

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



**HUMAN  
RIGHTS FOR  
HERM  
APHRODITES  
TOO !**

NGO Report (for LOIPR)  
to the 2<sup>nd</sup> and 3<sup>rd</sup> Report of New Zealand on the  
Convention on the Rights of Persons with Disabilities  
(CRPD)

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**January 2018**

**This NGO Report online:**

DOCX: <http://intersex.shadowreport.org/public/2018-CRPD-New-Zealand-LOIPR-NGO-Intersex-StopIGM.docx>

PDF: <http://intersex.shadowreport.org/public/2018-CRPD-New-Zealand-LOIPR-NGO-Intersex-StopIGM.pdf>



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**Table of Contents**

<b>A. Executive Summary.....</b>	<b>4</b>
<b>B. Suggested Questions for the List of Issues .....</b>	<b>5</b>
<b>C. Introduction .....</b>	<b>6</b>
1. Intersex, IGM and Human Rights in New Zealand .....	6
2. About the Rapporteurs .....	6
3. Methodology .....	7
<b>D. IGM practices in New Zealand: State-sponsored and pervasive.....</b>	<b>8</b>
1. Overview: IGM persists, still no protections, Government fails to act.....	8
2. Most Common IGM Forms advocated by NZ Medical Council, DHBs, Clinics.....	9
a) IGM 3 – Sterilising Procedures .....	10
b) IGM 2 – “Feminising” Procedures .....	11
c) IGM 1 – “Masculinising” Surgery .....	12
d) IGM 4 – Other Unnecessary and Harmful Interventions and treatments .....	13
3. NZ Doctors and Government consciously dismissing Human Rights Concerns.....	13
<b>Annexe 1: Intersex, IGM and Prejudice .....</b>	<b>15</b>
1. “ <i>Inferior</i> ”, “ <i>Abnormal</i> ”, “ <i>Deformed</i> ”: Harmful Stereotypes and Prejudice.....	15
2. Intersex = Variations of Sex Anatomy .....	15
3. IGM Practices: Involuntary, unnecessary medical interventions based on prejudice.....	16
4. Stereotypes and Prejudice (2): Intersex is NOT THE SAME as LGBT .....	17
5. Stereotypes and Prejudice (3): Misrepresenting Genital Mutilation as “Health Care”.....	18
<b>Annexe 2: Intersex Genital Mutilations as a Violation of CRPD .....</b>	<b>19</b>
1. Article 15 - Freedom from torture, ill-treatment, scientific or medical experimentation .....	19
2. Article 16 - Freedom from exploitation, violence and abuse.....	19
3. Article 17 - Protecting the integrity of the person.....	19

## A. Executive Summary

All typical forms of IGM practices are still practised in New Zealand today, promoted, facilitated and **paid for by the State party** via the **public health system**, both domestic under the authority of the **Medical Council of New Zealand** and overseas under the **Special High Cost Treatment Pool**. Parents and children are misinformed, kept in the dark, sworn to secrecy, kept isolated and denied appropriate support. In 2016, **CRC** already denounced **IGM in New Zealand** as a **harmful practice**. Nonetheless, to this day the **Government fails to act**.

**New Zealand is in breach of its obligations** under the CRPD to (a) take the necessary measures, including of a legislative nature to **prevent involuntary, non-urgent genital surgery, forced sterilisation** and other **ill-treatment** of intersex persons, (b) to ensure **access to redress**, and the right to fair and adequate **compensation** and **rehabilitation** for victims, and (c) to **provide families with intersex children with adequate counselling and support**.

**This Committee has consistently recognised IGM practices to constitute a serious human rights violation** in Concluding Observations, referring to **ill-treatment** and **arts. 16 and 17**.

Also **CRC, CAT, CCPR, CEDAW**, 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 **serious violation** of international law. UN Treaty bodies have so far issued **28 Concluding Observations on IGM**, typically obliging State parties to **enact legislation** 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, significantly elevated rates of self-harming behaviour and suicidal tendencies, lifelong mental suffering and trauma, increased sexual anxieties, and less sexual activity.

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 Recommendations for the LOIPR** (see next page).

## **B. Suggested Questions for the List of Issues**

*The Rapporteurs respectfully suggest that in the LOIPR the Committee asks the New Zealand Government the following questions with respect to the ill-treatment of intersex children:*

### **Intersex genital mutilation (arts. 15, 16, 17)**

- **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.**
- **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 and whether these remedies are subject to any statute of limitations?**

## C. Introduction

### 1. Intersex, IGM and Human Rights in New Zealand

During its 19<sup>th</sup> Session, the Committee will draft the List of Issues prior to Reporting (LOIPR) for **New Zealand**. In New Zealand, **doctors in public, university and private clinics** are regularly performing **IGM practices**, i.e. non-consensual, unnecessary genital surgeries, sterilising procedures, and other harmful treatments to “correct” intersex children, which have been described by survivors as genital mutilation and torture. In addition, New Zealand is also **sends intersex children overseas to Australia** for IGM.

