



**Input for HC report pursuant to
Human Rights Council resolution 55/14
by StopIGM.org**

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1. Introduction

StopIGM.org / Zwischengeschlecht.org, founded in 2007, is an international intersex human rights NGO based in Switzerland working to end intersex genital mutilation (IGM) and other human rights violations perpetrated on intersex people, according to its motto, “Human Rights for Hermaphrodites, too!” According to its charter,¹ StopIGM.org works to support persons concerned seeking redress and justice, and regularly reports to Treaty bodies, often in collaboration with local intersex advocates and organisations, submitting 132 NGO reports in the last decade, resulting in the majority of the currently 98 Concluding Observations recognising IGM practices as a serious violation of non-derogable human rights, namely as a harmful practice, cruel, inhuman or degrading treatment, and a violation of the integrity of the person (see Annexe).

This submission focuses on medical and non-medical violence and harmful practices, inhuman treatment and other serious violations against intersex children, adolescents and adults, its root causes, the (lack of) access to truth, justice and reparations for survivors, and the minimum requirements to effectively combat such violence according to the relevant UN Conventions. It further analyses Treaty body Concluding Observations and the so far 6 (insufficient) legislative measures taken by states.

2. Intersex and intersex genital mutilation (IGM): Frame of reference

Intersex persons, in the vernacular also known as hermaphrodites, or medically as persons with “*Disorders of Sex Development (DSD)*”, are people born with **variations of reproductive anatomy**, or “atypical” 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**.²

Depending on the **region and social status**, intersex children, adolescents and adults are at risk of **several serious human rights violations**.³

In “**developed countries**” with universal access to paediatric health care, or **where parents can afford** private care, **1 to 2 in 1000 newborns** are at risk of being submitted to medical **IGM practices**, often **directly financed by the state** via the public health system.⁴

From **regions without universal access to paediatric health care**, there are reports of non-medical IGM practices, namely **infanticide** of intersex children, of **abandonment**, of **expulsion**, of **massive bullying** preventing the persons concerned from attending school (recognised by CRC as amounting to a harmful practice), and of **murder**.⁵

1 <https://zwischeneschlecht.org/post/Statuten>

2 For more information and references, see 2016 CEDAW France NGO Report (INT/CEDAW/NGO/FRA/24296), p. 39-44,

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

3 Daniela Truffer, Markus Bauer (2015), Intersex Genital Mutilations On A Global Scale. Briefing for CRC, Geneva 21.01.2015,

https://intersex.shadowreport.org/public/Zwischengeschlecht_2015-CRC-Briefing_Intersex-IGM_web.pdf

4 For more information and references, see 2016 CEDAW France NGO Report (INT/CEDAW/NGO/FRA/24296), p. 50-51

5 For references, see 2019 CRPD Switzerland NGO Report (INT/CRPD/ICO/CHE/35657), p. 15-16,

<https://intersex.shadowreport.org/public/2019-CRPD-LOI-Swiss-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

Medical intersex genital mutilation includes non-consensual, medically unnecessary, irreversible, cosmetic genital surgeries, and/or other similar medical treatments, including imposition of hormones, performed on children with variations of reproductive anatomy, without evidence of benefit for the children concerned, but **justified** by “*psychosocial indications [...] shaped by the clinician’s own values*”, the latter informed by societal and cultural norms and beliefs, namely stigma and taboo associated with being an intersex person, enabling clinicians to withhold crucial information from both patients and parents, and to submit healthy intersex children to harmful invasive procedures “*simply because their bodies did not fit social norms*”.⁶

Typical forms of medical IGM practices include “masculinising” genital surgery (IGM 1), “feminising” genital surgery (IGM 2), sterilising procedures (IGM 3), 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 4).⁷

Typically, medical **IGM is performed at a very young age**, with doctors advocating unnecessary surgery in the first two years of life. Consent is obtained from legal guardians via **substitute decision-making**, usually from parents finding themselves in a **very vulnerable situation**, many of them in a **state of shock** after the unexpected birth of an atypical child, completely uninformed due to the persisting **societal taboo** of intersex as a natural variation, often overwhelmed by feelings of **guilt** and **shame**, under **undue pressure from doctors** to “sign quickly” because “it’s the best for your child” and the “only chance to lead a normal life”.⁸

Medical IGM practices are known to cause **lifelong severe physical and mental pain and suffering**, sometimes **leading to disability**, 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.⁹ This pain and suffering have also been recognised in so far **21 Treaty body Concluding Observations**.¹⁰

For at least 30 years now, **intersex people and their organisations** have explicitly condemned IGM as a form of “**genital mutilation**”¹¹ and called for a **legal prohibition** to end it.¹²

6 For references, see *ibid.*, p. 45-46

7 For more information and references, see *ibid.*, p. 46-50

See also 2014 CRC Switzerland NGO Report (INT/CRC/NGO/CHE/18022), p. 70-76,

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

8 See for example 2016 CEDAW France NGO Report (INT/CEDAW/NGO/FRA/24296), p. 14-19, 20-23, 57-63

See also 2020 CRC France NGO Report (INT/CRC/NGO/FRA/44537), p. 11-13,

<https://intersex.shadowreport.org/public/2020-CRC-France-LOIPR-NGO-Intersex-IGM.pdf>

9 See 2016 CEDAW France NGO Report (INT/CEDAW/NGO/FRA/24296), p. 38-47

10 CRC/C/CHE/CO/2-4, CAT/C/CHE/CO/7, CRC/C/CHL/CO/4-5, CAT/C/CHN-HKG/CO/4-5, CAT/C/DNK/CO/6-7, CRC/C/IRL/CO/3-4, CAT/C/FRA/CO/7, CRC/C/NPL/CO/3-5, CRC/C/GBR/CO/5, CEDAW/C/CHE/CO/4-5, CEDAW/C/DEU/CO/7-8, CCPR/C/CHE/CO/4, CEDAW/C/CHL/CO/7, CEDAW/C/LUX/CO/6-7, CAT/C/NLD/CO/7, CAT/C/GBR/CO/6, CRC/C/MLT/CO/3-6, CAT/C/NZL/CO/7, CAT/C/DNK/CO/8, CAT/C/CHE/CO/8, CAT/C/FIN/CO/8

