

## List of Issues and Written Replies of the Danish Government 5th Periodic Report of Denmark on the Convention on the Rights of the Child (CRC)

Dear Committee on the Rights of the Child

### 1. Who we are

**StopIGM.org / Zwischengeschlecht.org**, founded in 2007, is an international intersex human rights NGO based in Switzerland working to raise awareness and to end IGM practices and other human rights violations perpetrated on intersex people<sup>1</sup> and to support persons concerned seeking redress and justice.<sup>2</sup> In 2015 the Rapporteurs in collaboration with intersex advocate Ditte Dyreborg first reported the ongoing practice in Denmark to the Committee against Torture.<sup>3</sup> In 2017 in Copenhagen the Rapporteurs facilitated an Open Letter denouncing Danish IGM clinics and universities and their complicity in international medical networks promoting and practicing IGM.<sup>4</sup> StopIGM.org regularly reports to UN treaty bodies, mostly in collaboration with local intersex advocates and organisations.<sup>5</sup>

### 2. Scope of this submission

We would like to express our **grave concern regarding the Committee's decision not to mention the non-consensual, irreversible, medically unnecessary, cosmetic genital surgeries on intersex children justified by psychosocial indications** in the List of Issues for Denmark (LoI) (CRC/C/DNK/Q/5). The Committee thus misses a window of opportunity to change the fate of intersex children in Denmark.

What is more, since doctors specialising in genital surgeries on intersex children are known to monitor and consider relevant UN proceedings, there is reasonable cause for concern that both **Danish and international IGM doctors will construe further silence by the Committee about the ongoing practice in Denmark as justification and encouragement** to continue, directly resulting in more harm.

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

2 Charter, <http://zwischengeschlecht.org/post/Statuten>

3 <http://intersex.shadowreport.org/public/2015-CAT-Denmark-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

4 Open Letter of Concern to 6th I-DSD 2017, DSDnet, eUROGEN, Endo-ERN, DSD-Life and Affiliates, by Persons Concerned, Partners, Families, Friends and Allies, at Rigshospitalet Copenhagen, June 2017, [http://stop.genitalmutilation.org/public/Open\\_Letter\\_I-DSD\\_Copenhagen\\_2017.pdf](http://stop.genitalmutilation.org/public/Open_Letter_I-DSD_Copenhagen_2017.pdf)

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

We would therefore like to

- recall the **severe pain and suffering** caused by the ongoing State sponsored practice, and the ongoing **failure of the Danish government to act**,
- briefly update on **new developments** that further stress the importance of the issue and the urgent need to act, including the **increasing misrepresentation of IGM as “health care”**,
- respectfully ask the Committee to **raise intersex and IGM practices** during the session and to **remind Denmark of its obligations** under the Convention art. 24 (3) and Joint General Comment No. 18 “on harmful practices”, see **Suggested Questions** (p. 5) and **Suggested Recommendations** (p. 5).

### 3. IGM in Denmark: State-sponsored and pervasive, Government fails to act

As referenced in the thematic NGO report,<sup>6</sup> the ongoing harmful practice of non-consensual, unnecessary surgery imposed on defenceless children **remains pervasive and unchallenged** (p. 7-9).

**In 2015 Denmark was recommended by the Committee against Torture (CAT)** to “[t]ake the necessary legislative, administrative and other measures” to end the practice and protect children at risk, to guarantee access to psychosocial support for all intersex children and their parents, and to “[p]rovide adequate redress for the physical and psychological suffering caused by such practices” (CAT/C/DNK/CO/6-7, paras 42-43).

**In 2017 the Danish government unchangingly denies the ongoing practice and fails to take action.** In particular, in Denmark there are still

- **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**
- **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

Despite the known **lifelong severe physical and mental pain and suffering** caused by IGM, including loss or impairment of sexual sensation, painful scarring, painful intercourse, impairment or loss of reproductive capabilities, lifelong dependency on artificial hormones, significantly elevated rates of self-harming behaviour and suicidal tendencies, and lifelong mental suffering and trauma, IGM practices in Denmark remain **facilitated by the Public**

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6 <http://intersex.shadowreport.org/public/2016-CRC-PSWG-Denmark-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

**Health System, directly paid for by the State party**, and publicly advertised by public university clinics. To this day, for example the Rigshospitalet (part of University Hospital Copenhagen) **openly advertises** IGM practices on its English homepage.<sup>7</sup>

#### 4. Public University Hospitals involved in International IGM Networks

In 2017, the “European Reference Network” was launched to ensure better treatment for patients with rare diseases within the European Union.<sup>8</sup> Unfortunately, **2 of the newly created “ERNs” also specialise in the proliferation and practice of IGM**, namely the “Network Urogenital Diseases” a.k.a. “eUROGEN” and the “Network on Endocrine Conditions” a.k.a. “Endo-ERN”.<sup>9</sup> Like with earlier international networks led by IGM perpetrators, e.g. “I-DSD”<sup>10</sup> and “DSDnet”,<sup>11</sup> Danish Hospitals are again involved.<sup>12</sup>

#### 5. Misrepresenting Genital Mutilation as “Health Care”

Unfortunately, there are multiple, often interrelated **harmful misconceptions about intersex** still prevailing in public, notably if intersex and IGM are misrepresented as LGBT or SOGI issues.<sup>13</sup> Despite that **intersex persons and their organisations have repeatedly spoken out clearly against such misrepresentations**,<sup>14</sup> regrettably they 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*”<sup>15</sup> and State parties referring to e.g. transgender guidelines<sup>16</sup> or “*Gender Identity Law*”<sup>17</sup> when asked about IGM by e.g. Treaty bodies.