IGM practices are known to cause **severe, lifelong physical and psychological pain and suffering**, and have been repeatedly **recognised by this Committee<sup>1</sup>** and other **UN and Regional human rights bodies<sup>2</sup>** as constituting a violation of the **integrity of the person, torture or ill-treatment, non-consensual medical or scientific experimentation, violence and abuse** and a **harmful practice**, respectively. UN Treaty bodies have so far issued **28 Concluding Observations on IGM**, typically obliging State parties to **enact legislation** to (a) end the practice and (b) ensure redress and compensation, plus (c) access to free counselling.<sup>3</sup>

This NGO Report demonstrates that the current **medical treatment of intersex infants and children in New Zealand** constitutes a serious violation of New Zealand’s obligations under the Convention on the Rights of Persons with Disabilities.

**New Zealand not only does nothing to prevent this abuse**, but in fact directly finances it via the public health system and via funding the public university clinics and paediatric hospitals, as well as sending intersex children abroad for IGM under the High Cost Treatment Pool, thus violating its duty to prevent torture or ill-treatment. To this day the New Zealand Government **refuses to take appropriate legislative, administrative and other measures** to protect intersex children, and refuses survivors the right to justice, redress and compensation, despite already having been **explicitly obliged to do so by CRC in 2016** (CRC/C/NZL/CO/5, para 25).

### 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!*”<sup>4</sup>

According to its charter,<sup>5</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>6</sup>

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1 CRPD/C/DEU/CO/1, paras 37-38; CRPD/C/CHL/CO/1, paras 41-42; CRPD/C/ITA/CO/1, paras 45-46; CRPD/C/URY/CO/1, paras 43-44; CRPD/C/GBR/CO/1, paras 40-41; CRPD/C/MAR/CO/1, paras 36-37

2 **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>

3 For a regularly updated list, see <http://stop.genitalmutilation.org/post/IAD-2016-Soon-20-UN-Reprimands-for-Intersex-Genital-Mutilations>

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

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

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

In **2016** StopIGM.org, together with Intersex Trust Aotearoa New Zealand (ITANZ) and the New Zealand Human Rights Commission, first reported the on-going practice in New Zealand, including referral of intersex children to Australia for IGM, to **CRC**,<sup>7</sup> leading to the very first Concluding Observation on intersex and IGM for New Zealand,<sup>8</sup> and the State party for the first time admitting to facilitating IGM 2 both in domestic children's clinics and overseas at the Royal Children's Hospital Melbourne in Australia.<sup>9</sup>

And in **2017** StopIGM.org reported IGM in New Zealand and overseas also to **CAT**,<sup>10</sup> leading to the Committee currently investigating IGM in New Zealand for the first time.<sup>11</sup>

### **3. Methodology**

This thematic NGO report is an abridged, localised and updated **addition** to the **2015 thematic CRPD NGO Report for Germany**<sup>12</sup> and the **2017 thematic CRPD LOIPR NGO Report for the United Kingdom**<sup>13</sup> by partly the same Rapporteurs.

And it follows up on the **2016 thematic CRC NGO Report for New Zealand**<sup>14</sup> and the **2017 thematic CAT NGO Report for New Zealand**<sup>15</sup> by the same Rapporteurs.

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

8 CRC/C/NZL/CO/5, paras 25 + 15

9 Additional info from State party to CRC73 (20.09.2016), p. 1,

[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCRC%2fAIS%2fNZL%2f25497&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCRC%2fAIS%2fNZL%2f25497&Lang=en)

10 <http://intersex.shadowreport.org/public/2017-CAT-New-Zealand-LOIPR-Zwischengeschlecht-Intersex-IGM.pdf>

11 CAT/C/NZL/QPR/7, para 32

12 [http://intersex.shadowreport.org/public/2015-CRPD-LoI-Germany\\_NGO-Report\\_Zwischengeschlecht\\_Intersex-IGM.doc](http://intersex.shadowreport.org/public/2015-CRPD-LoI-Germany_NGO-Report_Zwischengeschlecht_Intersex-IGM.doc)

13 <http://intersex.shadowreport.org/public/2017-CRPD-PSWG-UK-NGO-Coalition-Intersex-IGM.doc>

14 <http://intersex.shadowreport.org/public/2016-CRC-NZ-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

15 <http://intersex.shadowreport.org/public/2017-CAT-New-Zealand-LOIPR-Zwischengeschlecht-Intersex-IGM.pdf>

## D. IGM practices in New Zealand: State-sponsored and pervasive

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

All typical forms of IGM practices are still practised in New Zealand today, promoted, facilitated and paid for by the State party via the public health system, both domestic under the authority of the District Health Boards (DHB) and the Medical Council of New Zealand, as well as overseas under the Special High Cost Treatment Pool – as the State party itself publicly admits:

*“Until 2007, the High Cost Treatment Pool in the Ministry of Health funded genital surgery for intersex infants, provided at the Royal Children’s Hospital in Melbourne.. Between 1999 and 2007, the High Cost Treatment Pool funded treatment for 15 girls with congenital adrenal hyperplasia, for genital feminisation. [...] More recently, two paediatric surgeons have begun to undertake these operations in New Zealand. These operations continue at about the same rate as before.”*<sup>16</sup>

