

Intersex Genital Mutilations

Human Rights Violations Of Children

With Variations Of Sex Anatomy



**HUMAN
RIGHTS FOR
HERM
APHRODITES
TOO !**

**NGO Report
to the 5th Report of Liechtenstein
on the Convention on the Elimination of
All Forms of Discrimination against Women (CEDAW)**

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A. Executive Summary

All typical forms of IGM practices are still practised in Liechtenstein today, promoted, facilitated and paid for by the State party via the mandatory public health system, both domestic and abroad in contractual specialised clinics. To this day, the Government fails to act.

Liechtenstein is in breach of its obligations under the Convention on the Elimination of All Forms of Discrimination against Women to (a) take effective legislative, administrative, judicial or other measures to prevent involuntary, non-urgent surgery and other medical treatment and harmful practices of intersex persons based on prejudice, and (b) to ensure access to redress, and the right to fair and adequate compensation and rehabilitation for victims (CEDAW Arts. 1 and 5(a), General Recommendations No. 19 and 31).

This Committee has consistently recognised IGM practices to constitute a serious human rights violation under the Convention in Concluding Observations, referring to General Recommendation No. 31.

Also CRC, CAT, CCPR, the UN Special Rapporteur on Torture (SRT), 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), the Council of Europe (COE) and others have consistently recognised IGM practices as a breach of international law, and have so far issued 32 Concluding Observations on IGM, typically obliging State parties to (a) end the practice and (b) ensure redress and compensation, plus (c) access to free counselling.

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 procedures based on prejudice 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, 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, and lifelong mental suffering and trauma.

For 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 Thematic NGO Report has been compiled by the international intersex NGO StopIGM.org. It contains Suggested Questions for the Interactive Dialogue (see p. 16) and Suggested Recommendations (see p. 17).

NGO Report
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B. Introduction

1. Intersex, IGM and Human Rights in Liechtenstein

IGM practices are known to cause severe, lifelong physical and psychological pain and suffering, and have been repeatedly **recognised by multiple UN treaty bodies¹ including CEDAW** as constituting a **harmful practice, violence and torture or ill-treatment**, however were not mentioned in the 5th Liechtenstein State report,² despite that the Committee in the List of Issues prior to Reporting (LOIPR)³ explicitly asked the State party about “*updated information and data on the human rights situation of [...] intersex women*” (para 20) and also raised “*harmful practices*” (para 6).

However, this thematic NGO Report demonstrates that the current **harmful medical practice on intersex persons from Liechtenstein** – advocated, facilitated and paid for by the State party – constitutes a **serious violation** of Liechtenstein’s obligations under **Article 5(a)** of the Convention. Particularly, this NGO Report demonstrates that **Liechtenstein is sending intersex persons to specialised IGM clinics in Switzerland and Austria**, despite that the practice in these countries has already been recognised as a **serious violation of non-derogable human rights** by this Committee, as well as by CRC, CAT and CCPR.⁴

Nonetheless, to this day Liechtenstein not only does nothing to prevent this abuse, but **continues to directly finance it via the mandatory public health care system** and via directly funding the relevant foreign IGM university clinics and paediatric hospitals, thus **violating its non-derogable obligation to prevent harmful practices on intersex children**, as well as to guarantee access to **adequate counselling** for intersex people and their families.

1 **CAT, CRC, CRPD, SPT, SRT, SRSG VAC, COE, ACHPR, IACHR** (2016), “End violence and harmful medical practices on intersex children and adults, UN and regional experts urge”, <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20739&LangID=E>

2 CEDAW/C/LIE/5

3 CEDAW/C/LIE/QPR/5

4 Switzerland: CRC/C/CHE/CO/2-4, paras 42–43; CAT/C/CHE/CO/7, para 20; CEDAW/C/CHE/CO/4-5, paras 24-25, 38-39; CCPR/C/CHE/CO/4, paras 24-25
Austria: CAT/C/AUT/CO/6, paras 44–45

