Children's Clinics advocating & perpetrating IGM

Currently, **all major Danish public University or Federal State Children's Clinics** employ doctors advocating, prescribing and performing IGM Practices, e.g.

- **Rigshospitalet (part of University Hospital Copenhagen)** [14]

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12 The **Disorder of Sexual Differentiation / DSD Guidelines** issued by the Aarhus University Hospital, Skejby (Authors: Niels H. Birkebæk, Trols M. Jørgensen, Henning Olsen, Jens M. Hertz) recommend: [own translation]

"Operating techniques and age of operation (when the condition is detected at birth):
The following is a "rough" overall scheme for recommended surgical management:

Virilised XX individual (46, XX DSD):	
Feminizing genitoplasty with short urogenital sinus	*at 3 months*
with high confluence	*at 15-18 months*
Undervirilised XY individual (46 XY DSD):	
Peno-scrotal / scrotal / perineo-scrotal hypospadias	*at 12-15 months*
True hermaphrodite, gonadal dysgenesis (Ovotesticular DSD)	
Female phenotype	
Removing the gonads if testes / ovotestes	*at 1 week – 1 month*
Clitoroplasty + vaginoplasty	*at 12-15 months*
Male phenotype:	
Laparoscopy and cystoscopy	
+ remove ovotestes / string gonad,	
possibly Fowler Stevens operation	*at 1 week - 1 month*
Removing the vagina, uterus,	
possibly surgery of abdominal testes	*at 3 months*
Reconstruction of the penis	*at 12 to 15 months*

Possibly corrective surgery after puberty."

Online, http://e-dok.rm.dk/edok/Admin/GUI.nsf/Desktop.html?open&openlink=http://e-dok.rm.dk/edok/enduser/portal.nsf/Main.html?open&unid=XAD45CFBFAAB6165DC1257489003A1EB9&dbpath=/edok/editor/AAUHBO.nsf/&windowwidth=1100&windowheight=600&windowtitle=S%F8g

13 The **Congenital Adrenal Hyperplasia (CAH) Guidelines** issued by the Aarhus University Hospital, Skejby (Author: Liselotte Fisker) recommend: [own translation]

"If the healthy spouse / both parents carry the gene, ***the couple should be informed about the possibility of treatment with dexamethasone as soon as pregnancy is recognized****, however, before the ninth week, to avoid virilization of female fetuses. [...]*

Treatment should continue until amniocentesis / CVS diagnosis confirms whether it is a homozygous girl fetus, in this case the treatment should be carried to full term, and in all other cases discontinued. ***There are still missing data on side effects of treatment, and in cases where both sides carry the gene you treat 7 of 8 healthy embryos to avoid virilization of one girl fetus."***

Online: http://e-dok.rm.dk/edok/Admin/GUI.nsf/Desktop.html?open&openlink=http://e-dok.rm.dk/edok/enduser/portal.nsf/Main.html?open&unid=XF61F74B3311DA4C4C125777600336CB4&dbpath=/edok/editor/AAUHME.nsf/&windowwidth=1100&windowheight=600&windowtitle=S%F8g

14 A publication out of the Rigshospitalet states:
"Clitoral operations had been performed in 27 CAH females [...] Age at first clitoral operation was 4.4 years (range 0.8–25 yrs)." T. H. Johannsen, C. P. L. Ripa, E. Carlsen,

- **Aarhus University Hospital, Skejby** [15]
- **Odense University Hospital (OUH)** [16]

2. The Treatment of Intersex Children in Denmark as a Harmful Practice and Violence

a) Harmful Practice [17]

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.[18]

The Committee has repeatedly considered IGM as a harmful practice, and the CRC/CEDAW Joint General Comment No. 18/31 on harmful practices as applicable.[19]

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.[20]

The **Joint General Comment No. 18 "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 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:

J. Starup, O. H. Nielsen, M. Schwartz, K. T. Drzewiecki, E. L. Mortensen, and K. M. Main, Long-Term Gynecological Outcomes in Women with Congenital Adrenal Hyperplasia due to 21-Hydroxylase Deficiency, International Journal of Pediatric Endocrinology 2010; 2010: 784297, online: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2963122/

15 see above footnotes 9 and 12

16 see above footnote 8

17 For a more extensive version, see *2016 CRC UK Thematic NGO Report*, p. 55–56, http://intersex.shadowreport.org/public/2016-CRC-UK-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

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

19 CRC/C/CHE/CO/2-4, 4 February 2015, paras 42–43: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC/C/CHE/CO/2-4&Lang=En
CRC/C/CHL/CO/4-5, 2 October 2015, paras 48–49, http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fCHL%2fCO%2f4-5&Lang=en

20 Daniela Truffer, Markus Bauer / Zwischengeschlecht.org: "Ending the Impunity of the Perpetrators!" Input for Session 3: "Human Rights Standards and Intersex People – Progress and Challenges - Part 2" at "Ending Human Rights Violations Against Intersex Persons." OHCHR Expert Meeting, Geneva 16–17.09.2015, online: http://StopIGM.org/public/S3_Zwischengeschlecht_UN-Expert-Meeting-2015_web.pdf

- *"**adequate civil and/or administrative legislative provisions**"* (para 55 (d))
- *"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)

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

b) Violence against Children [21]

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.