In New Zealand (2016: CRC/C/NZL/CO/5, para 25) – same as in Germany (CRPD/C/DEU/CO/1, paras 37-38), Chile (CRPD/C/CHL/CO/1, paras 41-42), Uruguay (CRPD/C/URY/CO, para 44), Italy (CRPD/C/ITA/CO/1, paras 45-46), the United Kingdom (CRPD/C/GBR/CO/1, paras 38-41) and Morocco (CRPD/C/MAR/CO/1, paras 36-37) – 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

To this day, the New Zealand government refuses to “*take effective legislative, administrative, judicial or other measures*” to protect intersex children, but instead allows IGM practices to continue with impunity and against better knowledge, as admitted by the New Zealand Government:

*“In respect to intersex [...], do we have a legally binding system to prevent genital normalization on children? The answer is that we do not currently have a legislative framework for this, and there is no plan in place for that at the present time. However, all New Zealand citizens are covered by health and disability bill of rights, and all medical practitioners work under the authority of the Medical Council of New Zealand.”*<sup>17</sup>

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16 Additional info from State party to CRC73 (20.09.2016), p. 1,

[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCRC%2fAIS%2fNZL%2f25497&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCRC%2fAIS%2fNZL%2f25497&Lang=en)

17 NZ Delegate Dr Patrick Tuohy (Paediatrician, Chief Adviser, Ministry of Health, Wellington, NZ) during the 73rd CRC session, Geneva 15.09.2016. Full transcript: <http://stop.genitalmutilation.org/post/NZ-to-be-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-the-Child>

## 2. Most Common IGM Forms<sup>18</sup> advocated by NZ Medical Council, DHBs, Clinics

Despite **typical knee-jerk denials** (“no surgery since 2006”),<sup>19</sup> to this day **all forms of IGM practices remain widespread and ongoing** in New Zealand, advocated, prescribed and perpetrated by doctors in **public University and Regional Children’s Clinics**, working under the authority of **District Health Boards (DHB)** and the **Medical Council of New Zealand**.

In addition, New Zealand intersex children have been, and arguably still are, being **sent overseas to Australia** for “DSD surgery”,<sup>20</sup> which is offered under the New Zealand **Special High Cost Treatment Pool** scheme to this day,<sup>21</sup> for example to the Australian **Royal Children’s Hospital Melbourne (RCH)**.<sup>22</sup> <sup>23</sup> While the New Zealand Government recently admitted to having sent intersex children to RCH at least since 1999, it also claimed, “*The Royal Children’s Hospital then stopped providing this treatment [after 2007]*”.<sup>24</sup> However, according to both above referenced statements by RCH doctors, at least in 2009 such intersex referrals were still current, and according the **RCH homepage** persist to this very day:

*“The [RCH]department of paediatric urology was established in February 2006. [...] In addition to the provision of paediatric urological services for the greater Melbourne metropolitan area and regional Victoria we provide tertiary and quaternary level paediatric urology services for patients from Tasmania, Western Australia, southern New South Wales and New Zealand.”*<sup>25</sup>

Thus, despite that the New Zealand Government so far only admits to IGM 2, in fact **all most common forms of IGM practices** remain advocated by the Medical Council and District Health Boards (DHB), and perpetrated by New Zealand and/or associated Children’s Clinics abroad:

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18 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>

19 On 15.09.2016 during the 73rd CRC session, NZ Delegate Dr Patrick Tuohy (Paediatrician, Chief Adviser, Ministry of Health, Wellington, NZ) at first claimed, “*We have around 30, between maybe 20 to 30 children a year. [...] The information from hospital coding records show that no surgery has taken place in New Zealand related to gender reassignment from the time 2006.*” Full transcript: <http://stop.genitalmutilation.org/post/NZ-to-be-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-the-Child>

20 Personal communication Mani Bruce Mitchell, Intersex Awareness New Zealand (ITANZ)

21 Under “*Examples of medical treatments covered*”, the Ministry of Health homepage on the Special High Cost Treatment Pool lists e.g. “*Congenital Adrenal Hyperplasia*”, i.e. the most common diagnosis associated with IGM 2: “*Feminising*” Genital Surgeries (“*Clitoral Reduction*”, “*Vaginoplasty*”): <http://www.health.govt.nz/our-work/hospitals-and-specialist-care/high-cost-treatment-pool>

22 “*[...] at the Royal Children’s Hospital (RCH), Melbourne, the Australian and New Zealand referral centre for DSD management, its multidisciplinary management team continues to offer early surgical intervention as part of a holistic treatment plan.*” Jennifer M. Crawford, Garry Warne, Sonia Grover, Bridget R. Southwell, John M. Hutson, “*Results from a pediatric surgical centre justify early intervention in disorders of sex development*”, J Pediatr Surg. 2009 Feb;44(2):413-6, <http://www.ncbi.nlm.nih.gov/pubmed/19231546>