2. About the Rapporteurs

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!*”⁵

According to its charter,⁶ StopIGM.org works to support persons concerned seeking redress and justice, and regularly reports to UN treaty bodies.⁷

Since 2015, StopIGM.org, mostly in collaboration with (other) local intersex advocates and organisations, reported the ongoing practice in Switzerland and Austria (to where intersex children from Liechtenstein are sent for IGM) to this Committee, CRC, CAT and CCPR, resulting in Concluding Observations on intersex and IGM for those countries,⁸ and to investigations in the case of still ongoing country reviews.⁹

3. Methodology

This thematic NGO report is in part based on the **2016 thematic CEDAW NGO Report for Switzerland**¹⁰ and the **2015 thematic CAT NGO Report for Austria**.¹¹

5 <http://Zwischengeschlecht.org/> English pages: <http://StopIGM.org/>

6 <http://zwischengeschlecht.org/post/Statuten>

7 <http://intersex.shadowreport.org/>

8 Switzerland: CRC/C/CHE/CO/2-4, paras 42–43; CAT/C/CHE/CO/7, para 20; CEDAW/C/CHE/CO/4-5, paras 24-25, 38-39; CCPR/C/CHE/CO/4, paras 24-25

Austria: CAT/C/AUT/CO/6, paras 44–45

9 Switzerland: CAT/C/CHE/QPR/8, para 27

Austria: CAT/C/AUT/QPR/7, para 30

10 <http://intersex.shadowreport.org/public/2016-CEDAW-Swiss-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

11 <http://intersex.shadowreport.org/public/2015-CAT-Austria-VIMOE-Zwischengeschlecht-Intersex-IGM.pdf>

C. Background: Intersex, IGM and Harmful Misrepresentations

1. IGM Practices:

Involuntary, unnecessary medical interventions based on prejudice

IGM practices include **non-consensual, medically unnecessary, irreversible, cosmetic genital surgeries**, and/or other similar medical treatments, including imposition of hormones, performed on **children with variations of sex anatomy**,¹² without evidence of benefit for the children concerned, but justified by “*psychosocial indications [...] shaped by the clinician’s own values*”, the latter informed by **societal and cultural norms and beliefs**, enabling clinicians to withhold crucial information from both patients and parents, and to submit healthy intersex children to risky and harmful invasive procedures that would not be considered for “normal” children, “*simply because their bodies did not fit social norms*”.¹³

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

IGM practices are known to cause **lifelong severe physical and mental pain and suffering**,¹⁴ including loss or impairment of sexual sensation, poorer sexual function, painful scarring, painful intercourse, incontinence, problems with passing urine (e.g. due to urethral stenosis after surgery), increased sexual anxieties, problems with desire, less sexual activity, dissatisfaction with functional and aesthetic results, lifelong trauma and mental suffering, elevated rates of self-harming behaviour and suicidal tendencies comparable to those among women who have experienced physical or (child) sexual abuse, impairment or loss of reproductive capabilities, lifelong dependency on daily doses of artificial hormones.

Individual doctors, national and international medical bodies, public and private health care providers have traditionally been **framing and “treating” intersex variations as a form of illness or disability** in need to be “cured” surgically, often **with racist, eugenic and supremacist undertones**,^{15 16 17 18} describing intersex people as “*inferior*”, “*abnormal*”, “*deformed*”.

12 See “What is Intersex?”, 2015 CRC Ireland NGO Report, p. 23–25, <http://intersex.shadowreport.org/public/2015-CRC-Ireland-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

13 For references, see “What are Intersex Genital Mutilations (IGM)?”, 2015 CRC Ireland Report, p. 29

14 See “IGM Practices – Non-Consensual, Unnecessary Medical Interventions”, 2015 CRC Ireland NGO Report, p. 29–34

15 2014 CRC NGO Report, p. 52, 69, 84, http://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

16 In the WHO “World Atlas of Birth Defects (2nd Edition)”, many intersex diagnoses are listed, including “*indeterminate sex*” and “*hypospadias*”, <http://web.archive.org/web/20160305152127/http://prenatal.tv/lecturas/world%20atlas%20of%20birth%20defects.pdf>

