



Submission for OHCHR Report on Elimination of Discrimination Against Women and Girls in Sport (Resolution 40/5)

1. Who we are

StopIGM.org / Zwischengeschlecht.org, founded in 2007 by Daniela Truffer and Markus Bauer who also compiled this submission, is an international intersex human rights NGO based in Switzerland, working to represent the interests of intersex people, IGM survivors and their relatives, to raise awareness and to end IGM practices and other human rights violations perpetrated on intersex people, according to our motto, “*Human Rights for Hermaphrodites, too!*”¹ As stated in its charter,² StopIGM.org works to support persons concerned seeking redress and justice.

In collaboration with local intersex NGOs and advocates, we are the leading NGO in reporting human rights violations of intersex people in different countries to UN Treaty bodies CRC, CAT, CEDAW, CRPD and CCPR,³ and have been instrumental in obtaining the currently 48 UN Concluding Observations considering IGM as a serious violation of non-derogable human rights.⁴

Co-founder and IGM survivor Daniela Truffer has also been internationally active in intersex self-help groups for almost 20 years, and participated in the 2015 OHCHR intersex expert meeting “Ending human rights violations against intersex persons”.

2. Scope of this Submission

This submission focuses on **women and girls with intersex variations/differences of sex development**, and in particular on international information and data on female intersex athletes being submitted to non-consensual, unnecessary genital surgery, sterilising procedures and other harmful treatment, also known as **intersex genital mutilation (IGM)**, in order to be allowed to continue to participate in women’s sports, associated **harmful stereotypes**, intersections with **race/ethnicity**, as well as (lack of) **domestic laws, policies and practices** to effectively protect intersex women and girls from harmful practices, cruel, inhuman or degrading treatment, non-consensual medical or scientific experimentation, and the involvement of **(international) sports organisations, government bodies and other domestic actors**.

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

2 <http://Zwischengeschlecht.org/post/Statuten>

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

4 <http://stop.genitalmutilation.org/post/IAD-2016-Soon-20-UN-Reprimands-for-Intersex-Genital-Mutilations>

3. Answers to Questionnaire

Question 2.c.: Barriers impacting women and girls with intersex variations

So far, the **public discourse** about the participation of intersex women and girl athletes in sports mostly focused on

- the arbitrary, humiliating and degrading “**sex tests**” for (suspected) intersex women and girl athletes on grounds of “suspicion” or “challenge”,
- the ethicality of **pharmacologically reducing the blood testosterone levels** of intersex women and girl athletes,
- “**leaks**” of **private details** and public shaming and exposure if athletes “failing” such tests refuse to quietly “fake injury and go away” or “submit to medical treatment”.

Conspicuously **absent** from the public discourse are usually the **documented cases** of intersex women and girl athletes who were

- coerced to submit to **irreversible surgeries** in order to be allowed to continue to participate in women’s sports, including “*bilateral gonadectomy*”, a “*partial clitoridectomy*”, and “*feminizing vaginoplasty*”⁵
- some of them further serving as **involuntary guinea pigs in IAAF-associated medical studies**⁶ to justify such irreversible surgeries, and/or
- **abandoned without adequate information on and access to vital follow-up treatment**⁷ due to the surgical removal of vital, hormone producing organs (gonads).

5 From a medical publication co-authored by then member and current director IAAF Health & Science Department and member of the IAAF and IOC working groups on hyperandrogenic female athletes and transgender athletes, Stéphane Bermont: “*Although leaving male gonads in SDRD5A2 patients carries no health risk, each athlete was informed that gonadectomy would most likely decrease their performance level but allow them to continue elite sport in the female category. We thus proposed a partial clitoridectomy with a bilateral gonadectomy, followed by a deferred feminizing vaginoplasty and estrogen replacement therapy, to which the 4 athletes agreed after informed consent on surgical and medical procedures. Sports authorities then allowed them to continue competing in the female category 1 year after gonadectomy.*”

