

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



NGO Report (for Session)
to the 5th and 6th Report of Belgium on the
Convention on the Rights of the Child (CRC)

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Introduction

Update: Intersex, IGM and Human Rights in Belgium

IGM practices have been raised by the Committee in its **List of Issues** for Belgium (CRC/C/BEL/Q/5-6, para 8) and in the State party's **replies to the LOI** (CRC/C/BEL/Q/5-6/Add.1, [between paras 57 and 58]). In the meantime, the neighbouring country of **Luxembourg**, which sends children to Belgium for IGM, has been reprimanded by **CEDAW** under **harmful practices** (CEDAW/C/LUX/CO/6-7, paras 27-28, 45(e)+46(e)). This NGO Report demonstrates, that also children from **Malta** are sent to Belgium for IGM. It addresses **serious shortcomings** in recent Belgian initiatives addressing intersex, namely the **lack of adequate consultation** with intersex advocates and organisations, unduly preferring IGM practitioners and their associates, while IGM practices are allowed to continue, and it examines the **claims made by the Belgian government** in its replies to the LOI, again highlighting **serious shortcomings** in adequate consultation, as well as **exaggerated or simply untrue** claims, in particular regarding “[s]ubsidy to associations fighting against genital mutilation of intersex children”.

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 CRC** as constituting a **harmful practice** and violence, and torture or ill-treatment.

About the Rapporteurs

This NGO report has been prepared by the international intersex NGO *StopIGM.org* / *Zwischengeschlecht.org* in collaboration Belgian intersex person and advocate *Thierry Bosman*:

- **Thierry Bosman** is a Belgian intersex person and advocate familiar with IGM Practices who has been working to improve the well-being and human rights of intersex people in Belgium for many years.^{2 3} He is a founding member of Intersex Belgium⁴ and an intersex member of Genres Pluriels.
- **StopIGM.org / Zwischengeschlecht.org**, founded in 2007, is an international intersex human rights NGO based in Switzerland. It is led by intersex persons, their partners, families and friends, and works to eliminate 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 *Zwischengeschlecht.org* works to support persons concerned seeking redress and justice. *StopIGM.org* has been active in Belgium since 2015^{7 8 9} and regularly reports to UN treaty bodies.¹⁰

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 <http://cet.lu/wp-content/uploads/2017/11/Aventure-intersexe-au-Luxembourg-Communique.pdf>

3 <http://www.lessentiel.lu/de/luxemburg/story/intersexualitat-ist-hierzulande-ein-tabu-20117803>

4 <http://www.intersex-belgium.be/>

<https://www.facebook.com/groups/intersexbelgium/>

5 <http://Zwischengeschlecht.org/> English pages: <http://stop.genitalmutilation.org>

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

7 <https://web.archive.org/web/20160708031016/http://www.av.s.be/avsnews/protest-tegen-genitale-verminking>

8 <https://vimeo.com/channels/540542/130524251>

The Rapporteurs would like to acknowledge the work of **Intersex Belgium**¹¹ and peer support group **Interdit**. We would like to acknowledge the recent work of **Londé Ngosso**¹² and the **Inter Section**¹³ of **Genres Pluriels**.¹⁴

And we would like to acknowledge the work of pioneering Belgian intersex advocate and IGM survivor **Kris Günther**^{15 16 17 18 19 20 21 22 23}.

Methodology

This thematic NGO report is an update to of the **2018 CRC Belgium Intersex Report (for PSWG)**²⁴ by the same rapporteurs.

This Report includes an annexe with **1 anonymised personal testimony of an IGM survivor**, which has been collected with the aid of Intersex Belgium on occasion of the CRC Belgium PSWG NGO Meeting, where it was presented in an abridged form. The identity of the person concerned is known to Intersex Belgium and the Rapporteurs. [Public version without Annexe.]