17 “The Racist Roots of Intersex Genital Mutilations”, <http://stop.genitalmutilation.org/post/Racist-Roots-of-Intersex-Genital-Mutilations-IGM>

18 See “**Intersex, IGM and Prejudice**”, in: 2018 CRPD New Zealand NGO Report, Annexe 1, p. 15-19, <http://intersex.shadowreport.org/public/2018-CRPD-New-Zealand-LOIPR-NGO-Intersex-StopIGM.pdf>
For **500 years of “scientific” prejudice** in a nutshell, see 2016 CEDAW France NGO Report, p. 7, <http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

UN Treaty bodies and other human rights experts have consistently recognized IGM practices as a serious breach of international law.¹⁹ UN Treaty bodies have issued 32 Concluding Observations condemning IGM practices.²⁰

2. Intersex is NOT THE SAME as LGBT or SOGI

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

The underlying reasons for such harmful misconceptions include **lack of awareness**, third party groups **instrumentalising intersex as a means to an end**^{21 22} for their own agenda, and State parties **trying to deflect** from criticism of involuntary intersex treatments.

Intersex persons and their organisations have spoken out clearly against instrumentalising or misrepresenting intersex issues,²³ maintaining that IGM practices present a **distinct and unique issue** constituting significant human rights violations, which are different from those faced by the LGBT or SOGI community, and thus need to be **adequately addressed in a separate section as specific intersex issues.**

Also **human rights experts** are increasingly warning of the **harmful conflation** of intersex and LGBT.²⁴

Regrettably, **these harmful misrepresentations seem to be on the rise also at the UN**, for example in recent **UN press releases** and **Summary records** misrepresenting IGM as “*sex alignment surgeries*” (i.e. voluntary procedures on transsexual or transgender persons), IGM survivors as “*transsexual children*”, and intersex NGOs as “*a group of lesbians, gays, bisexuals, transgender and intersex victims of discrimination*”,²⁵ and again IGM survivors as “*transgender children*”,²⁶ “*transsexual children who underwent difficult treatments and surgeries*”, and IGM as a form of “*discrimination against transgender and intersex children*”²⁷ and as “*sex assignment surgery*” while referring to “*access to gender reassignment-related treatments*”.²⁸

19 CAT, CRC, CRPD, SPT, SRT, SRSG VAC, COE, ACHPR, IACHR (2016), “End violence and harmful medical practices on intersex children and adults, UN and regional experts urge”,

<http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=20739&LangID=E>

20 <http://stop.genitalmutilation.org/post/IAD-2016-Soon-20-UN-Reprimands-for-Intersex-Genital-Mutilations>

21 CRC67 Denmark, <http://stop.genitalmutilation.org/post/CRC67-Intersex-children-used-as-cannon-fodder-LGBT-Denmark>

22 CEDAW66 Ukraine, <http://stop.genitalmutilation.org/post/Ukraine-Instrumentalising-Intersex-and-IGM-for-LGBT-and-Gender-Politics>

23 For references, see 2016 CEDAW France NGO Report, p. 45. <http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

24 For example ACHPR Commissioner Lawrence Murugu Mute (Kenya), see

<http://stop.genitalmutilation.org/post/ACHPR-African-Commissioner-warns-Stop-conflating-intersex-and-LGBT>

25 CAT60 Argentina, <http://stop.genitalmutilation.org/post/UN-Press-Release-calls-IGM-survivors-transsexual-children-CATArgentina-UNCAT60>

26 CRC77 Spain, <http://stop.genitalmutilation.org/post/UN-Press-Release-mentions-genital-mutilation-of-intersex-children>

27 CRC76 Denmark, <http://stop.genitalmutilation.org/post/UN-Press-Release-calls-IGM-survivors-transsexual-children-CRC-Denmark-UNCRC67>

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

Particularly **State parties** are constantly **misrepresenting intersex and IGM as sexual orientation or gender identity issues** in an attempt to **deflect from criticism** of the serious human rights violations resulting from IGM practices, instead referring to e.g. “*gender reassignment surgery*” (i.e. voluntary procedures on transsexual or transgender persons) and “*gender assignment surgery for children*”,²⁹ “*a special provision on sexual orientation and gender identity*”, “*civil registry*” and “*sexual reassignment surgery*”³⁰, transgender guidelines³¹ or “*Gender Identity*”^{32 33} when asked about IGM by e.g. Treaty bodies.