11 Intersex Society of North America (ISNA) (1994), *Hermaphrodites with Attitudes*, Winter 1994, p. 3, 5

<https://isna.org/files/hwa/winter1995.pdf>

In the last decades, **Treaty bodies and other human rights experts** have regularly recognised medical IGM practices as a **serious violation** of non-derogable human rights.¹³ Since 2011, Treaty bodies have so far issued **98 Concluding Observations** condemning IGM practices accordingly (see Annexe), and explicitly used the term “*intersex genital mutilation*” in **6 Concluding Observations**.¹⁴

Regarding **non-medical IGM practices**, in the last decades there have been many reports of **infanticide** of intersex children from Africa and Asia, but data remains lacking. **Infanticide** and **abandonment** of intersex children based on superstition as well as **expulsion** of mothers of intersex children refusing to do so have been identified by African intersex advocates as the **main issues in rural communities**, “*Women who give birth to intersex children are often considered to be witches or victims of witchcraft, and the intersex children are considered a bad omen to the family, which should be gotten rid of.*” The **2017 Public statement by the African intersex movement** explicitly states on top of its list of “*Demands*”, “*To put an end to infanticide and killings of intersex people led by traditional and religious beliefs.*”^{15 16 17} Other reports of non-medical IGM practices include cases of **expulsion, massive bullying and murder**.¹⁸

So far, **Treaty bodies** have acknowledged non-medical IGM practices in **4 Concluding Observations**, with 2 each recognising **infanticide**¹⁹ and **stigma and bullying**.²⁰

3. Root causes: Stigma, taboo and prejudice

The medical and the non-medical stigma fuelling past and present violence and harmful practices against intersex people are based on **similar assumptions and prejudice**. Since the enlightenment, Doctors and medical bodies, nowadays in in complicity with 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*” or “*corrected*” surgically, often **with racist, eugenic and supremacist undertones**.^{21 22 23 24 25 26}

12 Daniela Truffer, Markus Bauer (2015), Intersex Genital Mutilations On A Global Scale. Briefing for CRC, Geneva 21.01.2015, p. 6-14, 56-61

https://intersex.shadowreport.org/public/Zwischengeschlecht_2015-CRC-Briefing_Intersex-IGM_web.pdf

13 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>

14 CRC/C/ZAF/CO/2, CEDAW/C/CHE/CO/4-5, CRPD/C/CHE/CO/1, CRPD/C/BEL/CO/2-3, CRPD/C/NLD/CO/1, CRC/C/ARG/CO/7

15 See 2020 CCPR Kenya NGO Report (INT/CCPR/ICO/KEN/41038), p. 10-13,

<https://intersex.shadowreport.org/public/2020-CCPR-LOI-Kenya-NGO-Intersex-StopIGM.pdf>

16 See 2016 CRC South Africa NGO Report (INT/CRC/NGO/ZAF/4911), p. 11-12,

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

17 See 2024 CCPR South Africa NGO Report (INT/CCPR/ICS/ZAF/59338), p. 19-21,

<https://intersex.shadowreport.org/public/2024-CCPR-South-Africa-NGO-Intersex-StopIGM.pdf>

18 For references, see 2019 CRPD Switzerland NGO Report (INT/CRPD/ICO/CHE/35657), p. 15-16,

<https://intersex.shadowreport.org/public/2019-CRPD-LOI-Swiss-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

19 CEDAW/C/NPL/CO/6, CCPR/C/KEN/CO/4

20 CRC/C/NPL/CO/3-5, CRPD/C/IND/CO/1

21 For more information and references, see 2014 CRC Switzerland NGO Report (INT/CRC/NGO/CHE/18022), p. 51-53, 69, 84

22 Daniela Truffer, Markus Bauer (2023), Bias in intersex research and the lack of implementation of intersex human rights. Presentation at Centring Intersex Conference, 21.02.2023

<https://stopigm.org/public/Bias-in-intersex-research-Centring-Intersex-Truffer-Bauer-StopIGM-21-02-2023.pdf>

Historically, paediatric surgeons were instrumental in transforming the traditional harmful stereotype of hermaphrodites as **inferior “races”** located in warmer climates, specifically Africa and Asia, into the **persisting “scientific notion”** of intersex people as a subhuman and less evolved species that **only after surgical “correction” may be regarded as fully human** and entitled to human rights.^{27 28 29} Paediatric surgeons and endocrinologists themselves linked western **clitoris amputations on intersex patients** to the African practice of **female genital mutilation (FGM)**, justifying the former by the alleged “proven harmlessness” of the latter.³⁰

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. For example, in Pakistan intersex is considered a **“congenital genitalia birth defect”** to be **“cured”** by surgery **“to make them normal persons again.”**³¹

Accordingly, the easier an intersex trait can be tested prenatally, **the higher the selective (late term) abortion rates.**³² Most intersex diagnoses are also listed as permissible for de-selection in State sponsored **pre-implantation genetic diagnosis (PGD)** guidelines³³, and e.g. in Switzerland IGM practices are paid for by the **“Federal Invalidity Insurance”**.³⁴