9 <http://stop.genitalmutilation.org/post/Intersex-Protests-Info-DSDnet-I-DSD-Belgium-June-7-13>

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

11 <http://www.intersex-belgium.be/>

<https://www.facebook.com/groups/intersexbelgium/>

12 Founding member of Genres Pluriels, member of the Inter Section at Genres Pluriels, member of the WG Legislation Trans*/Inter*

<https://parismatch.be/actualites/societe/43229/briser-le-tabou-sur-les-personnes-intersexuees>

13 <https://www.genrespluriels.be/Le-site-web-IdemInfo-be-sous-le-feu-des-critiques-des-associations?lang=fr>

14 <https://www.genrespluriels.be/>

15 <https://www.apache.be/fr/2013/07/12/la-difficile-reconnaissance-du-corps-des-personnes-intersexes-en-belgique/>

16 <https://web.archive.org/web/20170409231634/http://oifrancophonie.org/wp-content/uploads/2014/08/Sexe-ind%C3%A9termin%C3%A9-une-vie-en-qu%C3%AAté-d'identité%C3%A9-sudpresse.pdf>

17 <http://www.lesoir.be/archive/recup/367612/article/actualite/belgique/2013-11-25/combat-des-intersexes-belges>

18 <https://www.interfaceproject.org/transcript-kris-gunther>

19 <https://web.archive.org/web/20170409140740/http://oifrancophonie.org/wp-content/uploads/2014/09/parisberlin.pdf>

20 <https://web.archive.org/web/20170409080201/http://oifrancophonie.org/wp-content/uploads/2014/08/moustique-1.pdf>

21 <https://vimeo.com/channels/540542/130524251>

22 http://next.liberation.fr/sexe/2015/07/01/sans-contrefaçon-je-suis-fille-et-garçon_1341211

23 "Le Quotidien" 21.03.2017, p. 3 (in French),

http://kastrationsspital.ch/public/Luxembourg_LeQuotidien_Intersex_21-03-2017.pdf

24 <http://intersex.shadowreport.org/public/2018-CRC-PSWG-Belgium-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

A. List of issues on Intersex (CRC/C/BEL/Q/5-6, para 8)

8. Please inform the Committee of the measures taken to remove the obstacles that prevent children from gaining access to health services, including mental health services, such as financial costs, waiting lists and lack of infrastructure. With respect to paragraphs 133 to 135 of the State party's report, please provide information on the progress made in eliminating harmful practices such as female and intersex genital mutilation and child marriage.

B. Reply to the List of issues on Intersex (CRC/C/BEL/Q/5-6/Add.1, [between paras 57 and 58])

[Unofficial English] **Intersex children**

- Study (federal, 2016) on terminology and care discourse concerning intersex people in Belgium. Afterwards, a study on the living situation of these people (Flanders).
- Support for the creation of a website for people born with atypical sexual characteristics by Flanders.
- Federal funding for the development of information kits for intersex children and parents.
- Subsidy to associations fighting against genital mutilation of intersex children, such as Genres pluriels.

[Original French] **Enfants intersexes**

- Etude (fédérale, 2016) sur la terminologie et le discours de prise en charge concernant les personnes intersexes en Belgique. Ensuite, étude sur la situation de vie de ces personnes (Flandre).
- Soutien à la création d'un site web concernant les personnes nées avec des caractéristiques sexuelles atypiques par la Flandre.
- Financement fédéral de l'élaboration de trousseaux d'information adressés aux enfants intersexes et aux parents.
- Subvention d'associations luttant contre les mutilations génitales des enfants intersexes, telles Genres pluriels.

C. Recent Developments not mentioned in Replies to the LOI

1. Intersex Children from Malta and Luxembourg submitted to IGM in Belgium

As demonstrated in our PSWG Report, according to public statements of Yolanda Wagener, Head of Division of the Ministry of Health of Luxembourg, **intersex children from Luxembourg are also sent to Belgium for surgery.**²⁵ This is also confirmed by a public statement of a parent of a intersex child “Sandro”, who was sent to a “*specialised hospital in Ghent*”,²⁶ i.e. **UZ [University Hospital] Ghent**,²⁷ and was consequently submitted to **IGM 1 at the age of 9 months.**

In addition, this practice of sending Luxembourgian intersex children to Belgian contractual hospitals for IGM practices is even institutionalised in the “*Belgian-Luxemburg DSD network and registry*” and the “*BelLux DSD group*” of the former “*BSGPE (Belgian Study Group for Pediatric Endocrinology)*”,²⁸ in 2014 renamed as “*Belgian Society for Pediatric Endocrinology and Diabetology (BESPEED)*”, self-described as an association of “*8 university clinics and other medical centres in Belgium and Luxembourg*”.²⁹

In the meantime, CEDAW has urged Luxembourg under **harmful practices** to “[s]pecifically prohibit” IGM, “[a]dopt legal provisions to provide redress” to IGM survivors and to “[r]epeal time-limits to claim damage compensation” for IGM (CEDAW/C/LUX/CO/6-7, paras 27-28, 45(e)+46(e)).

