

# Intersex Genital Mutilations

## Human Rights Violations Of Persons With Variations Of Sex Anatomy



**NGO Report for LoIPR  
to the 8<sup>th</sup> Report of Denmark  
on the Convention against Torture (CAT)**

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# Introduction

## Intersex, IGM and Human Rights in Denmark

IGM practices are known to cause severe, lifelong physical and psychological pain and suffering, and have been repeatedly **recognised by multiple UN treaty bodies<sup>1</sup> including CAT** as constituting torture or ill-treatment, a harmful practice and violence. This NGO Report demonstrates that the current **harmful medical practice on intersex persons in Denmark** – advocated, facilitated and paid for by the State party – **persists unchanged in spite of the last Concluding observations by this Committee (paras 42-43)**, as well as of those by **CRC,<sup>2</sup>** and constitutes a serious breach of Denmark's obligations under the Convention.

## About the Rapporteurs

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

- **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!*”<sup>3</sup> According to its charter,<sup>4</sup> StopIGM.org works to support persons concerned seeking redress and justice, and regularly reports to UN treaty bodies, mostly in collaboration with local intersex advocates and organisations.<sup>5</sup> In 2015 StopIGM.org in collaboration with Ditte Dyreborg first reported the ongoing practice in Denmark to CAT<sup>6</sup> and in 2016 to CRC.<sup>7</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>8</sup>
- **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.

## Methodology

This thematic NGO report follows up on the **2015 thematic CAT NGO Report** by the same rapporteurs,<sup>9</sup> and the resulting **2016 Concluding observations** by this Committee (paras 42-43), as well as on the more recent **2016 (PSWG)<sup>10</sup>** and **2017 (Session)<sup>11</sup> Thematic CRC NGO Reports** by the same Rapporteurs.

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 CRC/C/DNK/CO/5, para 24

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

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

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

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

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

8 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)

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

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

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

## **2016 Concluding Observations on Intersex (CAT/C/DNK/CO/6-7, paras 42-43)**

### **Intersex persons**

42. While taking note of the information provided by the delegation on the decision-making process related to treatment of intersex children, the Committee remains concerned at reports of unnecessary and irreversible surgery and other medical treatment with lifelong consequences to which intersex children have been subjected before the age of 15, when their informed consent is required. The Committee is further concerned at hurdles faced by these persons when seeking redress and compensation in such cases (arts. 14 and 16).

43. **The State party should:**

- (a) **Take the necessary legislative, administrative and other measures to guarantee the respect for the physical integrity and autonomy of intersex persons and ensure that no one is subjected during infancy or childhood to unnecessary medical or surgical procedures;**
- (b) **Guarantee counselling services for all intersex children and their parents, so as to inform them of the consequences of unnecessary surgery and other medical treatment;**
- (c) **Ensure that full, free and informed consent is respected 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 full, free and informed consent;**
- (d) **Provide adequate redress for the physical and psychological suffering caused by such practices to intersex persons.**

## A. IGM practices in Denmark: State-sponsored and pervasive

### 1. Misrepresentation of IGM as “LGBT”, “SOGI” or “Health Care” Issue

#### a) 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 preference.

The underlying reasons for such harmful misconceptions include **lack of awareness**, third party groups **instrumentalising** intersex as a means to an end 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,**<sup>12</sup> 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.<sup>13</sup>

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*”,<sup>14</sup> and again IGM survivors as “*transgender children*”,<sup>15</sup> “*transsexual children who underwent difficult treatments and surgeries*”, and IGM as a form of “*discrimination against transgender and intersex children*”<sup>16</sup>.