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- 23 The Nazi standard textbook on “racial hygiene” discusses intersex diagnoses including “hypospadias”, “pseudohermaphroditism”, “intersexuality” and “cryptorchism” as “pathological hereditary dispositions”, “abnormal mutations” and “result of racial mixing”, see Erwin Baur, Eugen Fischer, Fritz Lenz (1936), “Menschliche Erblehre und Rassenhygiene”, Band 1 “Menschliche Erblehre”, “Dritter Abschnitt: Die krankhaften Erbanlagen”, 4. Auflage, München 1936, p. 402-404, <https://archive.org/details/BaurErwin-Menschliche-Auslese-und-Rassenhygiene-Band01/mode/1up>
See also “The Racist Roots of Intersex Genital Mutilations”, <http://stop.genitalmutilation.org/post/Racist-Roots-of-Intersex-Genital-Mutilations-IGM>
- 24 Helga Satzinger (2009), Racial Purity, Stable Genes, and Sex Difference. Gender in the Making of Genetic Concepts by Richard Goldschmidt and Fritz Lenz, 1916-1936. In: Susanne Heim, Carola Sachse, Mark Walker, The Kaiser Wilhelm Society for the Advancement of Science under National Socialism, Cambridge University Press, p. 145-172, at 161-162, <https://www.genderopen.de/handle/25595/247>
- 25 In the WHO “World Atlas of Birth Defects (2nd Edition)”, many intersex diagnoses are listed, including “indeterminate sex” and “hypospadias”, https://apps.who.int/iris/bitstream/handle/10665/42630/9241580291_eng.pdf
- 26 For 500 years of “scientific” stigma in a nutshell, see 2016 CEDAW France NGO Report (INT/CEDAW/FRA/NGO/24296), p. 7, <http://intersex.shadowreport.org/public/2016-CEDAW-France-NGO-Zwischengeschlecht-Intersex-IGM.pdf>
- 27 Daniela Truffer, Markus Bauer (2023), Bias in intersex research and the lack of implementation of intersex human rights. Presentation at Centring Intersex Conference, 21.02.2023
<https://stopigm.org/public/Bias-in-intersex-research-Centring-Intersex-Truffer-Bauer-StopIGM-21-02-2023.pdf>
- 28 For more information and sources, see 2016 CEDAW France NGO Report (INT/CEDAW/NGO/FRA/24296), p. 7, 66
- 29 Ellen Feder, Alice Dreger (2016), “Still ignoring human rights in intersex care”, Journal of Pediatric Urology, Vol 12, No 6, p. 436-437, https://interactadvocates.org/wp-content/uploads/2016/01/Feder-JPU-Response-July-2016-Still_Ignoring_Human_Rights_in_Intersex.pdf
- 30 For more information and references, see 2014 CRC Switzerland NGO Report (INT/CRC/NGO/CHE/18022), p. 57-58
- 31 Pakistani doctors in “The Nation”, see <https://stopigm.org/Pakistan-Intersex-children-birth-defects-patents-offered-surgery-to-make-them-normal-again/>
Original source: <https://www.thenews.com.pk/print/287739-100-infants-with-birth-defects-rehabilitated>
- 32 For stats and references, see “Selective Intersex Abortions: XXY 74%, Indeterminate Sex 47%, Hypospadias 2%”, <https://stopigm.org/Selective-Intersex-Abortions-Hypospadias-Intersex-XXY/>
- 33 For example in the UK, see <http://guide.hfea.gov.uk/pgd/>
- 34 See 2014 CRC Switzerland NGO Report (INT/CRC/NGO/CHE/18022), p. 76, http://intersex.shadowreport.org/public/2014-CRC-Swiss-NGO-Zwischengeschlecht-Intersex-IGM_v2.pdf

In our analysis, in “developed” countries a **good practice to combat the stigma, taboo and prejudice** associated with being intersex would be to **teach the biological facts about intersex** as a natural bodily variation and the possible pathways of genital development in **biology school curricula**, for example when discussing foetal development. However, so far this has hardly been implemented. In **rural contexts**, an existing good practice is intersex advocates and organisations doing **outreach programmes**, discussing intersex issues with **local people and traditional leaders and healers**.^{35 36 37}

4. Relevant UN Convention articles according to Treaty bodies

UN Convention on the Rights of the Child (CRC): The Committee on the Rights of the Child has recognised “*intersex genital mutilation*” (CRC/C/ZAF/CO/2) and “*medically unnecessary surgeries and other procedures on intersex children before they are able to provide their informed consent*” (CRC/C/GBR/CO/5) to constitute a “**harmful practice**” (CRC art. 24(3) in conjunction with the CRC-CEDAW Joint General Comment/Recommendation No. 18/31 “*on harmful practices*”) in currently **40 Concluding Observations**,³⁸ sometimes additionally invoking target 5.3 of the Sustainable Development Goals (SDGs) (CRC/C/MLT/CO/3-6).

UN Convention on the Rights of Persons with Disabilities (CRPD): The Committee on the Rights of Persons with Disabilities has recognised “*intersex genital mutilation*” (CRPD/C/CHE/CO/1) and “*unnecessary, invasive and irreversible medical interventions, including surgical, hormonal or other medical procedures on intersex children before they reach the legal age of consent*” (CRPD/C/AUS/CO/2-3) to constitute a violation of **CRPD art. 17, “Protecting the integrity of the person”** in currently **17 Concluding Observations**,³⁹ further invoking **art. 16 “Freedom from exploitation, violence and abuse”** and target 16.3 of the Sustainable Development Goals (SDGs) (CRPD/C/GBR/CO/1), **art. 10 “Right to life”** (CRPD/C/IND/CO/1, regarding infanticide (“*mercy killings*”) of intersex children), and **art. 15 “Freedom from torture or cruel, inhuman or degrading treatment or punishment”** (CRPD/C/AUT/CO/2-3). Further, in General Comment No. 3, para. 33, the Committee has again explicitly recognised IGM practices to constitute “*cruel, inhuman or degrading treatment*”.

UN Convention on the Elimination of all Forms of Discrimination against Women (CEDAW): The Committee on the Elimination of Discrimination against Women has recognised “*intersex genital mutilation*” (CEDAW/C/CHE/CO/4-5) and “*unnecessary medical procedures on intersex infants and children until they reach an age when they are able to give their free, prior and informed consent*” (CEDAW/C/CHL/CO/7) to constitute a “**harmful practice**” (CEDAW art. 5 in conjunction with the CEDAW-CRC Joint General Recommendation/Comment No. 31/18 “*on harmful practices*”) in currently **15 Concluding Observations**,⁴⁰ sometimes additionally invoking target 5.3 of the Sustainable Development Goals (SDGs) (CEDAW/C/NPL/CO/6).