In addition, the Rapporteurs have learned that **also intersex children from Malta** are sent to Belgian paediatric hospitals **for IGM**, again namely to the **UZ [University Hospital] Ghent**.³⁰

2. Belgian 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.³¹ 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**”.³² Like with earlier international networks led by IGM perpetrators, e.g. “**I-DSD**”³³ and “**DSDnet**”,³⁴ Belgian Hospitals are again involved.³⁵

25 See “Le Quotidien” 21.03.2017, p. 3 (in French),

http://kastrationsspital.ch/public/Luxembourg_LeQuotidien_Intersex_21-03-2017.pdf

26 Ibid.

27 “A multidisciplinary DSD team exists in Ghent for this problem. The DSD team consists of doctors and medical personnel from different specialties. **The paediatric surgeons perform procedures that are necessary to construct the genitals of these patients**”,

<https://www.uzgent.be/nl/zorgaanbod/mdspecialismen/kindergeneeskunde/kinderurologie/Paginas/Aandoeningen-van-de-geslachtsontwikkeling.aspx>

28 “DSDnet” (2013), Memorandum of Understanding, p. 11,

http://www.dsdnet.eu/downloads.html?file=files/downloads/BM1303_Memorandum_of_Understanding.pdf

29 <https://www.bespeed.org/>

30 Personal communication from Belgian health care professional.

31 https://ec.europa.eu/health/sites/health/files/ern/docs/2017_brochure_en.pdf

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

33 See Open Letter to “I-DSD 2017”, http://stop.genitalmutilation.org/public/Open_Letter_I-DSD_Copenhagen_2017.pdf

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

35 The Open Letter to “I-DSD 2017” lists Belgian University Clinics involved in current international IGM projects, see p. 1, http://stop.genitalmutilation.org/public/Open_Letter_I-DSD_Copenhagen_2017.pdf

Belgian “**eUROGEN**” members specialising in IGM practices (e.g. “*Posterior hypospadias*”, “*Reconstruction of non syndromical urogenital malformations*”, “*Complex genital reconstructions (DSDs)*”) include the **University Hospital Ghent** and the **University Hospital Leuven** (both see also PSWG Report, p. 10-12).³⁶

Belgian “**Endo-ERN**” members participating in the IGM-related Main Thematic Group “**MTG7: Sex Development & Maturation**” include the **Ghent University Hospital**, the **Brussels University Hospital**, the **Saint-Luc University Clinics** and the **Brussels University Clinics** including the **Queen Fabiola University Children’s Hospital HUDERF** and the **Hôpital Erasme** as the University Hospital of the Université Libre de Bruxelles (ULB).³⁷

And in addition to paediatric endocrinology services related to or even constituting IGM, the **Queen Fabiola University Children’s Hospital HUDERF** also offers **IGM surgery** in its paediatric urology department, namely “*paediatric urology surgery*” for “*malformations of [...] the urinary tract and the genital organs of the child*”.^{38 39}

3. Intersex Advocates and Human Rights sidelined by Equal Opportunities Unit

Starting in November 2018, the **Federal Equal Opportunities Unit** (Federal Sector Equal Opportunities at the Department Legislation, Liberties and Fundamental Rights of the **Ministry of Justice**) started to convene a series of **closed meetings on “Rights of Intersex Persons”**, by invitation of the State Secretary for Equal Opportunities, with the first meeting taking place on 19.11.2018.⁴⁰

Contrary to “medical experts”, **no intersex advocates or organisations have participated or have been consulted in advance on the process and methodology of these meetings.**

Also at the first formal meeting on 19.11.2018, the Federal Equal Opportunities Unit **refused to admit intersex advocates to the meeting**, including Thierry Bosman and Londé Ngosso. Only at the insistence of Londé Ngosso this policy was eventually reversed and some intersex advocates present were allowed to participate. On the other hand, **IGM practitioners** including Martine Cools (Ghent University Hospital) and Claudine Heinrichs (Brussels University Children’s Hospital HUDERF) and **researchers with close ties to IGM clinics and -practitioners** including Nina Callens (Center for Sexology and Gender, Ghent University) and Joz Motmans (Transgender Info Point, Ghent University Hospital) were **able to participate without questions**, same as members of intersex-related, **syndrome-specific patient organisations** invited by the IGM practitioners present.