Patrick Fénelich, Françoise Paris, Pascal Philibert, Sylvie Hiéronimus, Laura Gaspari, Jean-Yves Kurzenne, Patrick Chevallier, Stéphane Bermon, Nicolas Chevalier, and Charles Sultan (2013), Molecular Diagnosis of 5 α -Reductase Deficiency in 4 Elite Young Female Athletes Through Hormonal Screening for Hyperandrogenism, *The Journal of Clinical Endocrinology & Metabolism*, Volume 98, Issue 6, 1 June 2013, Pages E1055–E1059, <https://academic.oup.com/jcem/article/98/6/E1055/2536727>

6 The current director IAAF Health & Science Department and member of the IAAF and IOC working groups on hyperandrogenic female athletes and transgender athletes, Stéphane Bermont, published a study in part based on data on the “*Evolution of seasonal best performances in three female distance runners, with a hyperandrogenic disorder of sex development condition, before and after reducing their serum testosterone level to the normal female range.*” Stéphane Bermont (2017), Androgens and athletic performance of elite female athletes, *Current Opinion in Endocrinology Diabetes and Obesity*, 2017, 24:246 – 251, https://www.researchgate.net/publication/314031537_Androgens_and_athletic_performance_of_elite_female_athletes
The IAAF later confirmed that while not all, at least some of the 3 athletes of above study are the same as those featured in the 2013 publication about 4 athletes submitted to gonadectomy and partial clitoridectomy, etc. (discussed in above footnote), see

<https://www.sportsintegrityinitiative.com/iaaf-used-medically-damaged-athletes-to-prop-up-dsd-regulations/>

7 See testimony of former Ugandan athlete Annet Negesa (english audio), ARD Sportschau 27.09.2019, <https://www.sportschau.de/hintergrund/video-auszuege-aus-dem-interview-mit-annet-negesa-100.html>

For **survivors of early childhood IGM practices**, these cases didn't come as a surprise, as they follow the **same patterns and protocols** regularly practiced on intersex children by the **same “medical experts”**, nor does the fact that the **most egregious and serious violations** almost magically remain the **least addressed and discussed** ones.

Since 2010, our NGO has warned⁸ that **tasking “medical experts” specialising in IGM practices** and **“obtaining consent” via substitute decision-making** from parents of intersex children finding themselves in a very vulnerable situation with the **development and implementation of eligibility protocols** for intersex women and girl athletes will **inevitably lead to the full spectrum of “feminising” IGM practices** being imposed **mostly on athletes from the global south** finding themselves in a very vulnerable situation after “failing” sex tests, including

- **“feminising” genital surgery**,⁹ including partial clitoris amputation, “vaginoplasty”
- **“feminising” sterilising procedures**:¹⁰ “gonadectomy”, removal of “discordant reproductive structures”
- **other “feminising” procedures**,¹¹ including
 - imposition of hormones,
 - forced excessive genital exams, medical display and/or (genital) photography,
 - denial of needed health care and follow-up,
 - non-consensual medical and scientific experimentation,
 - misinformation and directive counselling,
 - systematic lies and imposition of “Code of Silence”

Question 2.d.: Harmful Gender Stereotypes, Racism, Stigma

Additional interdependent and interrelated, intersex-specific stereotypes faced by intersex women and girl athletes are the harmful and stigmatising **societal, cultural and “scientific” notions** that intersex people are a **subhuman species**, and are therefore most frequent in less developed and more primitive sections of the human race, traditionally located in the hotter climates, as well as amongst primates, and that for such less evolved specimens, **practices that couldn't be tolerated on fully-fledged humans**, like for example clitoris amputations or FGM, are not just tolerable, but downright necessary for them to count as actual humans, or in this case, women or girls allowed to participate in sports.¹² Further intersex-specific harmful stereotypes include framing and “treating” **intersex variations as a form of disability in the medical definition**, and **IGM practices** via substitute decision-making as a **“cure”**.¹³ Intersex women and girl-specific harmful

8 See Press release StopIGM.org 22.01.2010,

<http://zwischenengeschlecht.org/pages/IOC/IAAF/FIFA%3A-Mandatory-Gender-Tests%2C-Surgery-for-Intersexed-Athletes>