What’s more, **LGBT organisations** (including “LGBTI” organisations without actual intersex representation or advocacy) are using the ubiquitous misrepresentation of intersex = LGBT to **misappropriate intersex funding**, thus depriving actual intersex organisations (which mostly have no significant funding, if any) of much needed resources.³⁴

3. Misrepresenting Genital Mutilation as “Health Care”

An interrelated, alarming new trend is the **increasing misrepresentation of IGM as “health-care issue”** instead of a serious human rights violation, and the **promotion of “self-regulation” of IGM by the current perpetrators**^{35 36 37} – instead of effective measures to finally end the practice (as repeatedly stipulated also by this Committee).

Even worse, **Health ministries** construe UN Treaty body Concluding observations falling short of explicitly recommending legislation to criminalise or adequately sanction IGM as an **excuse for “self-regulation” promoting state-sponsored IGM practices to continue with impunity.**³⁸

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

30 CCPR120 Switzerland, <http://stop.genitalmutilation.org/post/Pinkwashing-of-Intersex-Genital-Mutilations-at-the-UN-CCPR120>

31 CAT56 Austria, <http://stop.genitalmutilation.org/post/Geneva-UN-Committee-against-Torture-questions-Austria-over-Intersex-Genital-Mutilations>

32 CAT60 Argentina, <http://stop.genitalmutilation.org/post/CAT60-Argentina-to-be-Questioned-on-Intersex-Genital-Mutilation-by-UN-Committee-against-Torture>

33 CRPD18 UK, <http://stop.genitalmutilation.org/post/UK-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-Persons-with-Disabilities-CRPD>

34 For example in Scotland (UK), LGBT organisations have so far collected at least £ 135,000.– public intersex funding, while actual intersex organisations received ZERO public funding, see 2017 CRPD UK NGO Report, p. 14, <http://intersex.shadowreport.org/public/2017-CRPD-UK-NGO-Coalition-Intersex-IGM.pdf>

Typically, during the interactive dialogue with CRPD, the UK delegation nonetheless tried to sell this glaring misappropriation as “supporting intersex people”, but fortunately got called out on this by the Committee, see transcript (Session 2, 10:53h + 11:47h), <http://stop.genitalmutilation.org/post/UK-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-Persons-with-Disabilities-CRPD>

35 For example Amnesty (2017), see <http://stop.genitalmutilation.org/post/Amnesty-Report-fails-Intersex-Children-and-IGM-Survivors>

36 For example FRA (2015), see Presentation OHCHR Expert Meeting (2015), slide 8, http://stop.genitalmutilation.org/public/S3_Zwischengeschlecht_UN-Expert-Meeting-2015_web.pdf

37 For example CEDAW Italy (2017), see <http://stop.genitalmutilation.org/post/Major-Setback-for-Intersex-Human-Rights-at-the-UN>

38 See for example Ministry of Health Chile (2016), <http://stop.genitalmutilation.org/post/Circular-7-step-back-for-intersex-human-rights-in-Chile>

D. IGM practices in Liechtenstein: State-sponsored and pervasive

1. Overview: IGM persists, no protections, Government fails to act

All typical forms of IGM practices are still arranged and/or practised in Liechtenstein today, promoted, facilitated and **directly paid for by the State party** via the **mandatory public health system**, both domestic and/or in **foreign specialised IGM clinics** under direct contractual obligation to the State party's health system, namely in **Switzerland** and **Austria**.