With the **acquiescence of the Federal Equal Opportunities Unit**, the medical and sexological representatives were allowed to **impose an IGM-friendly agenda**, while intersex representatives encountered **difficulties speaking out** at the meeting. **Human rights concerns are not part of the agenda**, and *no* human rights experts have been invited to the intersex meetings.

Accordingly, the Federal Equal Opportunities Unit seems to **limit funding opportunities** to the

36 <http://eurogen-ern.eu/healthcare-providers/our-members/>

37 <https://endo-ern.eu/about/reference-centers/>

38 <https://www.hudurf.be/fr/med/urolog/index.asp>

39 <https://www.iris-hopitaux.be/fr/notre-offre-de-soins/urologie>

40 The following paragraphs are mainly based on information related via email by Londé Ngosso, December 2018

two self-proclaimed **“gender/intersex reference centers”** (Ghent and Brussels), so far having granted a subsidy to the Ghent University (which already received federal and Flemish funding for intersex, see below p. 11-14), and considering further funding to the Brussels University, but not to intersex organisations.

According to Belgian intersex advocates, the Federal Equal Opportunities Unit has been **“completely instrumentalised”** by the Ghent University Hospital (Martine Cools) and the Brussels University Children’s Hospital HUDERF (Claudine Heinrichs) and IGM-friendly departments of Ghent University (Nina Callens, Joz Motmans), while **IGM survivors and intersex human rights advocates are marginalised and silenced**.

4. “Interfederal Action Plan” ignores Violence against Intersex People

In spring 2018, the **“Interfederal Action Plan against discrimination and violence against LGBTI persons 2018-2019”**⁴¹ by appointment of the **State Secretary for Equal Opportunities** claims to address violence against intersex people. However, same as with the closed meetings on **“Rights of Intersex Persons”** (also convened by the State Secretary for Equal Opportunities, see above), the action plan exclusively **frames intersex in medical and transgender terms**, and **conveniently ignores IGM** and other harmful practices on intersex people, but instead focuses on **examples of violence which are mostly irrelevant to intersex people** (e.g. *“hate speech”* and street violence):

*“There are several reported cases, which are very varied. For example, there may be direct or indirect **discrimination in access to health care**, for example when medical treatment is only available for one or the other gender, despite the presence of incongruous gender characteristics or in the reimbursement of social security for certain expenses. In addition, **discrimination occurs in access to sporting events**, and people with intersex/DSD condition experience **harassment, physical violence and hate speech**. The Flemish study on intersex/DSD showed, among other things, that persons with an intersex/DSD condition, of which this condition is not visible, do not necessarily have to deal with discrimination.”* (p. 14)

Accordingly, also the proposed steps of action **exclusively focus on medicalising intersex children** (e.g. *“The drawing up of a care map of care providers in the intersex/DSD theme in Belgium”*) and **funding opportunities for the usual IGM-friendly researchers** already known from the closed meetings on **“Rights of Intersex Persons”** (see above), e.g. *“The search for a uniform terminology and definition of persons with intersex/DSD”* and *“Creation of a central information platform on intersex/DSD”* (see p. 21-22).

5. IGM Doctors and Advocates opposing Prohibition of IGM in the Media

Martine Cools, Ghent University Hospital, inadvertently admits that doctors and government representatives **favour IGM practices, because they think it is cheaper than non-surgical alternatives**, in De Standaard (27.10.2018):⁴²

“Martine Cools, head of paediatric endocrinology at UZ Gent, pleads for caution and postponement where possible, but not for an absolute ban on genital surgery in children.

[Note: Intersex advocates never called for **“an absolute ban on genital surgery in children”**, but

41 [https://fedweb.belgium.be/sites/default/files/Actieplan LGBTI 2018-2019_NL.pdf](https://fedweb.belgium.be/sites/default/files/Actieplan_LGBTI_2018-2019_NL.pdf)

42 http://www.standaard.be/cnt/dmf20181026_03878530

merely to ban involuntary, non-urgent procedures.] *'In the sixties mistakes were made because the medical world did not know what the effect of early intervention was. But today we still do not know sufficiently what the psychological impact is of growing up with a sex that looks different. We should not experiment with a generation of children. **If the government wants less surgery, it must finance the alternative approach.** I can explain in one consultation what is medically the matter, but ten consultations are not enough for a good discussion about the consequences of whether or not to intervene. **Let alone to help parents and children build up enough self-confidence to choose a non-surgical alternative.** Don't forget that there is a lot of social pressure involved. [...]'*"