23 “*According to Professor Garry Warne, Senior Endocrinologist, and surgeon, Professor John Hutson, from the RCH, they [...] receive approximately two referrals per month from other centres in Australia or New Zealand. They see approximately 10 boys with severe hypospadias per year and 4-5 girls per year discovered to have intersex condition in childhood or adolescence (e.g. complete androgen insensitivity syndrome or gonadal dysgenesis).*” Australian Human Rights Commission, “*Surgery on intersex infants and human rights (2009)*”, [https://www.humanrights.gov.au/sites/default/files/content/genderdiversity/surgery\\_intersex\\_infants2009.pdf](https://www.humanrights.gov.au/sites/default/files/content/genderdiversity/surgery_intersex_infants2009.pdf)

24 Additional info from State party to CRC (20.09.2016), p. 1,

[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCRC%2fAIS%2fNZL%2f25497&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCRC%2fAIS%2fNZL%2f25497&Lang=en)

25 <http://www.rch.org.au/urology/>

a) **IGM 3 – Sterilising Procedures:  
Castration / “Gonadectomy” / Hysterectomy /  
Removal of “Discordant Reproductive Structures” / (Secondary) Sterilisation**<sup>26</sup>

As currently advocated by the Royal Children’s Hospital Melbourne (RCH),<sup>27</sup> the “*New Zealand referral centre for DSD management*” (see above), justified by an alleged<sup>28</sup> high cancer risk:

**“Removal of the testes**

*[...] However, it is the opinion of most authorities that this risk of cancer after puberty is too high, and that removal of the testes **before the age of 20 is advisable.***

*The timing of this operation is a matter for **individual choice:** [...] **removal of the testes in early childhood** [...] is chosen partly to eliminate the risk of cancer (which many parents worry about) and because parents and doctors may consider that **the girl will suffer less distress if she does not have to be involved in the decision** about the removal of her testes.*

***Early removal of the testes is essential in babies with partial AIS who are being raised as girls because failure to do so would result in progressive masculine development. In these girls, surgery to reduce the size of the clitoris and to separate the fused labia is also offered.”***

RCH’s continued advocacy for early gonadectomies was also noted by the Australian Senate Community Affairs References Committee:<sup>29</sup>

*“3.52 The multidisciplinary team described one of the issues with delayed action to undertake **gonadectomy:***

*“The potential difficulty with this more conservative approach is that **for some young people** (e.g. those who definitely identify as female and do not wish to retain their testes), **the perceived delay in surgery** and the associated need for gonadal surveillance (with ultrasound or MRI) **can be very frustrating.** [65] [Disorder of Sex Development multidisciplinary team at Royal Children’s Hospital, Melbourne, Submission 92, p. 5.]”*

While no data on gonadectomies in New Zealand clinics could be found, the practice is arguably also perpetrated in domestic hospitals, and the New Zealand government thus should be obliged to **collect and disclose all relevant data** in order to allow for monitoring (see Suggested Questions for LOIPR, p. 5).

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

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

27 Garry L. Warne, “Complete Androgen Insensitivity Syndrome”, p. 17,

<http://www.rch.org.au/emplibrary/chas/CAIS.pdf>

28 Actual malignancy risks: CAIS 0.8%, PAIS 15%, see 2016 CRC UK NGO Report (p. 63, Table 1),

[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)

29 2nd Report “Involuntary or coerced sterilisation of intersex people in Australia” (2013), p. 66-67,

[http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Involuntary\\_Sterilisation/Sec\\_Report/~media/Committees/Senate/committee/clac\\_ctte/involuntary\\_sterilisation/second\\_report/report\\_ashx](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Involuntary_Sterilisation/Sec_Report/~/media/Committees/Senate/committee/clac_ctte/involuntary_sterilisation/second_report/report_ashx)

**b) IGM 2 – “Feminising” Procedures: Clitoris Amputation/“Reduction”, “Vaginoplasty”, “Labioplasty”, Dilation<sup>30</sup>**

As admitted to by the New Zealand Government in a written response to CRC:<sup>31</sup>

*“1. Has the High Cost Treatment Pool in the Ministry of Health previously funded genital surgery for intersex infants, provided at the Royal Children’s Hospital in Melbourne?”*

*We have previously stated that there has been no surgery related to gender assignment in New Zealand since 2006. This statement was based on what now appears to be an **incomplete review** of hospital coding records. The Ministry of Health has undertaken a more detailed search and we would like to draw the committee’s attention to the following updated information on this issue.*

*Until 2007, the High Cost Treatment Pool in the Ministry of Health funded genital surgery for intersex infants, provided at the Royal Children’s Hospital in Melbourne.. **Between 1999 and 2007, the High Cost Treatment Pool funded treatment for 15 girls with congenital adrenal hyperplasia, for genital feminisation.** The Royal Children’s Hospital then stopped providing this treatment.*

*More recently, two paediatric surgeons have begun to undertake these operations in New Zealand. These operations continue at about the same rate as before. The incidence of these cases in New Zealand is estimated to be around one or two a year.”*