35 <https://www.iranti.org.za/wp-content/uploads/2019/04/National-Intersex-Dialogue.pdf>

36 <https://medium.com/being-lgbti-in-asia/the-dawn-of-a-national-intersex-movement-the-first-national-intersex-workshop-in-nepal-621e8d7a826e#.gl0hbzwrh>

37 <https://theguardianpostcameroon.com/post/3038/en/csos-raise-awareness-on-intersexuality-at-yaounde-confab>

38 See Annexe

39 See Annexe

40 See Annexe

UN Convention against Torture (CAT): The Committee against Torture has recognised “*unnecessary and non-urgent surgery and other medical treatment*” on intersex children (CAT/C/AUT/CO/6) to constitute “*cruel, inhuman or degrading treatment*” (CAT art. 16), further invoking arts. 2 (non-derogability), 12 (impartial investigation), and 14 (redress) in currently 14 Concluding Observations.⁴¹

International Covenant on Civil and Political Rights (CCPR): The Human Rights Committee has recognised “*irreversible medical treatment, especially surgery, of intersex infants and children, who are not yet able to provide fully informed and free consent, unless such procedures constitute an absolute medical necessity*” (CCPR/C/AUS/CO/6) to constitute a violation of CCPR art. 7, protection from “*cruel, inhuman or degrading treatment*” and “*non-consensual medical or scientific experimentation*” in currently 12 Concluding Observations,⁴² further invoking arts. 2 (non-discrimination, legal implementation, remedies and reparations), 3 (equal right of men and women), 9 (liberty and security of the person), 17 (privacy), 24 (child protection), and 26 (equal protection of the law).

5. Minimum requirements for protection against IGM under international law

The relevant UN Conventions and the non-derogable human rights (*ius cogens*) enshrined therein, in particular CAT arts. 2 and 16 in conjunction with General Comments No. 2 (CAT/C/GC/2, para. 3, 4, 8) and No. 3 (CAT/C/GC/3, para. 1), CCPR arts. 2, 7 and 26 in conjunction with General Comments No. 20 (HRI/GEN/1/Rev.9 (Vol. I), para. 2, 8, 14, 15) and No. 31 (CCPR/C/21/Rev.1/Add.13, para. 8, 16), and CRC art. 24(3) and CEDAW art. 5 in conjunction with CRC-CEDAW Joint General Comment/Recommendation No. 18/31 (CRC/C/GC/18/Rev.1 – CEDAW/C/GC/31/Rev.1, para. 2, 13, 31-36, 37-39, 40-55, especially para. 50, 55(d), 55(n), 55(o), 55(q)) and CRPD art. 17 in conjunction with General Comment No. 3 (CRPD/C/GC/3, para. 32), stipulate the following **minimum requirements for effective protection of intersex persons**:

- Prohibition under criminal law
- Effective and timely access to justice, redress, compensation, reparation and rehabilitation for victims
- Abolition of statutes of limitations (or appropriate extension or suspension)
- Combat impunity, ensure prosecution and punishment of perpetrators
- Aggravating circumstance if medical professionals or government employees or civil servants are involved or complicit
- Monitoring and collection of disaggregated data on violations and prosecutions
- Protection against extraterritorial violations
- Adequate victim participation in the redress process
- Restoration of the dignity of the victim

⁴¹ See Annexe

⁴² See Annexe

Accordingly, Treaty bodies have issued so far:

- 32 Concluding Observations calling to “*prohibit*” IGM practices⁴³
- 4 Concluding Observations calling to “*criminalize*” IGM practices⁴⁴
- 6 Concluding Observations calling to provide “*access to justice*” to victims of IGM practices⁴⁵
- 9 Concluding Observations calling to “*adopt legal provisions to provide redress to victims*” of IGM practices⁴⁶
- 33 Concluding Observations calling to “*provide redress to victims*” of IGM practices⁴⁷
- 24 Concluding Observations calling to provide “*compensation*” to victims of IGM practices⁴⁸
- 14 Concluding Observations calling to provide “*reparation*” to victims of IGM practices⁴⁹
- 6 Concluding Observations calling to provide “*rehabilitation*” to victims of IGM practices⁵⁰
- 7 Concluding Observations calling to abolish or extend the “*statutes of limitation*”⁵¹
- 1 Concluding Observations calling to “*punish perpetrators*” of IGM practices⁵²