Nina Callens and Joz Motmans (Ghent University and Ghent University Hospital), government appointed intersex researchers with close ties to IGM clinics and -practitioners, similarly **plead to give IGM doctors and IGM-friendly parents a free reign** for as long as anyhow possible, in Charlie Magazine (19.03.2018):⁴³

*"Should operations at a young age be banned in Belgium? Researchers Callens and Motmans think that Belgium would do well to give parents better access to doctors with expertise and psychosocial support before legislation prohibiting operations comes into force. Joz Motmans: 'You have to welcome and guide people so that they can make well-considered **choices about whether or not to operate.**' But even with good supervision it remains a difficult choice: it may be that your child later accuses you that it was not operated on as a three-year-old, but it may just as well be that your child asks you later why it was operated on without having chosen to do so. **'I wouldn't know for myself what I would do if I were to face the choice,'** says Motmans."*

43 <https://www.charliemag.be/lijf/intersekse-conditie/>

D. Claims of the Belgian Government in its Replies to the LOI

In the List of Issues (CRC/C/BEL/Q/5-6, para 8) the Belgian government was asked to “*provide information on the progress made in eliminating harmful practices such as [...] intersex genital mutilation*”. In its replies to the List of Issues (CRC/C/BEL/Q/5-6/Add.1, [between paras 57 and 58]), the Belgian government makes a series of claims, on which the Rapporteurs would like to comment:

1. Claim “Federal and Flemish Studies on Intersex People”

- *Study (federal, 2016) on terminology and care discourse concerning intersex people in Belgium. Afterwards, a study on the living situation of these people (Flanders).*

Arguably, the studies referred to by the State party are:

- a) Nina Callens (UGent), Chia Longman (UGent) and Joz Motmans (UGent) (2016): “Terminologie en zorg- discours m.b.t. Differences of Sex Development (DSD)/intersekse in België. Onderzoeksrapport in opdracht van het Staatssecretariaat voor Armoedebestrijding, Gelijke Kansen, Personen met een functiebebrpeking, Grootstedenbeleid en Wetenschapsbeleid” (**Terminology and care discourse on Differences of Sex Development (DSD)/Intersex in Belgium**. Research report commissioned by the State Secretariat for Poverty Reduction, Equal Opportunities, Persons with a job description, Metropolitan Policy and Science Policy)⁴⁴
- b) Nina Callens (UGent), Chia Longman (UGent) and Joz Motmans (UGent) (2017): “Intersekse/DSD in Vlaanderen. Onderzoeksrapport in opdracht van de Vlaamse Overheid, Agentschap Binnenlands bestuur, Afdeling Gelijke Kansen, Integratie en Inburgering” (**Intersex/DSD in Flanders**. Research report commissioned by the Flemish Government, Agency for Domestic Administration, Equal Opportunities Division, Integration and Inclusion)⁴⁵

Notably, **both studies were written by the same authors**, i.e. mostly the same **researchers with close ties to IGM clinics and -practitioners** also predominant e.g. at the closed meetings on “Rights of Intersex Persons” convened by the Federal Equal Opportunities Unit (see above).

Accordingly, both studies mostly conveniently **ignore human rights frameworks** consistently found applicable for example by UN Treaty bodies and experts, including by this Committee, namely **harmful practices** and **inhuman treatment**. On the rare occasion where they are addressed at all, they are **portrayed as too extreme**:

“A report by the United Nations, among others, condemned the practices of 'normalising' treatment in children and even used the words 'torture' and 'genital mutilation' to describe it (Méndez, 2013). Although the human rights commissioner of the Council of Europe was more cautious in his use of language ...” (Federal Study, p. 12)

Correspondingly, intersex human rights NGOs and advocates are portrayed as “*a (small) group of human rights activists standing on the barricades for sexual diversity*” (Flemish Study, p. 8 =

44 This study is not even publicly available, see <https://biblio.ugent.be/publication/8521155>

45 This study is not even publicly available, see <https://biblio.ugent.be/publication/8521160>

However, a 70-page “summary” is publicly available, see

<http://www.gelijkekansen.be/Portals/GelijkeKansen/Documents/Samenvatting%20rapport%20intersekse%20dsd%20Vlaanderen.pdf>

p. 10 in PDF) and as *“the (small) group of activists who are currently on the barricades”* (Federal Study, p. 12), unduly focusing on the *“battle with the scalpel”* (Flemish Study, p. 54 = p. 56 in PDF) and engaging in a *“vicious circle of non-collaboration, distrust and non-communication”* (Federal Study, p. 37).