However, according to the **RCH homepage**, intersex referrals from New Zealand persist to this day (see above). And as noted by the Australian Senate Community Affairs References Committee in 2013,<sup>32</sup>

*“3.51 The Melbourne multidisciplinary team [...] defended early surgery in part on the basis of a lack of evidence of the advantages of delay, though conceding there is no evidence in relation to females”*

And as noted above, according to the homepage of the **New Zealand Ministry of Health**, the Special High Cost Treatment Pool lists “*Congenital Adrenal Hyperplasia*” under “*Examples of medical treatments covered*”, i.e. the most common diagnosis associated with IGM 2 “Feminising Surgery”, to this very day.<sup>33</sup>

The New Zealand government should thus be **obliged to undertake a yet more detailed search to collect and disclose all relevant data** on feminising surgeries, both domestic and abroad, in order to allow for monitoring (see Suggested Questions for LOIPR, p. 5).

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

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

31 Additional info from State party to CRC73 (20.09.2016), p. 1,

[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCRC%2fAIS%2fNZL%2f25497&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=INT%2fCRC%2fAIS%2fNZL%2f25497&Lang=en)

32 2nd Report “Involuntary or coerced sterilisation of intersex people in Australia” (2013), p. 66,

[http://www.apf.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Involuntary\\_Sterilisation/Sec\\_Report/~media/Committees/Senate/committee/clac\\_ctte/involuntary\\_sterilisation/second\\_report/report.ashx](http://www.apf.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Involuntary_Sterilisation/Sec_Report/~media/Committees/Senate/committee/clac_ctte/involuntary_sterilisation/second_report/report.ashx)

33 <http://www.health.govt.nz/our-work/hospitals-and-specialist-care/high-cost-treatment-pool>

### c) IGM 1 – “Masculinising” Surgery: Hypospadias “Repair”<sup>34</sup>

As advocated by the **Auckland District Health Board (Auckland DHB)**:<sup>35</sup>

#### **“Incidence**

*Hypospadias is a very common congenital anomaly (1 in 300 male births). It is most often an isolated finding but may be associated with other abnormalities. [1]*

*The incidence is increased if first degree relatives are affected. Up to 26% of male offspring of an affected father may have hypospadias, and the risk in subsequent siblings is 12%. [2]*

*It is more common in male infants who are growth restricted and premature. Other risk factors include parental subfertility. [3]”*

#### **“Surgical Management**

*Parents should be reassured that hypospadias is **a common condition which can be corrected with surgery.***

*Surgery is performed by the **Paediatric Urologists at Starship Children’s Hospital.***

***Surgery is usually undertaken between 6 and 18 months,** although timing will depend on the surgeon and other factors. Often more than one procedure is required and it is preferable to complete all stages in early childhood. [...]”*

The **Starship Hospital, Auckland**, Department of Paediatric Surgery:<sup>36</sup>

#### **“Aims of Surgery:**

*To provide a straight penis*

*A urethral opening as forward as possible for normal micturition and intercourse.”*

#### **“Complications:**

*Fistula*

*Meatal stenosis (narrowing of urethral opening)*

*Infection*

*Complete breakdown*

*Abnormal appearance*

*Urethral stricture*

*Rotation”*

The **Wellington Children’s Hospital**:<sup>37</sup>

#### **“Hypospadias**

*“Hypospadias is a condition where the penis is not correctly formed. [...] **If your child has hypospadias they will be referred to a paediatric surgeon or a paediatric urologist who will assess the problem. For mild forms of hypospadias no surgery may be needed, but for the more severe forms one or two operations may be required. These are usually done in early childhood from 9 months on as required.**”*

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

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

35 <http://www.adhb.govt.nz/newborn/Guidelines/Anomalies/Hypospadias.htm>

36 <https://www.healthpoint.co.nz/download.618769.do>

37 <http://www.healthpoint.co.nz/public/paediatrics/wellington-childrens-hospital/hypospadias/>

As no data on the frequency of IMG 1 “Masculinising Surgeries” is available (usually by far the most frequent involuntary non-urgent procedure carried out on intersex children), the New Zealand government thus should be **obliged to collect and disclose all relevant data** in order to allow for monitoring (see Suggested Questions for LOIPR, p. 5).

#### **d) IGM 4 – Other Unnecessary and Harmful Interventions and Treatments**

Other frequent harmful treatments include (as detailed in the **2014 CRC NGO Report**):<sup>38</sup>

- **Forced Mastectomy** (p. 70)
- **Misinformation and Directive Counselling for Parents** (p. 70)
- **Systematic Lies and Imposition of “Code of Silence” on Children** (p. 72)
- **Imposition of Hormones** (p. 73)
- **Forced Excessive Genital Exams, Medical Display, (Genital) Photography** (p. 73)
- **Non-Consensual Human Experimentation** (p. 74)
- **Denial of Needed Health Care** (p. 75)
- **Prenatal “Therapy”** (p. 75)
- **Selective (Late Term) Abortion** (p. 76)
- **Preimplantation Genetic Diagnosis (PGD) to Eliminate Intersex Fetuses** (p. 76)

### **3. NZ Doctors and Government consciously dismissing Human Rights Concerns**

Both New Zealand doctors and the Government are admittedly aware of the human rights implications of IGM practices, but still refuse to take action accordingly.