9 IGM 2 – “Feminising” Genital Surgery, see 2016 CEDAW NGO Report France, p. 48, 58-60,

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

10 IGM 3 – Sterilising Procedures, see 2016 CEDAW NGO Report France, p. 47, 61-63,

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

11 IGM 4 – Other Unnecessary and Harmful Medical or Other Procedures, see 2014 CRC NGO Report, p. 70-76,

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

12 For 500 years of such “scientific” stereotypes in a nutshell, see 2016 CEDAW NGO Report France, p. 7,

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

13 See 2019 CRPD NGO Report Switzerland, p. 14, 18

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

stereotypes include the interrelated, racist gynaecological diagnosis “*intersexual constitution*”, which introduced the term “*intersexual*” in human medicine, argued intersex was **caused by racial “miscegenation”** and described **women** diagnosed with it as “*biologically inferior*”, prone to mental illnesses (e.g. “*schizoid*”), with “*hypertrophied clitoris*”, as “*most frequent in Jews*” and “*not fit for marriage*”.¹⁴ All of these intersex-specific, harmful and stigmatizing gender stereotypes **continue to inform and reinforce** the current medical practice on intersex children, as well as the treatment of intersex women and girl athletes.

Question 3.c.: Domestic Laws, Policies and Practices

There are a handful of states that have enacted **national or local laws** formally prohibiting IGM practices, namely **Malta**,¹⁵ **Portugal**,¹⁶ **Argentina**¹⁷ and the **Spanish autonomous communities** of Madrid, Murcia, Extremadura, Navarra, Balearic Islands, Andalusia, Valencia,¹⁸ however, **only the Malta Law contains any sanctions for IGM practices at all**, and, concerning intersex and IGM, **none of the laws are enforced**.

Some other states have enacted **regulations or policies** (initially) aimed at preventing IGM practices, for example:

- In **Chile**¹⁹ the Ministry of Health issued medical guidelines in 2015 “*instruct[ing] the stopping of unnecessary “normalization” treatment of intersex children, including irreversible genital surgeries, until they are old enough to decide about their bodies*”, however, newer 2016 guidelines by the same Ministry of Health **re-prescribed the full range of IGM practices**.²⁰
- In **Mexico**²¹ the Ministry of Health in 2017 issued medical guidelines **recommending to postpone non-urgent surgery** until the capable person concerned is able to give informed consent, however, most doctors **fail to implement these guidelines**, but instead continue to rely on the **older but still current, conflicting syndrome-specific guidelines** also issued by the same Ministry of Health, which continue to **recommend early unnecessary surgeries** on intersex children.²²

14 Ibid., p. 21. See also see 2014 CRC NGO Report, p. 84,

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

15 See CRC/C/MLT/CO/3-6, paras 28 (b) – 29 (d) + (e). On the Law, see 2019 CRC NGO Report Malta, p. 10-11,

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

16 See CRC/C/PRT/CO/5-6, para 28 (b). On the Law, see 2019 CRC NGO Report Portugal, p. 9-12,

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

17 See CRC/C/ARG/CO/5-6, para 26. On the Law, see 2018 CRC NGO Report Argentina, p. 17,

http://intersex.shadowreport.org/public/2018-CRC-Argentina-Intersex-Justicia-Brujula-StopIGM_v2.pdf

18 See CRC/C/ESP/CO/5-6, para 24; CCPR/C/ESP/QPR/7, para 10. For details on the different local laws, see,

<http://stop.genitalmutilation.org/post/How-Spains-Laws-fail-intersex-children>

19 See CRC/C/CHL/CO/4-5, paras 48-49; CRPD/C/CHL/CO/1, paras 41-42; CEDAW/C/CHL/CO/7, paras 22-23.

20 See 2019 CCPR NGO Report Chile, p. 10-15,

<http://intersex.shadowreport.org/public/2019-CRC-LOIPR-Chile-NGO-Intersex-Brujula-StopIGM.pdf>

21 See CEDAW/C/MEX/CO/9, para 21-22; CCPR/C/MEX/CO/6, paras 12-13.

22 See 2019 CCPR NGO Report Mexico, p. 10-11,

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

Question 4.: Involved Sports Organisations and Governing Bodies

Question 5.a.-c.: Government and other Domestic Actors

The **global sports organisations** IAAF, IOC and FIFA, in collaboration with **local and regional affiliates** and **sports agents and managers** representing the athletes, are **issuing and enforcing eligibility rules** for intersex women and girl athletes by **tasking “medical experts”** with the development and implementation of eligibility rules and protocols. Those “experts” are generally working in **publicly funded university hospitals** and are mostly **members of local and regional medical associations** specialised in the practice of IGM, namely paediatric endocrinology and urology associations, e.g. ESPE,²³ ESPU,²⁴ PES,²⁵ WOFAPS,²⁶ ISHID,²⁷ which too are **often at least in part publicly funded** or involved in **publicly funded projects**, e.g. I-DSD,²⁸ EuroDSD,²⁹ DSD-Life,³⁰ Endo-ERN³¹ and eUROGEN.³²