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, referring to e.g. “*a special provision on sexual orientation and gender identity*”, “*civil registry*” and “*sexual reassignment surgery*”<sup>17</sup>

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

13 For example ACHPR Commissioner Lawrence Murugu Mute (Kenya), see <http://stop.genitalmutilation.org/post/ACHPR-African-Commissioner-warns-Stop-conflating-intersex-and-LGBT>

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

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

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

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

(i.e. voluntary procedures on transsexual or transgender persons), transgender guidelines<sup>18</sup> and “Gender Identity”<sup>19 20</sup> 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.<sup>21</sup>

### b) 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**<sup>22 23 24</sup> – instead of effective measures to finally end the practice (as unmistakably stipulated by CAT arts. 2, 12, 14 and 16, in conjunction with CAT General Comments No.s 2 and 3).

Even worse, **Health ministries construe UN Treaty body Concluding observations falling short of explicitly recommending to legislate against IGM as an excuse for promoting state-sponsored IGM practices to continue with impunity.**<sup>25</sup>

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

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

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

21 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>

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

23 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)

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

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

## **2. IGM in Denmark: Still no protections, Government fails to act**

Allover Denmark, all forms of **IGM practices remain widespread and ongoing**, persistently **advocated, prescribed and perpetrated** by state funded University and Public Children's Clinics, and **paid for** by the **public Health System** – as the **State party** itself **publicly admits**, as well to the lack of informed consent by the persons concerned:

*“Denmark plans to continue this practice of helping children through surgery to overcome functional and practical difficulties, but surgery will always be based on a medical indication.”*

*“In Denmark it's forbidden for doctors to make irreversible interventions on children if there is no informed consent from the parents. The parents therefore receive extensive information and are always involved in the decision regarding the operation.”*

– Danish Ministry of Health, 15.09.2017<sup>26</sup>

In contrast, on the side of protections, in **Denmark (2015: CAT/C/DNK/CO/6-7**, paras 42-43; **2017: CRC/C/DNK/CO/5**, para 24) – same as in *Germany* (CAT/C/DEU/CO/5; para 20), *Switzerland* (CAT/C/CHE/CO/7, para 20), *Austria* (CAT/C/AUT/CO/6, paras 44-45), *Hong Kong* (CAT/C/CHN-HKG/CO/4-5, paras 28-29) and *France* (CAT/C/FRA/CO/7, paras 32–33) – to this day **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

All forms of **IGM practices remain widespread and ongoing** – advocated, facilitated and **paid for by the State party** via the **public Health System**:<sup>27</sup>

- **“Masculinising” Genital Surgeries (IGM 1):** The clinical guidelines promoting early surgery on “*children*” respectively “*at 12 to 15 months of age or pre-school age*”, as documented in our 2015 Thematic NGO report (p. 7, fn. 3-4),<sup>28</sup> remain in force unchanged.
- **“Feminising” Genital Surgeries (IGM 2):** While the **2017 revision of the Disorder of Sexual Differentiation / DSD Guidelines**<sup>29</sup> issued by the Aarhus University Hospital, Skejby admit that “*there is no clear consensus / algorithm for indications, timing, type of*

26 CRC76 Denmark, see Session 2 at 16:56h, <http://stop.genitalmutilation.org/post/CRC76-Denmark-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-the-Child>

27 See 2015 CAT Denmark Intersex NGO Report, p. 7-8, <http://intersex.shadowreport.org/public/2015-CAT-Denmark-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

28 Ibid.

29 Niels H. Birkebæk, Annemette Holst, Rune Weis Næraa, “Disorder af sex development (DSD) - diagnostik og behandling”, [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](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)

*surgical procedure and evaluation of DSD surgery*" and generally utilises vague and obscure language (as opposed to the earlier revision<sup>30</sup>), they still promote the whole spectrum of involuntary, non-urgent genital surgery on intersex children, including "feminising" surgery (p. 5), justified by psycho-social indications including to "avoid stigmatization related to atypical anatomy" and to "respond to the parents' desire":

*"Types of genital surgery:*

*Clitoris reduction*

*Perineum- / vaginoplasty [...]"*

- **Sterilising Procedures (IGM 3):** The **2017 revision of the Disorder of Sexual Differentiation / DSD Guidelines<sup>31</sup>** (see above) also promotes **surgical removal of testes, ovaries and ovotestes** of intersex children:

*"Types of genital surgery:*

*[...]*

*Gonadectomy"*

- **IGM 1–3:** To this day, the **Rigshospitalet** (part of University Hospital Copenhagen) specialising on "**surgery on children under the age of 2**", **openly advertises all forms of IGM practices** on its Department of Paediatric Surgery, English homepage:<sup>32</sup>

*The department has national and regional functions in Denmark for the following diseases:*

*[...]*

- *Urogenital sinus*
- *Severe malformations in the tractus genitalis*
- [...]*
- *Bilateral abdominal testicular retention*
- *Hypospadias*
- [...]*
- *Intersex conditions*

At the same time, the **Danish government**

- **denies** the ongoing practice,
- **ignores** repeated UN recommendations by CAT and CRC,
- claims the **existing legislation would be sufficient to protect** intersex children,
- **fails to take effective measures.**

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30 See 2015 CAT Denmark Intersex NGO Report, p. 7, fn. 7, <http://intersex.shadowreport.org/public/2015-CAT-Denmark-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

31 See above footnote 29

32 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>

### **3. 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>33</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>34</sup> Like with earlier international networks led by IGM perpetrators, e.g. “I-DSD”<sup>35</sup> and “DSDnet”,<sup>36</sup> Danish Hospitals are again involved.<sup>37</sup>

## **B. Denmark ignores Concluding Observations on Intersex**

### **1. Recommendation (a) – Legislative and other measures to prevent IGM**

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

To this day, the **Danish government undeviatingly refuses** to take effective legislative, administrative, judicial or other measures to protect intersex children, nor to facilitate data collection, but instead **continues to deny and at the same time defend the practice:**

*“Interventions are never done solely for cosmetic reasons but are always performed on a medical indication. Surgical intervention on the sex characteristics is not performed on infants in Denmark.*

*Denmark plans to continue this practice of helping children through surgery to overcome functional and practical difficulties, but surgery will always be based on a medical indication. Dissemination and treatment of DSD conditions are centralised in three highly specialised departments at three different hospitals [...].”*

– Danish Ministry of Health, 15.09.2017<sup>38</sup>

Regarding **statistics of IGM practices in Denmark**, the Ministry of Health claims:<sup>39</sup>

*“In Denmark there is no exact record of the number of children who have been treated for DSD [...]. Approximately one child each year is born with ambiguous genitalia in Denmark.”*

This claim is in stark contrast with the “*three highly specialised [DSD] departments at three different hospitals*”, but also with **numbers published by the Rigshospitalet** on in-house research on intersex children, “*We have diagnosed and treated more than 500 patients with different forms of DSD [excluding children with hypospadias]*”,<sup>40</sup> as well as with a 2017 study

<sup>33</sup> [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)

<sup>34</sup> See <http://stop.genitalmutilation.org/post/eUROGEN-EU-funded-Intersex-Genital-Mutilators>

<sup>35</sup> 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)

<sup>36</sup> See <http://stop.genitalmutilation.org/post/DSDnet-Intersex-Genital-Mutilators-European-Union>

<sup>37</sup> 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)

<sup>38</sup> CRC76 Denmark, see Session 2 at 16:56h, <http://stop.genitalmutilation.org/post/CRC76-Denmark-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-the-Child>

<sup>39</sup> Ibid.

<sup>40</sup> <https://www.rigshospitalet.dk/english/departments/juliane-marie-centre/department-of-growth-and-reproduction/research/Pages/disorders-of-sex-development.aspx>

on hypospadias reporting, “*We randomly sampled 500 patients diagnosed with hypospadias in the DNPR from January 1, 1995 to December 31, 2012. Among these, 384 patients were also registered with surgical treatment for hypospadias.*”<sup>41</sup>

## 2. Recommendation (b) – Free psychosocial support

(b) *Guarantee counselling services for all intersex children and their parents, so as to inform them of the consequences of unnecessary surgery and other medical treatment;*

While the **2017 revision of the Disorder of Sexual Differentiation / DSD Guidelines**<sup>42</sup> claim, “*The psychologist is an important part of the DSD team. All parents of a child with DSD are offered contact with our DSD psychologist*”, there is no data available on actual provision of psychosocial counselling for parents and children/adolescents, nor is there any proof that such “*DSD psychologist[s]*” actually “*inform [parents] of the consequences of unnecessary surgery and other medical treatment*” as stipulated in the Concluding Observations.