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- 43 CEDAW/C/DEU/CO/7-8, CRPD/C/MAR/CO/1, CRC/C/ESP/CO/5-6, CEDAW/C/CHL/CO/7, CEDAW/C/LUX/CO/6-7, CEDAW/C/MEX/CO/9, CEDAW/C/AUS/CO/8, CEDAW/C/NZL/CO/8, CEDAW/C/LIE/CO/5, CEDAW/C/NPL/CO/6, CRC/C/BEL/CO/5-6, CRC/C/AUS/CO/5-6, CRPD/C/AUS/CO/2-3, CRC/C/AUT/CO/5-6, CRPD/C/FRA/CO/1, CRC/C/CHE/CO/5-6, CCPR/C/DEU/CO/7, CRC/C/NLD/CO/5-6, CRPD/C/CHE/CO/1, CRC/C/CAN/CO/5-6, CCPR/C/IRL/CO/5, CRPD/C/NZL/CO/2-3, CRC/C/NZL/CO/6, CRC/C/GBR/CO/6-7, CAT/C/NZL/CO/7, CRPD/C/ISR/CO/1, CAT/C/DNK/CO/8, CAT/C/FIN/CO/8, CRPD/C/BEL/CO/2-3, CRPD/C/NLD/CO/1, CRC/C/ARG/CO/7, CAT/C/AUT/CO/7
- 44 CRPD/C/MAR/CO/1, CEDAW/C/CHE/CO/6, CEDAW/C/FIN/CO/8, CRC/C/CAN/CO/5-6
- 45 CEDAW/C/DEU/CO/7-8, CRPD/C/GBR/CO/1, CEDAW/C/CHL/CO/7, CRC/C/ZMB/CO/5-7, CRC/C/SWE/CO/6-7, CRC/C/FIN/CO/5-6
- 46 CAT/C/DEU/CO/5, CAT/C/CHE/CO/7, CRC/C/IRL/CO/3-4, CRC/C/NPL/CO/3-5, CRC/C/NZL/CO/5, CEDAW/C/CHE/CO/4-5, CRC/C/DNK/CO/5, CEDAW/C/LUX/CO/6-7, CRC/C/CAN/CO/5-6
- 47 CAT/C/DEU/CO/5, CAT/C/CHE/CO/7, CRC/C/CHL/CO/4-5, CAT/C/CHN-HKG/CO/4-5, CAT/C/DNK/CO/6-7, CRC/C/IRL/CO/3-4, CAT/C/FRA/CO/7, CRC/C/NPL/CO/3-5, CRC/C/GBR/CO/5, CRC/C/NZL/CO/5, CEDAW/C/CHE/CO/4-5, CRC/C/DNK/CO/5, CEDAW/C/LUX/CO/6-7, CEDAW/C/AUS/CO/8, CEDAW/C/NZL/CO/8, CAT/C/NLD/CO/7, CAT/C/GBR/CO/6, CRC/C/MLT/CO/3-6, CRPD/C/AUS/CO/2-3, CCPR/C/MEX/CO/6, CRC/C/CAN/CO/5-6, CRC/C/CHL/CO/6-7, CRC/C/HRV/CO/5-6, CRC/C/MKD/CO/3-6, CRC/C/NZL/CO/6, CRC/C/GBR/CO/6-7, CAT/C/NZL/CO/7, CRPD/C/ISR/CO/1, CAT/C/CHE/CO/, CRC/C/BGR/CO/6-7, CAT/C/FIN/CO/8, CCPR/C/ISL/CO/6, CAT/C/AUT/CO/7
- 48 CAT/C/DEU/CO/5, CAT/C/CHE/CO/7, CRC/C/CHL/CO/4-5, CRC/C/IRL/CO/3-4, CAT/C/FRA/CO/7, CRC/C/NPL/CO/3-5, CRC/C/NZL/CO/5, CEDAW/C/DEU/CO/7-8, CCPR/C/CHE/CO/4, CRC/C/DNK/CO/5, CEDAW/C/CHL/CO/7, CEDAW/C/NPL/CO/6, CAT/C/NLD/CO/7, CRC/C/MLT/CO/3-6, CCPR/C/DEU/CO/7, CRC/C/CAN/CO/5-6, CRC/C/CHL/CO/6-7, CRC/C/HRV/CO/5-6, CCPR/C/LUX/CO/4, CRC/C/MKD/CO/3-6, CRC/C/NZL/CO/6, CAT/C/NZL/CO/7, CAT/C/FIN/CO/8, CAT/C/AUT/CO/7
- 49 CRC/C/NPL/CO/3-5, CCPR/C/CHE/CO/4, CRC/C/PRT/CO/5-6, CRC/C/TUN/CO/4-6, CRC/C/CHE/CO/5-6, CRC/C/NLD/CO/5-6, CRC/C/CYP/CO/5-6, CRC/C/GRC/CO/4-6, CRC/C/ISL/CO/5-6, CRC/C/ZMB/CO/5-7, CRC/C/SWE/CO/6-7, CRC/C/FIN/CO/5-6, CRPD/C/ISR/CO/1, CCPR/C/CHL/CO/7
- 50 CAT/C/GBR/CO/6, CRC/C/MLT/CO/3-6, CCPR/C/LUX/CO/4, CAT/C/NZL/CO/7, CAT/C/FIN/CO/8, CAT/C/AUT/CO/7
- 51 CEDAW/C/DEU/CO/7-8, CRC/C/BEL/CO/5-6, CCPR/C/DEU/CO/7, CRPD/C/CHE/CO/1, CRC/C/SWE/CO/6-7, CRC/C/FIN/CO/5-6, CCPR/C/ISL/CO/6
- 52 CAT/C/NLD/CO/7

- 6 Concluding Observations calling to “*investigate cases*” of IGM practices⁵³
- 5 Concluding Observations recognising the “*lack of sanctions*” for IGM practices⁵⁴
- 2 Concluding Observations calling to impose “*sanctions*” for IGM perpetrators⁵⁵
- 2 Concluding Observations noting concern about IGM practices performed in “*neighbouring countries*” or “*abroad*”⁵⁶

6. Existing laws aimed at prohibiting IGM practices

So far, only **6 states have enacted (insufficient) national legislation** to prevent IGM practices:

- Malta (2015, amended 2018)⁵⁷
- Portugal (2018)⁵⁸
- Iceland (2020)⁵⁹
- Germany (2021)⁶⁰ ⁶¹
- Greece (2022)⁶²
- Spain (2023)⁶³

However, only **2 of these laws** include **sanctions** for IGM perpetrators (Malta and Greece), **none** include a prohibition under **criminal law**, **none** include **extraterritorial protections**, and

53 CRC/C/NZL/CO/5, CRC/C/MLT/CO/3-6, CRC/C/CHL/CO/6-7, CRC/C/HRV/CO/5-6, CRC/C/GBR/CO/6-7, CRC/C/BGR/CO/6-7

54 CAT/C/CHE/CO/7, CAT/C/FRA/CO/7, CCPR/C/CHE/CO/4, CAT/C/NLD/CO/7, CAT/C/CHE/CO/8

55 CRC/C/ZAF/CO/2, CEDAW/C/NPL/CO/6

56 CEDAW/C/LIE/CO/5, CEDAW/C/NPL/CO/6

57 Gender Identity, Gender Expression and Sex Characteristics Act (GIGESC Act), art. 14. See 2024 CCPR NGO Report (INT/CCPR/CSS/MLT/58663), p. 7-9,

<https://intersex.shadowreport.org/public/2024-CCPR-Malta-NGO-Intersex-StopIGM.pdf>

58 Law No. 38/2018, art. 5. See 2020 CCPR NGO Report (INT/CCPR/CSS/PRT/41379), p. 11-14,

<http://intersex.shadowreport.org/public/2020-CCPR-Portugal-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

59 Act No. 154/2020, art. 11(1). See 2024 CCPR NGO Report (INT/CCPR/CSS/ISL/59816), p. 12-15,

<https://intersex.shadowreport.org/public/2024-CCPR-Iceland-NGO-Intersex-StopIGM.docx>