7 Department of Paediatric Surgery, <https://www.rigshospitalet.dk/english/departments/juliane-marie-centre/department-of-paediatric-surgery/about-us/Pages/Conditions-and-treatments.aspx>

Department of Growth and Reproduction, <https://www.rigshospitalet.dk/english/departments/juliane-marie-centre/department-of-growth-and-reproduction/conditions-and-treatments/Pages/default.aspx>

8 [https://ec.europa.eu/health/sites/health/files/ern/docs/2017\\_brochure\\_en.pdf](https://ec.europa.eu/health/sites/health/files/ern/docs/2017_brochure_en.pdf)

9 See <http://stop.genitalmutilation.org/post/eUROGEN-EU-funded-Intersex-Genital-Mutilators>

10 See Open Letter to “I-DSD 2017”, [http://stop.genitalmutilation.org/public/Open\\_Letter\\_I-DSD\\_Copenhagen\\_2017.pdf](http://stop.genitalmutilation.org/public/Open_Letter_I-DSD_Copenhagen_2017.pdf)

11 See <http://stop.genitalmutilation.org/post/DSDnet-Intersex-Genital-Mutilators-European-Union>

12 The Open Letter to “I-DSD 2017” lists Danish University Clinics involved in current international IGM projects, see p. 1, [http://stop.genitalmutilation.org/public/Open\\_Letter\\_I-DSD\\_Copenhagen\\_2017.pdf](http://stop.genitalmutilation.org/public/Open_Letter_I-DSD_Copenhagen_2017.pdf)

13 2017 NGO Submission to SR Disability, p. 4, <http://intersex.shadowreport.org/public/2017-SR-Disability-Submission-Intersex-IGM-V2.pdf>

14 For references, see 2016 CRC UK NGO Report, p. 39, [http://intersex.shadowreport.org/public/2016-CRC-UK-NGO-Zwischengeschlecht-Intersex-IGM\\_v2.pdf](http://intersex.shadowreport.org/public/2016-CRC-UK-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf)

15 See <http://stop.genitalmutilation.org/post/UN-Press-Release-calls-IGM-survivors-transsexual-children-CATArgentina-UNCAT60>

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

17 CAT 60 Argentina, unofficial transcript see <http://stop.genitalmutilation.org/post/CAT60-Argentina-to-be-Questioned-on-Intersex-Genital-Mutilation-by-UN-Committee-against-Torture>

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** instead of effective measures to end the practice.<sup>18 19 20 21</sup>

Therefore, we would like to again urge the Committee to **adequately address** unnecessary genital surgeries on intersex children justified by psychosocial indications in the forthcoming 76th Session (see next page **“Suggested Questions”**), and to **remind Denmark of its obligations** under the Convention art. 24 (3) and Joint General Comment No. 18 “on harmful practices”, in line with the Committee’s previous recommendations and the recommendations to Denmark by CAT (see next page **“Suggested Recommendations”**).

**Thank you very much for your consideration.**

Kind regards

Daniela Truffer, Markus Bauer / StopIGM.org

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

19 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](http://stop.genitalmutilation.org/public/S3_Zwischengeschlecht_UN-Expert-Meeting-2015_web.pdf)  
See also <http://stop.genitalmutilation.org/post/IDAHOT-2015-Let-s-Talk-About-Intersex-Appropriation>

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

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

## 6. Suggested Questions

*The Rapporteurs respectfully suggest that the Committee asks the Danish Delegation 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?**
- **What measures does the State party plan to stop this practice?**

## 7. Suggested Recommendations

*The Rapporteurs respectfully suggest that the Committee recommends the following measures to the Danish Government with respect to the treatment of intersex children (in line with the Committee's previous recommendations, and the recommendations to Denmark by CAT):*

### **Harmful Practices: Intersex Children**

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. 18 (2014) and No. 31 of the Committee on the Elimination of Discrimination against Women 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, adopt legislation with a view to guarantee bodily integrity, autonomy and self-determination to children concerned, and provide families with intersex children with adequate counselling and support;**
- (b) Undertake investigation of incidents of surgical and other medical treatment of intersex children without informed consent and adopt legal provisions in order to provide redress to the victims of such treatment, including adequate compensation; and,**
- (c) Educate and train medical, psychological and education professionals on intersex as a natural bodily variation and on the consequences of unnecessary surgical and other medical interventions for intersex children.**