In **Liechtenstein**, same as in the neighbouring countries of *Switzerland* (CEDAW/C/CHE/CO/45, paras 38-39; CRC/C/CHE/CO/2-4, paras 42-43; CAT/C/CHE/CO/7, para 20; CCPR/C/CHE/CO/4, paras 24-25) and *Austria* (CAT/C/AUT/CO/6, paras 44-45), as well as in many more State parties,³⁹ there are

- **no legal or other protections** in place to ensure the rights of intersex children NOT to be submitted to non-consensual, medically unnecessary, irreversible surgery and other harmful treatments a.k.a. **IGM practices**
- **no measures** in place to ensure **data collection and monitoring** of IGM practices
- **no legal or other measures** in place to ensure the **accountability** of IGM perpetrators
- **no legal or other measures** in place to ensure **access to redress and justice** for adult IGM survivors

To this day, the **Liechtenstein government fails to “take effective legislative, administrative, judicial or other measures”** to protect intersex children, but instead allows IGM practices to continue with **impunity**.

2. Most Common IGM Forms⁴⁰ advocated and perpetrated by Liechtenstein

Liechtenstein's own **National Hospital** (*Landesspital Liechtenstein*) itself has **no tertiary and quaternary** paediatric surgery, urology or endocrinology departments, where IGM practices are usually performed. The State party's mandatory public health care system instead **outsources such specialised services to foreign contractual hospitals**, namely in **Switzerland** and **Austria**.

Accordingly, Liechtenstein's official **“List of contractual hospitals”** (*Liste der Vertragsspitäler*)⁴¹ in particular includes the Swiss **Eastern Switzerland Children's University Hospital St. Gallen** (*Ostschweizer Kinderspital St. Gallen*) and the **Bern University Hospital “Inselspital”** (*Inselspital Bern*), as well as the Austrian **Innsbruck University Hospital** (*A.ö. Landskrankenhaus (Univ.-Kliniken) Innsbruck*) – all of them well-known **specialised IGM clinics**:

39 See <http://stop.genitalmutilation.org/post/IAD-2016-Soon-20-UN-Reprimands-for-Intersex-Genital-Mutilations>

40 For more information, see 2016 CAT France NGO Report (p. 39–43), <http://intersex.shadowreport.org/public/2016-CAT-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

41 https://www.llv.li/files/ag/il-pdf-llv-ag-vertragsspitaeler_30.09.2011.pdf

a) Eastern Switzerland Children's University Hospital St. Gallen

The Eastern Switzerland Children's University Hospital St. Gallen, which apparently is Liechtenstein's primary contractual hospital for paediatric surgery including "URO1 1.6 Plastic Reconstruction of the Urethra" as well as "END1 Endocrinology" and in total treating roughly 100 Liechtenstein children per year,⁴² advocates and perpetrates all common forms of IGM, including

- **IGM 3⁴³ – Sterilising Procedures: Castration / "Gonadectomy" / Hysterectomy / Removal of "Discordant Reproductive Structures" / (Secondary) Sterilisation**

Witness testimony by a father of an intersex child born in 2008: "The doctors then began to put a lot of pressure on us [...]. The hormone specialist made very clear, in our case the child should be raised as a girl and therefore undergo surgery: **first we should remove the (healthy!) testicles [...].**"⁴⁴

- **IGM 2⁴⁵ – "Feminising Procedures": Clitoris Amputation/"Reduction", "Vaginoplasty", "Labioplasty", Dilation**

The current flyer for parents titled "Multiprofessional Consultation" in cases of "Disorders of Sex Development", advocates under "Therapy": "**Corrective surgery**" for "**Hypertrophy of the clitoris**" (p. 1).⁴⁶

- **IGM 1⁴⁷ – "Masculinising Surgery": Hypospadias "Repair"**

The current flyer for parents titled "Multiprofessional Consultation" in cases of "Disorders of Sex Development", advocates under "Therapy": "**Corrective surgery**" for "**Hypospadias**" (p. 1).⁴⁸