## 3. Recommendation (c) – Informed consent

(c) *Ensure that full, free and informed consent is respected 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 full, free and informed consent;*

The Danish government makes it very clear that it **doesn't care at all about informed consent of the intersex persons concerned**, but instead allows IGM to continue at the behest of doctors and parents:

“*In Denmark it's forbidden for doctors to make irreversible interventions on children if there is no informed consent from the parents. The parents therefore receive extensive information and are always involved in the decision regarding the operation.*”<sup>43</sup>

## 4. Recommendation (d) – Redress and compensation

(d) *Provide adequate redress for the physical and psychological suffering caused by such practices to intersex persons.*

To this day, also in **Denmark** the **statutes of limitation** prevent 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, which in combination with severe trauma caused by IGM practices often proves to amount to a severe obstacle,<sup>44</sup> and effectively **prohibit survivors of early**

41 Arendt LH, Ernst A, Lindhard MS, Jønsson AA, Henriksen TB, Olsen J, Thorup J, Olsen LH, Ramlau-Hansen CH, Clinical Epidemiology [03 Oct 2017, 9:483-489], "Accuracy of the hypospadias diagnoses and surgical treatment registrations in the Danish National Patient Register", <http://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC5633316&blobtype=pdf>

42 Niels H. Birkebæk, Annemette Holst, Rune Weis Næraa, “Disorder af sex development (DSD) - diagnostik og behandling”, [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](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)

43 CRC76 Denmark, see Session 2 at 16:56h, <http://stop.genitalmutilation.org/post/CRC76-Denmark-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-the-Child>

44 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.

**childhood IGM practices to call a court.**

So far in Denmark no victim of IGM practices succeeded in going to court or obtaining redress and compensation ever.

### **C. Conclusion: Denmark is failing its obligations towards intersex people under CAT and CAT/C/DNK/CO/6-7, paras 42-43**

As substantiated above, **Denmark is categorically failing to meet its obligations** towards intersex people **resulting from the Concluding observations of this Committee** (paras 42-43).

Regarding IGM practices, Denmark is unchangedly in breach of its obligation to take **effective legislative, administrative, judicial or other measures** to prevent acts of torture (Art. 2 CAT) or other forms of cruel, inhuman or degrading treatment (Art. 16 CAT, General Comment 2).

Victims of IGM practices unchangedly encounter **severe obstacles** in the pursuit of their right to an **impartial investigation** (Arts. 12, 13 CAT), and to **redress** and fair and adequate compensation, including the means for as **full rehabilitation** as possible (Art. 14 CAT, General Comment 3).

Also Denmark's efforts on **education and information regarding the prohibition against torture in the training of medical personnel** remain grossly insufficient with respect to the treatment of intersex people (Art. 10 CAT).

## **D. Suggested Questions for the LoIPR**

*The Rapporteurs respectfully suggest that in the LoIPR the Committee asks the Danish state party the following questions with respect to the treatment of intersex children:*

### **Intersex Genital Mutilation (arts. 2, 12, 14, 16)**

- **How many involuntary, 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.**
- **What measures does the State party plan to implement to stop this practice? And what measures to guarantee free psychosocial support for all persons concerned and their parents?**
- **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 and whether these remedies are subject to any statute of limitations?**

# Intersex Genital Mutilations

## Human Rights Violations Of Persons With Variations Of Sex Anatomy



**NGO Report for LoIPR  
to the 8<sup>th</sup> Report of Denmark  
on the Convention against Torture (CAT)**