3. Lack of Legislative Provisions to Ensure Protection from IGM Practices, Impunity of the Perpetrators

Article 24 para. 3 of the Convention in conjunction with the CRC/CEDAW Joint General Comment 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)).

Also Article 19 of the Convention calls upon states to ***"take all appropriate legislative, administrative, social and educational measures** to protect the child from all forms of physical or mental violence"*, and the General Comment No. 13 "The right of the child to freedom from all forms of violence" (2011) stipulates that state parties ***"ensur[e] absolute prohibition** of all forms of violence against children in all settings and effective and appropriate **sanctions against perpetrators**"* (GC 13, para 41 (d)).

Accordingly, with regards to IGM practices, and referring to Article 24 para 3 and the CRC/CEDAW Joint General Comment No. 18/31, this Committee already explicitly recognised the obligation for State parties to ***"ensure that no-one is subjected to unnecessary med-***

21 For a more extensive version, see *2016 CRC UK Thematic NGO Report*, p. 57, http://intersex.shadowreport.org/public/2016-CRC-UK-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

ical or surgical treatment during infancy or childhood, guarantee bodily integrity, autonomy and self-determination to children concerned", as well as 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"***.[22]

However, to this day and **against better knowledge** the **Danish government refuses to even discuss, let alone enact appropriate legislative measures** to effectively eliminate IGM practices, nor to **address the factual impunity of IGM perpetrators, but simply denies the practice.**[23]

Worse, **Danish government bodies**, while repeatedly having been made aware of the harm done by the practice, are **actively shielding IGM perpetrators** by refusing to take action to outlaw and adequately sanction the practice.

This situation with the **Danish government** ignoring the ongoing practice while continuing to **protect and fund the perpetrators** is clearly not in line with **Denmark's obligations** under the Convention and CRC/CEDAW Joint General Comment No. 18/31.

4. Obstacles to Redress, Fair and Adequate Compensation

Article 24 para. 3 of the Convention in conjunction with the CRC/CEDAW Joint General Comment 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)).

Article 19 of the Convention and the General Comment No. 13 "The right of the child to freedom from all forms of violence" also stipulate the right of victims to ***"effective access to redress and reparation"*** (GC 13, para 41 (f)), ***"including compensation to victims"*** (GC 13, para 56).

However, also in **Denmark** 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.[24] So far there was no case of a victim of IGM practices succeeding in going to a Danish court.

The **Danish government** so far refuses to ensure that non-consensual unnecessary IGM surgeries on minors are recognised as a form of **genital mutilation**, which would formally prohibit parents from giving "consent". In addition, the state party **refuses to initiate impartial investigations**, as well as data collection, monitoring, and disinterested research.

This situation is not in line with the **Denmark's** obligations under the Convention.

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22 CAT/C/CHE/CO/7, 14 August 2015, para 20: http://intersex.shadowreport.org/public/CAT_C_CHE_CO_7-Concl-Obs-Switzerland-2015_G1520151.pdf

23 See interactive dialogue with CAT 2015, transcript: http://stop.genitalmutilation.org/post/LIVE-Geneva-UN-Committee-against-Torture-IGM-Practices-in-Denmark

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

B. Conclusion: Denmark is Failing its Obligations towards Intersex Children under the Convention on the Rights of the Child

The surgeries and other harmful treatments intersex people endure cause severe physical and mental pain and suffering. Doctors perform the surgery for the discriminatory purpose of making a child fit into societal and cultural norms and beliefs, although there is plenty of evidence of the suffering this causes. The State party is responsible for these violations constituting a harmful practice, violence against children, and torture or at least ill-treatment, perpetrated by publicly funded doctors, clinics, and universities, as well as in private clinics, all relying on money from the mandatory health insurance, and public grants. Although in the meantime the pervasiveness of IGM practices is common knowledge, Denmark nonetheless fails to prevent these grave violations, but allows the human rights violations of intersex children to continue unhindered.

Thus **Denmark is in breach of its obligation to take effective legislative, administrative, judicial or other measures to prevent harmful practices** (Art. 24 para. 3 in conjunction with CRC/CEDAW Joint General Comment No. 18/31 "on harmful practices"), as well as of its obligations under Articles 2, 3, 6, 8, 12, 16, 19, 23, 24.1, 34, 36, and 37 of the Convention on the Rights of the Child. [25]

Also in Denmark, victims of IGM practices encounter severe obstacles in the pursuit of their **right to redress, fair and adequate compensation, including the means for as full rehabilitation as possible**.

Further the state party's efforts on **education and information regarding the human rights aspects of IGM practices in the training of medical personnel** are grossly insufficient with respect to the treatment of intersex people.

25 See *2016 CRC UK Thematic NGO Report*, p. 53–58, http://intersex.shadowreport.org/public/2016-CRC-UK-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

C. Suggested Questions for the List of Issues

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

- **How many irreversible surgical and other procedures have been undertaken on intersex children before an age at which they are able to provide informed consent?**
- **Does the State party plan to stop this practice?**

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