Particularly the **New Zealand Government** has been repeatedly made aware of the human rights violations inflicted by IGM practices, as also the NHRI, the **New Zealand Human Rights Commission**, has repeatedly documented the grievances of intersex people in New Zealand, e.g. in 2010:<sup>39</sup>

*“7.13 Intersex people expressed serious concerns about the ongoing effects of medical interventions they received because their bodies had both male and female characteristics. Some were operated on as infants or young children and said their parents were not always aware of the procedures involved or the likely ramifications.*

*“7.14 The overwhelming view of the intersex people who met with the Inquiry was that, except in the case of medical emergencies, intersex children should not be operated on to remove ambiguous reproductive or sexual organs. They described the life-long impact of surgeries that had been performed without their consent, including all or partial loss of sensation in their genitals:*

*“In my eyes it is wrong and it should never have been done to me. I would have liked to have been left to make up my own mind. (Intersex person).”*

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38 [http://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM\\_v2.pdf](http://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf)

39 [https://www.hrc.co.nz/files/3014/3501/0683/25-Jan-2010\\_08-38-44\\_Intersex\\_material\\_from\\_TGI.doc](https://www.hrc.co.nz/files/3014/3501/0683/25-Jan-2010_08-38-44_Intersex_material_from_TGI.doc)

Also the discrepancy that clitoris amputation on “normal” girls is illegal in New Zealand under FGM laws, but **amputation on intersex girls is considered to be excluded from sanctions** and remains financed by the State party, has been noted by the Human Rights Commission as early as 2010:<sup>40</sup>

***“Female genital mutilation is a crime***

*Sections 204A and B of the Crimes Act 1961 criminalise female genital mutilation. Could it also criminalise some forms of genital surgery?*

*Section 204A does not apply to a medical or surgical procedure that is performed by a medical practitioner for the benefit of that person’s physical or mental health.*

*Section 204A states that cultural or religious beliefs or other custom or practice about “what is necessary or desirable” shall not be taken into account when determining if such a procedure should be performed.*

*Prior to 1996 when these sections were added, the only issue was whether or not a patient had consented to the procedures.”*

Same by a 2016 Manual issued by the Asia Pacific Forum of National Human Rights Institutions (APF) and the United Nations Development Programme (UNDP):<sup>41</sup>

*“However, there is no evidence to suggest that intersex people’s right to physical integrity is protected explicitly in domestic laws, regulations or practice guidelines in any country in Asia and the Pacific. On the contrary, laws and policies that prohibit female genital mutilation may give explicit permission for genital surgeries to ‘normalise’ the bodies of intersex infants and children. [266] [Examples include exceptions in section 5.1.37 of Australia’s Criminal Code, Division 9 – Female Genital Mutilation, and in section 204A of New Zealand’s Crimes Act 1961.]”*

Also 2016 again by the NZHRC in its submission to the 73rd CRC session:<sup>42</sup>

*“40. Infants born in New Zealand with an intersex or Disorder of Sex Development (DSD) may undergo surgery and other medical interventions intended to make their genitalia appear more typically “male” or “female”. As such interventions take place when the child is still an infant, consent is procured from the parents or legal guardian of the child. The practice has given rise to concern in New Zealand regarding its impact on the child’s right to bodily autonomy, as it effectively prevents intersex children from participating in the consent and decision making process.”*

**Nonetheless IGM practices continue with impunity in New Zealand, directly funded by the State party.**

What’s worse, this comes **after the State party has already been reprimanded by CRC for IGM practices** (CRC/C/NZL/CO/5, para 25).

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40 [https://www.hrc.co.nz/files/5414/3501/0684/24-Sep-2010\\_11-11-56\\_February2010Intersex\\_Roundtable\\_Minutes\\_.doc](https://www.hrc.co.nz/files/5414/3501/0684/24-Sep-2010_11-11-56_February2010Intersex_Roundtable_Minutes_.doc)

41 [http://www.asiapacificforum.net/media/resource\\_file/SOGI\\_and\\_Sex\\_Characteristics\\_Manual\\_86Y1pVM.pdf](http://www.asiapacificforum.net/media/resource_file/SOGI_and_Sex_Characteristics_Manual_86Y1pVM.pdf)

42 [http://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/NZL/INT\\_CRC\\_COC\\_NZL\\_25459\\_E.pdf](http://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/NZL/INT_CRC_COC_NZL_25459_E.pdf)

## Annexe 1: Intersex, IGM and Prejudice

### 1. “Inferior”, “Abnormal”, “Deformed”: Harmful Stereotypes and Prejudice

Individual doctors, national and international medical bodies, public and private healthcare providers and governing State bodies have traditionally been **framing and “treating” intersex variations as a form of disability in the medical definition** in need to be “cured” surgically, often **with racist, eugenic and supremacist undertones**.<sup>43 44 45 46</sup>

To this day, such harmful stereotypes and prejudices framing intersex as “**inferior**”, “**deformed**”, “**disordered**”, “**degenerated**” or a “**bad omen**” remain widespread and still inform the current harmful western medical practice, as well as other practices including infanticide and child abandonment (see below 3.).