Some of those “experts” are the same time **employed as representatives of said sports organisations** as well as in **publicly funded medical institutions**, e.g. the current director IAAF Health & Science Department and member of the IAAF and IOC working groups on hyperandrogenic female athletes and transgender athletes, **Dr. Stéphane Bermon**, who is at the same time working for the **Monaco Institute of Sports Medicine and Surgery (IM2S)**³³ and the **Nice Sophia Antipolis University**.³⁴

While currently the **sports organisations and their representatives publicly deny**³⁵ **prescribing IGM practices** to intersex women and girl athletes who “failed” the sex tests, these denials are in stark contrast to **repeated public statements** by sports representatives and hired “medical experts”, e.g.:

- IOC medical commission chairman **Arne Ljungqvist (2010) describing the then planned new eligibility process**: Data of athletes suspected to have “*disorders of sex*”

23 See Open Letter to 55th ESPE 2016 and French IGM Clinics,

http://zwischenengeschlecht.org/public/Open_Letter_ESPE_2016.pdf

24 See Open Letter to 23rd ESPU 2012, http://zwischenengeschlecht.org/public/Open_Letter_ESPU_2012.pdf

25 See Open Letter to 9th Joint Meeting (ESPE and PES) 2013 and Italian IGM clinics,

http://zwischenengeschlecht.org/public/Open_Letter_9th-Joint-Meeting_2013.pdf

26 See Open Letter to 4th WOFAPS 2013, http://zwischenengeschlecht.org/public/Open_Letter_WOFAPS_2013.pdf

27 See Open Letter to 4th ISHID 2011, Royal College of Surgeons of England and London IGM clinics,

http://zwischenengeschlecht.org/public/ISHID-2011_Open-Letter_R.pdf

28 See Open Letter to 4th I-DSD, Scottish Disorder of Sex Development Managed Clinical Network (SDSD) and Scottish IGM clinics, http://stop.genitalmutilation.org/public/Open-Letter_I-DSD_2013.pdf

29 See Open Letter to 3rd EuroDSD 2011, http://zwischenengeschlecht.org/public/3rd-EuroDSD_Open-Letter.pdf

30 See Open Letter to 6th I-DSD 2017, DSDnet, eUROGEN, Endo-ERN, DSD-Life, Danish & international IGM Clinics, Affiliates, http://stop.genitalmutilation.org/public/Open_Letter_I-DSD_Copenhagen_2017.pdf

See also, <http://stop.genitalmutilation.org/post/IGM-Primer-2-The-Global-Cartel>

31 See Open Letter to 6th I-DSD 2017, DSDnet, eUROGEN, Endo-ERN, DSD-Life, Danish & international IGM Clinics, Affiliates, http://stop.genitalmutilation.org/public/Open_Letter_I-DSD_Copenhagen_2017.pdf

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

33 See <http://unice.fr/membres/tous-les-membres/lamhess/bermon-stephane>

34 See <https://www.medicine-and-sports.com/speaker/dr-stephane-bermon/>

35 E.g., “The IAAF has never forced any athlete affected by its regulations to undergo surgery, nor paid for any of their treatment. It has in some cases paid for the medical investigation and diagnosis of the athlete by an independent medical centre so the athlete is fully aware of her condition.”, see

<https://www.worldathletics.org/news/press-release/iaaf-response-to-false-claims-made-by-athlete>

development” would be transferred to planned strategically located “*health centres*”, where “*It's for the experts to decide what to do with each individual case.*” Ljungqvist made no secret of what fate would await “suspicious” athletes there: “**Most cases, Ljungqvist said, require treatment such as surgery or hormone therapy.**”³⁶

