

CONCERNS Re: Intersex Genital Mutilations

1. Though children born with atypical sex anatomy (a.k.a. Intersexed / Hermaphrodites / Disorders of Sex Development DSD) may face several problems, **the main issue are the medically not necessary, irreversible cosmetic surgeries on their genitals and reproductive organs**. Despite systematically enforcing the surgeries for more than 60 years, they're still experimental, i.e. there's **no evidence** of beneficence for the recipients. This is a **distinct and unique issue and constitutes significant human rights abuses**, which are different from those faced by the LGBT community. In order to be able to properly address this distinct and unique issue and to avoid possible confusions, in the future it should be **addressed adequately in a separate section** (like e.g. in the forthcoming WHO statement on sterilisation).

2. The future prevention of the ongoing mutilations on children with atypical sex anatomy concerns **multiple frameworks within UN and WHO**, including CAT, CRC, CEDAW, ICESCR, CRPD. All relevant bodies should be **educated and informed about the unique and specific concerns**.

3. The **most common cosmetic surgeries** on children concerned include (most frequent first):
a) Dissection of penis to relocate urinary meatus, a.k.a. **"hypospadias repair"**
b) (Partial) amputation of clitoris, a.k.a. **"clitoral reduction" resp. "recession"**
c) Surgically opening or widening vagina, a.k.a. **"vaginoplasty"**
d) **Castration** / gonadectomy / (secondary) sterilisation / removal of potentially fertile reproductive organs

Further harmful practices include:

e) **Failure to disclose truth**, instead parents and persons concerned are lied to and pledged to secrecy
f) **Medical display**
g) **Prenatal dexamethasone "therapy"** to prevent "atypical" genitals and behaviour

4. The most grave **consequences of above mentioned surgeries and treatments a)-g)**, as reported again and again by survivors and corroborated by studies, include:

- a, b, c: **Decrease or total loss of sexual sensation**, painful scars, incontinence
- d: Known **negative effects of castration**, a.o. depression, obesity, metabolic and circulatory troubles, osteoporosis, reduction of cognitive abilities, loss of libido
- d: Lifelong **dependency on artificial hormones** (adequate hormones are often not covered by health insurance, but have to be paid out of own purse)
- a, b, c, d: A significant proportion of children receiving surgery gets **assigned a gender which they reject later**, which is compounded by the **irreversible genital surgeries**
- g: Birth defects, stillbirths, hydrocephalus, developmental delay, mental retardation; hypospadias and non-descended testes in male newborns
- a, b, c, d, e, f: **Severe traumatisation comparable to victims of torture or childhood sexual abuse**, suicidal tendencies, lifelong depression, stigma. Adequate psychotherapy is often not covered by health insurances or only partly, survivors have to pay out of their own purse

5. Necessary **steps to prevent further mutilations** of minors should include:

- a) **Legislation** (resp. official acknowledgement that they constitute grievous bodily harm / genital mutilation already covered by legislation), **incl. suspension / extension of statutes of limitations**
- b) If the person concerned expressly wishes genital surgeries, but is still **minor**, should seek **approval by family court**
- c) **Adults** may choose genital surgeries by giving **informed consent**, treatments should be **covered by health insurance**
- d) Adequate, non-pathologising **psycho-social support and peer support** for parents and/or care providers, persons affected and their families and surroundings instead of forced cosmetic surgeries on children