Accordingly, the easier an intersex trait can be tested prenatally, **the higher the selective (late term) abortion rates**.<sup>47</sup> Most intersex diagnoses are also listed as permissible for de-selection in State sponsored **pre-implantation genetic diagnosis (PGD) guidelines**<sup>48</sup>, and e.g. in Switzerland **IGM practices are paid for by the Federal Disability Insurance**.<sup>49</sup>

### 2. Intersex = Variations of Sex Anatomy

**Intersex persons**, in the vernacular also known as hermaphrodites, or medically as persons with “*Disorders*” or “*Differences of Sex Development (DSD)*”,<sup>50</sup> are people born with **Variations of Sex Anatomy**, or “atypical” sex anatomies and reproductive organs, including atypical genitals, atypical sex hormone producing organs, atypical response to sex hormones, atypical genetic make-up, atypical secondary sex markers. Many intersex forms are usually detected at **birth** or earlier during **prenatal testing**, others may only become apparent at **puberty** or **later in life**.

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, with **1 to 2 in 1000 newborns** at risk of being submitted to non-consensual “genital correction surgery”.

*For more information and references, see 2015 CRPD Germany NGO Report (A 1–2, p. 6-7.)*<sup>51</sup>

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43 2014 CRC NGO Report, p. 52, 69, 84, [http://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM\\_v2.pdf](http://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf)

44 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>

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

46 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>

47 For stats and references, see “Selective Intersex Abortions: XXY 74%, Indeterminate Sex 47%, Hypospadias 2%”, <http://stop.genitalmutilation.org/post/Selective-Intersex-Abortions-Hypospadias-Intersex-XXY>

48 For example in the UK, see <http://guide.hfea.gov.uk/pgd/>

49 See 2014 CRC Switzerland NGO Report, p. 76, [http://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM\\_v2.pdf](http://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf)

50 The currently still official medical terminology “**Disorders of Sex Development**” is strongly refused by **persons concerned**. See 2014 CRC NGO Report, p. 12 “Terminology”.

51 <http://intersex.shadowreport.org/public/2015-CRPD-LoI-Germany-NGO-Report-Zwischengeschlecht-Intersex-IGM.doc>

### 3. IGM Practices:

#### Involuntary, unnecessary medical interventions based on prejudice

In “developed countries” with universal access to paediatric health care **1 to 2 in 1000 newborns** are at risk of being submitted to **IGM practices**, i.e. non-consensual, medically unnecessary, irreversible, cosmetic genital surgeries, and/or other harmful medical treatments that **would not be considered for “normal” children**, practiced without evidence of benefit for the children concerned, but justified by societal and cultural prejudice, stereotypes, norms and beliefs, and often **directly financed by the state** via the public health system.<sup>52</sup>

**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**,<sup>53</sup> 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.

From **countries without universal access to paediatric health care**, there are reports of **infanticide** of intersex children,<sup>54</sup> of abandonment,<sup>55</sup> of expulsion,<sup>56</sup> of massive bullying

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52 For references and general information, see “What are Intersex Genital Mutilations (IGM)?”, 2016 CEDAW NGO Report France, p. 45–51, <http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

53 See “IGM Practices – Non-Consensual, Unnecessary Medical Interventions”, 2016 CAT France NGO Report, p. 38–47

54 For example in South Africa, see 2016 CRC South Africa NGO Report, p. 12,

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

For South Africa, see also <https://mg.co.za/article/2018-01-24-00-intersex-babies-killed-at-birth-because-theyre-bad-omens>

For example in Uganda, Kenya, Rwanda, see “Baseline Survey on intersex realities in East Africa – Specific focus on Uganda, Kenya, and Rwanda” by SIPD Uganda, relevant excerpts and source:

<http://stop.genitalmutilation.org/post/Africa-Intersex-Survey-Documents-Intersex-Genital-Mutilation-Infanticide-Abandonment-Expulsion-Uganda-Kenya-Rwanda>

For Uganda, see also 2015 CRC Briefing, slide 46,

[http://intersex.shadowreport.org/public/Zwischengeschlecht\\_2015-CRC-Briefing\\_Intersex-IGM\\_web.pdf](http://intersex.shadowreport.org/public/Zwischengeschlecht_2015-CRC-Briefing_Intersex-IGM_web.pdf)

For Kenya, see also <http://www.bbc.com/news/world-africa-39780214>

55 For example in Uganda, Kenya, Rwanda, see “Baseline Survey on intersex realities in East Africa – Specific focus on Uganda, Kenya, and Rwanda” by SIPD Uganda, relevant excerpts and source:

<http://stop.genitalmutilation.org/post/Africa-Intersex-Survey-Documents-Intersex-Genital-Mutilation-Infanticide-Abandonment-Expulsion-Uganda-Kenya-Rwanda>