60 § 1631e in the Civil Law (BGE). See 2023 CRPD NGO Report, p. 13-15,

<https://intersex.shadowreport.org/public/2023-CRPD-Germany-NGO-Intersex-StopIGM.pdf>

61 In addition, on 06.03.2024 a German Family Court approved non-urgent genital surgery (“*surgical intervention to treat the urogenital sinus*” due to a “*disorder of the separation of the urinary and sexual tracts*” and the creation of a “*normally wide vaginal opening*”) on an intersex child born in 2023 based on assertions by IGM doctors the surgery would be “*medically necessary*” due to an “*increased risk*” of future complications and to allow for “*future sexual intercourse*” and therefore “*in the best interest of the child*”: AG Mannheim, 06.03.2024, decision 8 F 1366/24, <https://www.landesrecht-bw.de/bsbw/document/NJRE001567840>
See also “OII Germany & OII Europe comment on deeply concerning German Family Court decision authorising an intervention on an intersex minor”,

https://www.oiiurope.org/wp-content/uploads/2024/07/oiiide-oiiieu-joint-statement_court_EN-12-06-24.pdf

Such medical **gaming of Family Courts** has been long established by Australian IGM doctors, see e.g. IHRA CRC NGO Report 2018, p. 19-30, <https://interaction.org.au/wp-content/uploads/2018/11/IHRA-2018-CRC.pdf>, and proliferated internationally, including repeatedly in Germany, stressing “*the courts approved the surgery proposed by the doctors in each case*”, see e.g. Garry L. Warne (2012), “Fragen im Zusammenhang mit der Behandlung von Menschen mit Störungen der Geschlechtsentwicklung”, in: K. Schweizer, H. Richter-Appelt (eds.), “Intersexualität kontrovers”, Psychosozial-Verlag 2012, p. 291-310, at 292

62 Law 4958/2022, art. 17-20. See <https://intersexgreece.org.gr/en/2022/07/25/3449/>

63 Organic Law 4/2023, art. 19. See 2024 CRC Spain NGO Report (INT/CRC/NGO/ESP/59350), p. 6-8,

<https://intersex.shadowreport.org/public/2024-CRC-Spain-NGO-Intersex-StopIGM.docx>

none contain **statutes of limitations long enough** to allow adult IGM survivors to call a court or include provisions to ensure **compensation or reparations** for victims.

Therefore, **all of these laws fail to meet the minimum requirements** under international law. Apparently, **none of them are enforced**, as IGM practices continue to be performed in all states, both domestic and/or abroad in contractual hospitals, and so far, **none seem to have given rise to legal proceedings** against IGM perpetrators.

Conclusion: While these laws represent the current best practice, they nonetheless **fail to protect intersex children, adolescents and adults** from IGM practices.

Accordingly, **Treaty bodies** have also criticised these insufficient laws, and have issued so far:

- 6 Concluding Observations calling to **“amend”** the insufficient existing laws⁶⁴
- 2 Concluding Observations calling to **“enforce”** the existing laws⁶⁵
- 2 Concluding Observations recognising that **IGM continues despite the existing laws**⁶⁶

7. IGM practices are violence, NOT a “health care”, “discrimination” or “gender identity” issue

Although the minimum requirements to effectively combat IGM practices under international law and their non-derogable nature are very clear (see above, p. 6-8), over the last decade IGM doctors and their medical organisations have been **increasingly campaigning** behind the scenes, to **reframe and downgrade the human rights of intersex children** at risk from an issue of violence to a **“health care”, “discrimination” or “gender identity” issue**⁶⁷ in order to **prevent the minimum requirements** to protect vulnerable intersex children **from becoming law** in past and current legislative efforts.

Where having **no regulation at all is no longer feasible** due to public and political pressure, instead of effective measures, IGM doctors and aligned actors **promote (in order of preference)**:

- **“self-regulation”** by the current perpetrators via non-binding “guidelines”^{68 69 70}
- **ministerial oversight**, at best quasi legalising (most) IGM practices⁷¹
- **judicial oversight**, preferably by **family courts** which IGM doctors know how to game⁷²
- **toothless “prohibition” without sanctions and access to justice** for IGM survivors⁷³
- **unenforced “prohibition”** that excludes and/or de facto **legalises the most frequent IGM practices**⁷⁴

64 CRC/C/PRT/CO/5-6, CCPR/C/PRT/CO/5, CCPR/C/DEU/CO/7, CRPD/C/DEU/CO/2-3, CCPR/C/ISL/CO/6

65 CRC/C/ISL/CO/5-6, CRC/C/DEU/CO/5-6

66 CRC/C/MLT/CO/3-6, CRC/C/GRC/CO/4-6

67 See 2024 CAT Finland NGO Report (INT/CAT/NGO/FIN/57888), p. 26-27,

<https://intersex.shadowreport.org/public/2024-CAT-Finland-NGO-Intersex-StopIGM.pdf>

68 For example Amnesty (2017), see <https://stopigm.org/post/Amnesty-Report-fails-Intersex-Children-and-IGM-Survivors>

69 For example FRA (2015), see Presentation OHCHR Expert Meeting (2015), slide 8,

https://stopigm.org/public/S3_Zwischengeschlecht_UN-Expert-Meeting-2015_web.pdf

70 For example CEDAW Italy (2017), see <https://stopigm.org/post/Major-Setback-for-Intersex-Human-Rights-at-the-UN>

71 For example Ministry of Health Chile (2016), see <https://stopigm.org/post/Circular-7-step-back-for-intersex-human-rights-in-Chile>

72 For example in Germany and Australia, see above footnote 61

73 For example in Portugal, Iceland, and Spain, see above footnotes 58, 59, 61, and 62

74 Malta and Greece, see above footnotes 57 and 62

Even worse, **Health Ministries** construe UN 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.**^{75 76 77}

Another common harmful misrepresentation of intersex human rights is framing intersex as being **the same as or a subset of LGBT or SOGI**, often due to **lack of awareness**, third party groups **instrumentalising intersex as a means to an end**^{78 79} for their own agenda, or State parties **trying to deflect** from criticism of IGM practices.