42 <https://www.llv.li/files/ag/Spitalliste%20FL%202014%20Akutsomatik%20CH%20und%20FL.pdf>

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

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

44 Case Study No. 5, 2016 CEDAW NGO Report, p. 24-25, <http://intersex.shadowreport.org/public/2016-CEDAW-Swiss-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

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

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

46 https://www.kispig.ch/downloads/kompetenzen/endokrinologie/flyer_sprechstunde_eng_def.pdf

https://www.kispig.ch/downloads/jugendmedizin/flyer_gynaekologie_eng.pdf

47 For general information, see 2016 CEDAW NGO Report France, p. 48-49.

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

48 https://www.kispig.ch/downloads/kompetenzen/endokrinologie/flyer_sprechstunde_eng_def.pdf

https://www.kispig.ch/downloads/jugendmedizin/flyer_gynaekologie_eng.pdf

b) Bern University Hospital “Inselspital”

The **Bern University Hospital “Inselspital”** advocates and perpetrates all common forms of IGM, including

- **IGM 3⁴⁹ – Sterilising Procedures: Castration / “Gonadectomy” / Hysterectomy / Removal of “Discordant Reproductive Structures” / (Secondary) Sterilisation**

The 2016 Consensus Statement “Global Disorders of Sex Development Update” co-authored by the Global DSD Update Consortium including clinicians of the **Bern University Children’s Clinic “Inselspital”** (Christa Flück) continues to advocate “*gonadectomy*” to obtain “*histological information*” (p. 16), repeatedly stipulates “**Low threshold for gonadectomy if ambiguous genitalia**” or in cases of “*Unclear gender*”, and continues to advocate “*Postpubertal gonadectomy*” of children diagnosed with “*Complete AIS*” (p. 17).⁵⁰

- **IGM 2⁵¹ – “Feminising Procedures”: Clitoris Amputation/“Reduction”, “Vaginoplasty”, “Labioplasty”, Dilation**

The Paediatric surgery department’s head surgeon Dr M. Zeino offers a “*special consultation urology for children with [...] urogenital malformations*”.⁵²

- **IGM 1⁵³ – “Masculinising Surgery”: Hypospadias “Repair”**

The “*Department of Paediatric Surgery*” advocates on its list “*Timing of Elective Surgery*” “**hypospadias repair**” at the age of “**6-12 months (before the 3rd year)**”.⁵⁴

- **IGM 4: Prenatal “Therapy”⁵⁵**

The Paediatric endocrinology department advocates and practices “**prenatal therapy of Congenital Adrenal Hyperplasia (CAH)**” which “*aims to prevent the virilisation of the external female genitalia in order to spare these children the costly and very stressful genital corrective operations*”.⁵⁶

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

50 Global Disorders of Sex Development Update since 2006: Perceptions, Approach and Care, Lee et al. and Global DSD Update Consortium, *Horm Res Paediatr* 2016;85:158-180, <http://www.karger.com/Article/Pdf/442975>

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

52 <http://www.kinderkliniken.insel.ch/de/kinderkliniken/kikli-chirurgie/urologie/>

53 For general information, see 2016 CEDAW NGO Report France, p. 48-49.

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

54 <http://www.kinderkliniken.insel.ch/de/zuweiser/kinderchirurgie/zeitpunkt-elektiver-eingriff/>

55 For general information, see 2014 CRC NGO Report Switzerland, p.75-76,

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

56 http://www.kinderkliniken.insel.ch/fileadmin/kinderheilkunde/kinderheilkunde_users/Endokrinologie/Unterlagen/Endokrinologie/skript_praenatale_diagnostik.pdf

c) Innsbruck University Hospital

- **IGM 3⁵⁷ – Sterilising Procedures: Castration / “Gonadectomy” / Hysterectomy / Removal of “Discordant Reproductive Structures” / (Secondary) Sterilisation**

As advocated in the Innsbruck University “Lecture notes of paediatric course 2011/12”:⁵⁸

“Complete Androgen Insufficiency Syndrome

[...]