While both studies **also raise important points**, for example doctors’ *“bias to ‘correct’/treat these variations in the first place”* and the still widespread ignorance of *“non-surgical alternatives”* (Flemish Study, p. 54 = p. 56 in PDF), or the fact that *“an atypical genital appearance [rarely] signals a life-threatening condition where the absence of medical treatment will decide on life and death”* (Federal Study, p. 32), **in the end they both merely propose** more *“educational materials to help parents, doctors and individuals to discuss intersex/DSD and options”* (Federal Study, p. 37), and the creation of *“expertise centres [...] able to provide surgical operations”* (Flemish Study, p. 54 = p. 56 in PDF) **instead of effective measures to protect intersex children from harmful practices and genital mutilation.**

2. Claim “Flemish Website for Intersex People”

- *Support for the creation of a website for people born with atypical sexual characteristics by Flanders.*

Arguably, the website referred to by the State party is **“IDEM – Every body counts”**, <https://www.ideminfo.be/>

Notably, the author of the website is again Nina Callens, one of the **researchers with close ties to IGM clinics and -practitioners** also predominant e.g. at the closed meetings on “Rights of Intersex Persons” convened by the Federal Equal Opportunities Unit, and in the two government-commissioned studies (see above).

Accordingly, while again also raising important and valid points, the website **again ignores and misrepresents crucial human rights frameworks** relating to IGM, namely **harmful practices and inhuman treatment**. For example on a **subpage “human rights”** the website states:⁴⁶

“Mutilation? Torture?”

*In the international human rights field, **intersex genital mutilation** [bold in original] is sometimes mentioned, as there are parallels to be drawn with genital mutilation in women, but also in men. These are invasive procedures that are performed primarily to belong to a particular community as a 'complete' man or woman. Individual suffering and health sometimes become secondary.*

For example, the Special Rapporteur on Torture, and other Cruel, Inhuman and Degrading Treatments or Punishments of the United Nations, in a 2013 report, strongly condemned the 'non-consensual gender allocation, involuntary sterilisation and involuntary sex normalising operations to which children with 'atypical' sexual characteristics are subjected'.”

However, the website **never explains where exactly** *“in the international human rights field”* intersex genital mutilation is *“sometimes mentioned”* – **let alone referring to CRC, art. 24.3, CEDAW, art. 5 or CAT art. 14**, or the numerous **Treaty body Concluding Observations** referring to these articles.

46 <https://www.ideminfo.be/mensenrechten> → WELKE RECHTEN → Mutilatie? Foltering?

What's more, under "**Human rights principles**"⁴⁷ the website repeatedly **refers to the Convention on the Rights of the Child** (under "*1. Right to Protection against Medical Treatment without Authorisation*" and "*2. Right to Protection*"), however, tellingly the **only article referred to** (at the first reference) is **art. 12**, but art. 24.3 is never mentioned, and **nowhere** the website unambiguously states that **parents can't "consent" to non-urgent, irreversible surgeries "on behalf" of their child.**

No wonder has the website already come under **strong criticism from Belgian intersex advocates**:⁴⁸

"[...] The website 'IdemInfo.be' cannot escape relevant and justified criticism from human rights associations, or from groups providing information and support to the persons concerned and/or intersex people.

It is particularly regrettable and damaging to note that the website offers content that goes against all international recommendations, discussed at the highest level of the major bodies (Council of Europe, UN, OHCHR, CRC, etc.).

[...]

- However, the website <https://www.ideminfo.be/zorgbeslissingen> recommends surgical operations (e. g. gonadectomy) without medical necessity and without specifying any informed consent of the persons concerned.

- Further on, the website encourages medical treatments (hormonal or other) when there is no medical necessity in relation to child survival, such as fertility or the absence of uterus or oocytes or depending on the size of the erectile organ.

[...]

- The website <https://www.ideminfo.be/gelijke-kansen> promotes hospitals and associations whose mutilating and pathologizing practice we denounce, without consent!

- The website <https://www.ideminfo.be/anderen-met-gelijkaardige-ervaring> primarily refers to associations based on medical syndromes and puts human rights and support associations last.