Intersex persons and their organisations have spoken out clearly against instrumentalising or misrepresenting intersex issues,⁸⁰ maintaining that IGM practices present a **distinct and unique issue** constituting significant human rights violations, which are different from those faced by the LGBT 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.^{81 82}

Nonetheless, particularly **State parties** are constantly **misrepresenting intersex and IGM as “sexual orientation” or “gender identity” issues** during **Treaty body reviews** in an attempt to **deflect from criticism** of the serious human rights violations resulting from IGM practices.⁸³

An interrelated diversionary tactic is the **increasing misrepresentation** by State parties and medical actors of **IGM as “discrimination” issue** instead of a serious violation of non-derogable human rights, often in combination with the **misrepresentation of intersex human rights defenders as “fringe elements”**, and their legitimate demands and criticism of such downgrading and trivialising of IGM as **“extreme views”**.⁸⁴

75 For example Ministry of Health Chile (2016), see

<https://stopigm.org/post/Circular-7-step-back-for-intersex-human-rights-in-Chile>

76 For example Ministry of Health France (2018), see 2020 CRC Intersex NGO Report (for LOIPR), p. 19,

<https://intersex.shadowreport.org/public/2020-CRC-France-LOIPR-NGO-Intersex-IGM.pdf>

77 For example Ministry of Health Austria (2019), see 2019 CRC Intersex NGO Report (for Session), p. 4-5,

<https://intersex.shadowreport.org/public/2019-CRC-Austria-NGO-Zwischengeschlecht-Intersex-IGM.pdf>

78 CRC67 Denmark, <https://stopigm.org/post/CRC67-Intersex-children-used-as-cannon-fodder-LGBT-Denmark>

79 CEDAW66 Ukraine, <https://stopigm.org/post/Ukraine-Instrumentalising-Intersex-and-IGM-for-LGBT-and-Gender-Politics>

80 For references, see 2016 CEDAW France NGO Report, p. 45

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

81 For example ACHPR Commissioner Lawrence Murugu Mute, see

<https://stopigm.org/post/ACHPR-African-Commissioner-warns-Stop-conflating-intersex-and-LGBT>

82 2018 Report of the Kenya National Commission on Human Rights (KNCHR), p. 15,

https://www.knchr.org/Portals/0/GroupRightsReports/Equal%20In%20Dignity%20and%20Rights_Promoting%20The%20Rights%20Of%20Intersex%20Persons%20In%20Kenya.pdf?ver=2018-06-06-161118-323

83 See 2024 CAT Finland NGO Report (INT/CAT/NGO/FIN/57888), p. 26-27,

<https://intersex.shadowreport.org/public/2024-CAT-Finland-NGO-Intersex-StopIGM.pdf>

84 See 2019 CCPR Belgium NGO Report (INT/CCPR/CSS/BEL/37123), p. 28,

<http://intersex.shadowreport.org/public/2019-CCPR-Belgium-NGO-Intersex-StopIGM.pdf>

ANNEXE

98 Concluding Observations recognising IGM practices as a serious violation

This list contains all **Treaty body Concluding Observations** known to us which recognise IGM practices as a **serious violation** of non-derogable human rights, namely as

- a harmful practice (CRC art. 24(3), CEDAW art. 5)
- cruel, inhuman or degrading treatment (CAT art. 16, CCPR art. 7)
- a violation of the integrity of the person (CRPD art. 17)

and/or **explicitly call** for

- a prohibition of IGM practices.

Order: by Committee according to the total number of Concl Obs, then chronologically.

CRC 40 Concluding Observations

2015	Switzerland	CRC/C/CHE/CO/2-4, paras 42-43
2015	Chile	CRC/C/CHL/CO/4-5, paras 48-49
2016	France	CRC/C/FRA/CO/5, paras 47-48
2016	Ireland	CRC/C/IRL/CO/3-4, paras 39-40
2016	Nepal	CRC/C/NPL/CO/3-5, paras 41-42
2016	UK	CRC/C/GBR/CO/5, paras 46-47
2016	New Zealand	CRC/C/NZL/CO/5, paras 25+15
2016	South Africa	CRC/C/ZAF/CO/2, paras 39-40+23-24
2017	Denmark	CRC/C/DNK/CO/5, paras 24+12
2018	Spain	CRC/C/ESP/CO/5-6, para 24
2018	Argentina	CRC/C/ARG/CO/5-6, para 26
2019	Belgium	CRC/C/BEL/CO/5-6, paras 25(b)+26(e)
2019	Italy	CRC/C/ITA/CO/5-6, para 23
2019	Malta	CRC/C/MLT/CO/3-6, paras 28(b)+29(d)+(e)
2019	Australia	CRC/C/AUS/CO/5-6, para 31(b)
2019	Portugal	CRC/C/PRT/CO/5-6, paras 28(b)
2020	Austria	CRC/C/AUT/CO/5-6, para 27(a)-(b)
2021	Luxembourg	CRC/C/LUX/CO/5-6, paras 13+19
2021	Tunisia	CRC/C/TUN/CO/4-6, para 26, 14(c)+15(c)
2021	Switzerland	CRC/C/CHE/CO/5-6, para 29(b)+(c)

2021	Czechia	CRC/C/CZE/CO/5-6, para 28
2022	Netherlands	CRC/C/NLD/CO/5-6, para 23
2022	Chile	CRC/C/CHL/CO/6-7, para 22
2022	Croatia	CRC/C/HRV/CO/5-6, para 26(b)+(c)
2022	Canada	CRC/C/CAN/CO/5-6, para 29
2022	Iceland	CRC/C/ISL/CO/5-6, para 26(b)+(c)
2022	Cyprus	CRC/C/CYP/CO/5-6, para 25(b)
2022	Zambia	CRC/C/ZMB/CO/5-7, para 25(c)
2022	Greece	CRC/C/GRC/CO/4-6, para 28(c)
2022	Germany	CRC/C/DEU/CO/5-6, para 24(c)
2022	North Macedonia	CRC/C/MKD/CO/3-6, 26(b)
2023	New Zealand	CRC/C/NZL/CO/6, para 25(b)-(c)
2023	Sweden	CRC/C/SWE/CO/6-7, para 27(c)-(d)
2023	UK	CRC/C/GBR/CO/6-7, para 35(d)
2023	Liechtenstein	CRC/C/LIE/CO/3-4, para 24 (b)+(c)
2023	Finland	CRC/C/FIN/CO/5-6, paras 24(a)+(b)
2023	France	CRC/C/FRA/CO/6-7, paras 30(b)+(c)
2024	South Africa	CRC/C/ZAF/CO/3-6, para 27(h)
2024	Bulgaria	CRC/C/BGR/CO/6-7, para 27(b)-(c)
2024	Argentina	CRC/C/ARG/CO/7, para 39