Therapy:

[...]

- *Leave gonads until after puberty.*
- *Therafter removal of gonads [...]*
- *Therafter substitution by estrogens and gestagens”*

(p. 28 PDF / p. no. 23 within document)

“Therapy: Intersexuality

[...]

1. Surgical:

- *In children growing up as girls, early removal of testicular tissue.*
- *In boys, early removal of ovarian tissue.”* (p. 28 PDF / p. no. 23 within document)

- **IGM 2⁵⁹ – “Feminising Procedures”: Clitoris Amputation/“Reduction”, “Vaginoplasty”, “Labioplasty”, Dilation**

As advocated by Innsbruck head of paediatric endocrinology, Dr Klaus Kapelari in a medical publication:

*“One-stage feminizing genitoplasty is recommended in young infants, because of its low complication rates, the short operating time, and the low psychological burden it represents a minimally invasive first-line therapy.”*⁶⁰

- **IGM 1⁶¹ – “Masculinising Surgery”: Hypospadias “Repair”**

The current 2018 ESPE/EAU “*Paediatric Urology*” Guidelines⁶² chaired by Innsbruck paediatric urology head surgeon Prof Dr Christian Radmayr promote, “*The age at surgery for primary hypospadias repair is usually 6-18 (24) months.*”

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

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

58 Lecture notes of paediatric course 2011/12: Verena Kaiser, “Medizinische Universität Innsbruck, Pädiatrie, Modul 3.03, Wintersemester 2011/12”, available from the rapporteurs on request

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

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

60 Klaus Kapelari, “Abstract: Pathophysiology and Treatment of Congenital Adrenal Hyperplasia (CAH)”, in: Klaus Kapelari, “Pathophysiologie und Therapie des adrenogenitalen Syndroms.” Journal für Klinische Endokrinologie und Stoffwechsel – Austrian Journal of Clinical Endocrinology and Metabolism 2011; 4 (2), 28-34, online: <http://www.kup.at/kup/pdf/9771.pdf>

61 For general information, see 2016 CEDAW NGO Report France, p. 48-49.

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

62 3.5.5.3 Age at surgery, available at <http://uroweb.org/guideline/paediatric-urology/>

3. Lack of Independent Data Collection and Monitoring

With no statistics available on intersex births, let alone surgeries and costs, and **perpetrators, governments and health departments colluding to keep it that way as long as anyhow possible**, persons concerned as well as civil society **lack possibilities to effectively highlight and monitor** the ongoing mutilations.

Also for **Liechtenstein**, there are **no statistics on intersex births and on IGM practices** available.

However, the Joint general recommendation No. 31 CEDAW / Joint general comment No. 18 CRC “on harmful practices” (2014) clearly **stipulates comprehensive disaggregated data collection and monitoring** (paras 37-39).

4. Lack of legislative provisions, impunity of the perpetrators

Article 5(a) of the Convention in conjunction with the Joint general recommendation No. 31 CEDAW / Joint general comment No. 18 CRC “on harmful practices” (2014) underline state parties’ obligations to “***explicitly prohibit by law and adequately sanction or criminalize harmful practices***” (JGR 31/18, para 13), as well as to “***adopt or amend legislation with a view to effectively addressing and eliminating harmful practices***” (JGR 31/18, para 55), and specifically to ensure “***that the perpetrators and those who aid or condone such practices are held accountable***” (JGR 31/18, para 55 (o)).

Also Article 1 of the Convention in conjunction the Committee’s **General recommendation No. 19** obliges State parties, inter alia, to “***take appropriate and effective measures to overcome all forms of gender-based violence***” (para 24 (a)), to “***encourage the compilation of statistics and research on the extent, causes and effects of violence, and on the effectiveness of measures to prevent and deal with violence***” (para 24 (c)), to provide “***Effective complaints procedures and remedies, including compensation***” (para 24 (I)), “***take all legal and other measures that are necessary to provide effective protection of women against gender-based violence***” (para 24 (t)).