For example in China, see 2015 Hong Kong, China NGO Report, p. 15,

<http://intersex.shadowreport.org/public/2015-CAT-Hong-Kong-China-NGO-BBKCI-Intersex.pdf>

56 For example in Uganda, Kenya, Rwanda, see “Baseline Survey on intersex realities in East Africa – Specific focus on Uganda, Kenya, and Rwanda” by SIPD Uganda, relevant excerpts and source:

preventing the persons concerned from attending school (recognised by CRC as amounting to a harmful practice),<sup>57</sup> and of murder.<sup>58</sup>

#### 4. Stereotypes and Prejudice (2): Intersex is NOT THE SAME as LGBT

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 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>59</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>60</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>61</sup> and again IGM survivors as “*transgender children*”,<sup>62</sup> “*transsexual children who underwent difficult treatments and surgeries*”, and IGM as a form of “*discrimination against transgender and intersex children*”<sup>63</sup>.

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<http://stop.genitalmutilation.org/post/Africa-Intersex-Survey-Documents-Intersex-Genital-Mutilation-Infanticide-Abandonment-Expulsion-Uganda-Kenya-Rwanda>

57 For example in Nepal (CRC/C/NPL/CO/3-5, paras 41–42), based on local testimonies, see

<http://stop.genitalmutilation.org/post/Denial-of-Needed-Health-Care-Intersex-in-Nepal-Pt-3>

58 For example in Kenya, see <https://76crimes.com/2015/12/23/intersex-in-kenya-held-captive-beaten-hacked-dead/>

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

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

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

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

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

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*” (New Zealand, CRC73),<sup>64</sup> “*a special provision on sexual orientation and gender identity*”, “*civil registry*” and “*sexual reassignment surgery*”<sup>65</sup>, transgender guidelines<sup>66</sup> or “*Gender Identity*”<sup>67 68</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>69</sup>

### **5. Stereotypes and Prejudice (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**<sup>70 71 72</sup> – 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.**<sup>73</sup>

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64 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>

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

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

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

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

69 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>

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

71 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)

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

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

## **Annexe 2: Intersex Genital Mutilations as a Violation of CRPD**

### **1. Article 15 - Freedom from torture or cruel, inhuman or degrading treatment and non-consensual scientific or medical experimentation**

This Committee has repeatedly referred to IGM practices to constitute ill-treatment or torture, both in Concluding Observations<sup>74</sup> and in Sessions during interactive dialogues with State parties.<sup>75</sup> In addition, also CAT<sup>76</sup> and the Special Rapporteur on Torture<sup>77</sup> have repeatedly recognised IGM as amounting to at least ill-treatment, with CAT recognising IGM as a violation of CAT arts. 2, 12, 14, 16. And the Human Rights Committee (HRCttee)<sup>78</sup> has repeatedly recognised IGM to constitute a violation of CCPR art. 7 (prohibition of torture and ill-treatment, prohibition of involuntary medical or scientific experimentation).

CRPD art. 15 (like CCPR art. 7) also explicitly covers non-consensual medical or scientific experimentation, which also applies to IGM practices.<sup>79</sup>

### **2. Article 16 - Freedom from exploitation, violence and abuse**

This Committee has already recognised IGM practices to constitute a violation of art. 16 in its latest Concluding Observation on intersex, calling for equal access to justice and protection from ill-treatment, violence and abuse for intersex persons.<sup>80</sup>

### **3. Article 17 - Protecting the integrity of the person**

Since 2015, this Committee has repeatedly recognised IGM practices to constitute a violation of art. 17 in all its Concluding Observations on intersex and IGM.<sup>81</sup>

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74 CRPD/C/GBR/CO/1, paras 38-39; CRPD/C/DEU/CO/1, paras 37-38

75 For example CRPD18 UK, see transcript (Session 2, at 11:47h), <http://stop.genitalmutilation.org/post/UK-Questioned-over-Intersex-Genital-Mutilations-by-UN-Committee-on-the-Rights-of-Persons-with-Disabilities-CRPD>

76 CAT/C/DEU/CO/5, para 20; CAT/C/CHE/CO/7, para 20; CAT/C/AUT/CO/6, paras 44-45; CAT/C/DNK/CO/6-7, paras 42-43; CAT/C/CHN-HKG/CO/4-5, paras 28-29; CAT/C/FRA/CO/7, paras 32-33

77 A/HRC/22/53, paras 77, 76, 88; A/HRC/31/57, para 50

78 CCPR/C/CHE/CO/4, paras 24-25; CCPR/C/AUS/CO/6, paras 25-26

79 See 2017 CCPR Switzerland NGO Report, p. 12-13, <http://intersex.shadowreport.org/public/2017-CCPR-Swiss-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

80 CRPD/C/GBR/CO/1, paras 38-39

81 CRPD/C/DEU/CO/1, paras 37-38; CRPD/C/CHL/CO/1, paras 41-42; CRPD/C/ITA/CO/1, paras 45-46; CRPD/C/URY/CO/1, paras 43-44; CRPD/C/GBR/CO/1, paras 40-41; CRPD/C/MAR/CO/1, paras 36-37