[...]

When the Flemish Equal Opportunities Unit entrusts this type of mission to a team that promotes medical treatment as a solution to situations considered 'abnormal', it does not offer the population a tool adapted to today's society. [...]"

Last but not least, Belgian intersex advocates also rightly criticise how the website was set up **allegedly as a contribution to Intersex Awareness Day** – which is celebrated by intersex people around the globe in **remembrance of the very first non-violent intersex protest** outside the annual convention of the American Association of Pediatrics (AAP) in Boston on 26.10.1996, and **not as an excuse to continue promoting IGM practices!**

47 <https://www.ideminfo.be/zorgbeslissingen> → Mensenrechtenprincipes

48 <https://www.genrespluriels.be/Le-site-web-IdemInfo-be-sous-le-feu-des-critiques-des-associations?lang=fr>

3. Claim “Federal Funding for Information Kits on Intersex”

- *Federal funding for the development of information kits for intersex children and parents.*

To our knowledge **so far nothing is publicly known** about this “*development of information kits for intersex children and parents*”, and **persons concerned and their organisations so far have not been consulted on it either**. However, it wouldn’t come as a surprise if this would be another occasion for the usual suspects with close ties to IGM clinics and -practitioners to once more promote IGM practices, kindly funded by the Belgian government.

4. Claim “Subsidies to Associations fighting IGM”

- *Subsidy to associations fighting against genital mutilation of intersex children, such as Genres pluriels.*

First, we would like to **commend the Belgian government** on publicly acknowledging that involuntary, non-urgent procedures on intersex children in fact do **constitute genital mutilation**.

However, we’d like to note that allegedly **funding NGOs, while commendable, is in no way sufficient to effectively combat harmful practices**, as CRPD Chairperson Theresia Degener rightly observed on a similar occasion:⁴⁹

*“I think while it is commendable to give 45'000 pounds to LGBTI community, it does not mean that this money reaches intersex persons and that the harmful practices which I mentioned yesterday, which this Committee and other Treaty Body Committees consider as ill-treatment and in some instances as torture, will be stopped, and I'm afraid that **giving some money to civil society is not enough in order to stop serious human rights violations.**”*

What’s more, Genres Pluriels is mainly **not a dedicated intersex NGO specialising in combatting IGM practices** in the first place, but self-describes as follows:⁵⁰

“Genres Pluriels is an association working to support, raise awareness, enhance, improve rights and combat discrimination against transgender/fluid genders (people in transition, drag kings/drag queens, transvestites, butchs, androgynes, queer, ...) and intersex.”

Last but not least, **according to Genres Pluriels**,⁵¹ the association **never received any federal funding for intersex issues** (as Genres Pluriels only receives federal funding for trans issues).

The **only funding for intersex issues** Genre Pluriels received so far was **€320.— for printing costs** of an intersex brochure from the **service Equal Opportunities of the Region Brussels-Capital** in late 2018 (out of a total subsidy of €5000.— for printing costs of trans and intersex brochures).

49 CRPD18 UK, 24.08.2017, <http://stop.genitalmutilation.org/post/You-answered-on-female-genital-mutilation%2C-but-I-was-talking-about-intersex-genital-mutilation-CRPD18>

50 <https://www.genrespluriels.be/PRESENTATION-DE-GENRES-PLURIELS-ASBL?lang=fr>

51 Email by Londé Ngosso, December 2018

E. Suggested Recommendations

The Rapporteurs respectfully suggest that, with respect to the treatment of intersex persons in Belgium, the Committee includes the following measures in their recommendations to the Belgian Government (in line with CRC's previous recommendations e.g. to South Africa, Denmark and Switzerland):

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. 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 the State party's legislation explicitly prohibits intersex genital mutilation, by criminalising or adequately sanctioning unnecessary medical or surgical treatment during infancy or childhood, to guarantee bodily integrity, autonomy and self-determination to children concerned, and provide families with intersex children with adequate counselling and support;**
- (b) Adopt legal provisions and repeal time-limits in order to provide redress to the victims of such treatment, including adequate compensation and as full rehabilitation as possible, and undertake investigation of incidents of surgical and other medical treatment of intersex children without their informed consent;**
- (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, 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.**

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



NGO Report (for Session)
to the 5th and 6th Report of Belgium on the
Convention on the Rights of the Child (CRC)