Non-consensual medical interventions on intersex people, and the Swiss NGO Shadow Report

Organisation Intersex International Australia Limited (OII Australia) is a national Public Benevolent Institution by and for intersex people. We promote the health and human rights of intersex people in Australia, and provide information, education and peer support.

Intersex is a term that relates to a range of congenital physical traits or variations that lie between ideals of male and female. Intersex people are born with physical, hormonal or genetic features that are neither wholly female nor wholly male; or a combination of female and male; or neither female nor male. Intersex is not about gender identity; intersex people have a broad range of gender identities it is a lived experience of the body.

Many forms of intersex exist; it is a spectrum or umbrella term, rather than a single category. Intersex differences may be apparent at birth. Some common intersex variations are diagnosed prenatally. Some intersex traits become apparent at puberty, or when trying to conceive, or through random chance.

We wish to endorse the recommendations on intersex issues contained in the Swiss NGO report complied by Child Rights Network Switzerland, and the detailed submission on intersex genital mutilations by Zwischengeschlecht.org, Intersex.ch and SI Selbsthilfe Intersexualität1. We draw the Committee’s attention to a recent interagency statement by the OHCHR, UN Women, UNAIDS, UNDP, UNFPA, UNICEF and WHO regarding forced, coercive and otherwise involuntary sterilization of intersex and other people2.

This report noted:

1 Both Swiss shadow report submissions are available at http://intersex.shadowreport.org
Intersex persons may be involuntarily subjected to so-called sex-normalizing or other procedures as infants or during childhood, which, in some cases, may result in the termination of all or some of their reproductive capacity. Children who are born with atypical sex characteristics are often subjected to cosmetic and other non-medically indicated surgeries performed on their reproductive organs, without their informed consent or that of their parents, and without taking into consideration the views of the children involved (64; 147, para 57; 148; 149). As a result, such children are being subjected to irreversible interventions that have lifelong consequence for their physical and mental health...

We also draw your attention to an Australian Parliamentary report on the same issues published in October 2013. The report, *Involuntary or coerced sterilisation of intersex people in Australia*, found that current medical practices lack sufficient scrutiny, and pay insufficient attention to the rights of the child and the future adult. The Senate Committee report commented:

3.100 What little research exists regarding ‘adequate’ or ‘normal’ genitals, particularly for women, raises some disturbing questions …

3.109 As OII commented, normalisation surgery is more than physical reconstruction. The surgery is intended to deconstruct an intersex physiology and, in turn, construct an identity that conforms with stereotypical male and female gender categories

3.128 … “Normalising appearance goes hand in hand with the stigmatisation of difference… There is frequent reference to ‘psychosocial’ reasons to conduct normalising surgery. To the extent that this refers to facilitating parental acceptance and bonding, the child’s avoidance of harassment or teasing, and the child’s body self-image, there is great danger of this being a circular argument that avoids the central issues… Irreversible medical treatment, particularly surgery, should only be performed on people who are unable to give consent if there is a health-related need to undertake that surgery, and that need cannot be as effectively met later, when that person can consent to surgery.

6.30 … The medical understanding of intersex is so strongly focussed on binary sex and gender … Enormous effort has gone into assigning and ‘normalising’ sex: none has gone into asking whether this is necessary or beneficial. Given the extremely complex and risky medical treatments that are sometimes involved, this appears extremely unfortunate.

The report found that assessments of cancer risk leading to “therapeutic” sterilisations were often interpolated with discussions of possible future gender identity; genital “normalising” surgeries are still undertaken on infants and children with no long term follow up and no evidence of good outcomes. A submission by the Australasian Paediatric Endocrine Group to the inquiry itself noted no firm evidence of good outcomes of surgeries for reasons of genital appearance, with “particular concern” regarding postsurgical sexual function and sensation.

The report recommended that ‘normalising’ surgical interventions on infants should be deferred until they are of an age to give consent themselves. It also recommended the

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development of national standards, and legal oversight of all therapeutic and non-therapeutic surgeries on intersex infants. The Australian government has not yet issued a response to the report; the recommendations of the inquiry have not been implemented.

We urge the Committee on the Rights of the Child to take decisive action to end non-consensual “normalising” interventions on intersex infants and children, including non-consensual sterilisation and surgeries for reasons of appearance.

Yours sincerely,

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