CRPD 17 Concluding Observations

2015	Germany	CRPD/C/DEU/CO/1, paras 37-38
2016	Chile	CRPD/C/CHL/CO/1, paras 41-42
2016	Uruguay	CRPD/C/URY/CO/1, para 44
2016	Italy	CRPD/C/ITA/CO/1, paras 45-46
2017	Morocco	CRPD/C/MAR/CO/1, paras 36-37
2017	UK	CRPD/C/GBR/CO/1, paras 10(a)-11(a), 38-41
2019	Australia	CRPD/C/AUS/CO/2-3, paras 33(b)+34(b)
2019	India	CRPD/C/IND/CO/1, paras 21-22, 35(c)+36(c)
2021	France	CRPD/C/FRA/CO/1, paras 36(c)+37(c)
2022	Switzerland	CRPD/C/CHE/CO/1, paras 35(c)+36(c), 10(a)
2022	New Zealand	CRPD/C/NZL/CO/2-3, paras 35(b)+(d), 36(b),(c),(f)

2023	Austria	CRPD/C/AUT/CO/2-3, paras 37-38, 69-70
2023	Germany	CRPD/C/DEU/CO/2-3, paras 39-40
2023	Israel	CRPD/C/ISR/CO/1, paras 39-40
2024	Sweden	CRPD/C/SWE/CO/2-3, paras 39-40
2024	Netherlands	CRPD/C/NLD/CO/1, paras 39(a)-(b)+40(a)-(b)
2024	Belgium	CRPD/C/BEL/CO/2-3, paras 34(c)+35(c)

CEDAW 15 Concluding Observations

2016	France	CEDAW/C/FRA/CO/7-8, paras 18(e)-(f)+19(e)-(f)
2016	Netherlands	CEDAW/C/NLD/CO/6, paras 21-22, 23-24
2016	Switzerland	CEDAW/C/CHE/CO/4-5, paras 24-25, 38-39
2017	Germany	CEDAW/C/DEU/CO/7-8, paras 23-24
2017	Ireland	CEDAW/C/IRL/CO/6-7, paras 24-25
2018	Chile	CEDAW/C/CHL/CO/7, paras 22-23, 21, 12(d)-13(d), 14(d)-15(d)
2018	Luxembourg	CEDAW/C/LUX/CO/6-7, paras 27(b)+28(b)-(c), 45(e)+46(e)
2018	Australia	CEDAW/C/AUS/CO/8, paras 25(c)-26(c)
2018	Mexico	CEDAW/C/MEX/CO/9, para 21-22
2018	New Zealand	CEDAW/C/NZL/CO/8, paras 23(c)-24(c)
2018	Nepal	CEDAW/C/NPL/CO/6, paras 18(c),(d)-19(a),(d),(e)
2018	Liechtenstein	CEDAW/C/LIE/CO/5, paras 35+36(c)
2022	Belgium	CEDAW/C/BEL/CO/8, paras 23(c)+24(c), 45(c), 46(c)
2022	Switzerland	CEDAW/C/CHE/CO/6, paras 55(f)+56(d)
2022	Finland	CEDAW/C/FIN/CO/8, paras 21(b)+22(b)

CAT 14 Concluding Observations

2011	Germany	CAT/C/DEU/CO/5, para 20
2015	Switzerland	CAT/C/CHE/CO/7, para 20
2015	Austria	CAT/C/AUT/CO/6, paras 44–45
2015	Hong Kong	CAT/C/CHN-HKG/CO/4-5, paras 28-29
2015	Denmark	CAT/C/DNK/CO/6-7, paras 42–43
2016	France	CAT/C/FRA/CO/7, paras 34-35
2018	Netherlands	CAT/C/NLD/CO/7, paras 52-53
2019	UK	CAT/C/GBR/CO/6, paras 64-65

2023	Luxembourg	CAT/C/LUX/CO/8, paras 35+36
2023	New Zealand	CAT/C/NZL/CO/7, paras 53-54
2023	Denmark	CAT/C/DNK/CO/8, paras 32+33
2023	Switzerland	CAT/C/CHE/CO/8, paras 37-38
2024	Finland	CAT/C/FIN/CO/8, paras 44+45(b)-(d)
2024	Austria	CAT/C/AUT/CO/7, paras 42+43

CCPR 12 Concluding Observations

2017	Switzerland	CCPR/C/CHE/CO/4, paras 24-25
2017	Australia	CCPR/C/AUS/CO/6, paras 25-26
2019	Mexico	CCPR/C/MEX/CO/6, paras 12-13
2019	Belgium	CCPR/C/BEL/CO/6, paras 21-22
2020	Portugal	CCPR/C/PRT/CO/5, paras 16-17
2021	Finland	CCPR/C/FIN/CO/7, paras 20+21(c)
2021	Kenya	CCPR/C/KEN/CO/4, paras 12(e)+13(e)
2021	Germany	CCPR/C/DEU/CO/7, paras 20+21
2022	Luxembourg	CCPR/C/LUX/CO/4, paras 11+12 (follow-up 28.07.2025)
2022	Ireland	CCPR/C/IRL/CO/5, paras 19+20(b)
2024	Chile	CCPR/C/CHL/CO/7, paras 23+24
2024	Iceland	CCPR/C/ISL/CO/6, paras 13+14