Accordingly, with regards to IGM practices, **this Committee** as well as the **Committee on the Rights of the Child (CRC)**, referring to Article 24 para 3 CRC and the Joint general recommendation No. 31 CEDAW / Joint general comment No. 18 CRC, already explicitly recognised the obligation for State parties to “***adopt legislation to protect the bodily integrity, autonomy and self-determination of intersex persons and provide families with intersex children with adequate counselling and support***”, as well as to “***Adopt legal provisions in order to provide redress to intersex persons affected by cases of surgical or other medical treatment without free, prior and informed consent by the intersex person or his/her parents under the guidance of the court***”.⁶³

Also in **Liechtenstein** there are still **no legal or other protections** in place to ensure the protection of intersex children from IGM practices, nor to ensure the **accountability of perpetrators and accessories, neither domestic nor abroad**.

63 CEDAW/C/CHE/CO/4-5, para 25.

5. Obstacles to redress, fair and adequate compensation

Article 5(a) of the Convention in conjunction with the CRC/CEDAW Joint General Comment No. 18/31 “on harmful practices” clearly stipulates the right of victims of IGM practices to *“equal access to legal remedies and appropriate reparations”*, 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”*.

However, also in **Liechtenstein** 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.⁶⁴ So far, in Liechtenstein there has been **no case of a victim of IGM practices succeeding in going to court**.

The **Liechtenstein government** so far fails to ensure that non-consensual unnecessary IGM surgeries on minors are recognised as a form of **genital mutilation** or **cruel, inhuman or degrading treatment**, 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.⁶⁵ Also, hospitals are often **unwilling to provide full access to patient’s files**.

This situation is clearly not in line with Liechtenstein’s obligations.

64 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.

65 For more on this topic see 2016 CEDAW NGO Report France, p. 55:
<http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

E. Suggested Questions for the Interactive Dialogue

The Rapporteurs respectfully suggest that during the Interactive Dialogue the Committee asks the Liechtenstein Delegation the following questions with respect to the treatment of intersex children:

Harmful practices: Intersex genital mutilation (art. 5)

- **Under the Liechtenstein public health system, how many non-urgent, irreversible surgical and other procedures have been undertaken on intersex children before an age at which they are able to provide informed consent? Please provide detailed statistics on sterilising, feminising, masculinising procedures and imposition of hormones, including prenatal procedures, both domestic and abroad in contractual hospitals.**
- **Does the State party plan to stop this practice? If yes, what measures does it plan to implement?**
- **Please indicate which criminal or civil remedies are available for intersex people who have undergone involuntary sterilisation or unnecessary and irreversible medical or surgical treatment when they were children, both domestic and abroad in contractual hospitals, and whether these remedies are subject to any statute of limitations?**

F. Suggested Recommendations

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

Harmful practices: Intersex genital mutilation

The Committee remains seriously concerned about cases of medically unnecessary and irreversible surgery and other treatment on intersex children, without their informed consent, which can cause severe suffering, and the lack of redress and compensation in such cases.

In the light of its joint general comment No. 31 (2014) and No. 18 of the Committee on the Rights of the Child on harmful practices, the Committee recommends that the State party:

- (a) Ensure that no-one is subjected to unnecessary medical or surgical treatment during infancy or childhood neither domestic nor abroad, adopt legislation with a view to guarantee bodily integrity, autonomy and self-determination to persons concerned, including extraterritorial protections, and provide families with intersex children with adequate counselling and support;**
- (b) Undertake investigation of incidents of surgical and other medical treatment of intersex persons without informed consent, both domestic and abroad, and adopt legal provisions in order to provide redress to the victims of such treatment, including adequate compensation;**
- (c) Systematically collect disaggregated data on harmful practices in the State party and make information on the ways to combat these practices widely available;**
- (d) Educate and train medical professionals on the harmful impact of unnecessary surgical or other medical interventions for intersex children, and ensure that the views of intersex persons are fully considered by the interdisciplinary working groups established to review these procedures.**