- “DSD expert” at the New York **Mount Sinai Hospital** and notorious advocate³⁷ of experimental prenatal steroid “therapies” on mothers and unborn (suspected) intersex children and other forms of “feminising” IGM practices, **Dr. Maria I. New (2010)**, also left little doubt about intersex athletes to be submitted to the same notorious “case-by-case” protocols developed for intersex children: “***Those who agree to be treated will be permitted to participate,***’ said Dr. Maria New, a panel participant and an expert on sexual development disorders. ***Those who do not agree to be treated on a case-by-case basis will not be permitted.***”³⁸

A **2019 TV report**³⁹ about intersex athletes submitted to IGM practices featuring the former Ugandan Athlete **Annet Negesa** and an **anonymous former athlete** recounting how they were **submitted to IGM practices**, as well testimonies by Indian athlete **Dutee Chand** and South African Athlete **Cater Semenya** that they also were **pushed to “consent”** to IGM practices, as well as the case of Indian athlete **Pratima Gaonkar** who committed **suicide** at age 18 after a “failed” sex test in 2001,⁴⁰ a rare exception where a **mainstream report at least raised sterilising procedures** (although still not genital surgeries) on intersex women and girl athletes, and which was in part also shown on French station “France 3”,⁴¹ which resulted in an **Open Letter by 25 top French athletes**⁴² demanding of the **IAAF** and **IOC** “*public explanations of the practices revealed in this report*” and “*an end to these despicable practices that are unworthy of the human condition*”, and of the **French Minister of Health**, Agnès Buzyn, and of the **French Minister of Sports**, Roxana Maracineanu, to:

*“initiate without delay an **administrative investigation** to determine whether or not French doctors, practicing on French territory in French hospitals, are participating in scientific experiments on hyper-androgenic or intersex athletes resulting in gonadectomies performed without any prior information, without post-operative follow-up and endangering their health. And to determine whether or not these practices have been carried out with the **support or even encouragement of international sports officials**, in particular the International Athletics Federation. If so, we want all disciplinary and judicial proceedings to be initiated to ensure that justice is done. We also want the issue of the treatment of hyper-androgenic and intersex people to be **more closely monitored and regulated by the public authorities** and for them to ensure that they are respected by the governing bodies of sport.”*

36 Associated Press (2010), “IOC Recommends Gender-Test Centers”,
<https://www.cbsnews.com/news/ioc-recommends-gender-test-centers/>

37 See fetalDex.org, <http://fetalDex.org/home.html>

38 New York Times (2010), “I.O.C. Panel Calls for Treatment in Sex Ambiguity Cases”,
<https://www.nytimes.com/2010/01/21/sports/olympics/21ioc.html>

39 ARD Sportschau (27.09.2019), <https://www.sportschau.de/hintergrund/leiden-im-namen-der-gerechtigkeit-100.html>

40 See also The Indian Express (09.09.2018), “The rising star who ended her life much before Dutee Chand challenged the rules”, <https://indianexpress.com/article/sports/sport-others/the-girl-before-dutee-chand-pratima-gaonkar-5346699/>

41 Tellerreport.com (11.10.2019), “‘Mutilation’ of hyper-androgenic athletes: 25 French athletes demand ‘explanations’”, https://www.tellerreport.com/news/2019-10-11---%22mutilation%22-of-hyper-androgenic-athletes--25-french-athletes-demand-%22explanations%22-.BkvRpxA_B.html

42 <https://www.sportmag.fr/multisports/lettre-ouverte-des-athletes-de-haut-niveau-francais/>

Soon after, the **French Minister of Sports**, Roxana Maracineanu, publicly announced a **joint investigation** together with the **French Minister of Health**, Agnès Buzyn, as requested by the Open Letter.⁴³

Question 5.d.: Legal Recourse and Remedies

As highlighted in many of the current 48 UN Concluding Observations⁴⁴ recognising IGM as a serious violation of non-derogable human rights, for victims of IGM practices, access to justice, compensation and rehabilitation is notoriously lacking.

Question 6.: Gender and Race, Bodily Integrity, Human Rights

As shown above (Question 2.d.: Harmful Gender Stereotypes, Racism, Stigma), in the harmful stereotypes about intersex women and girl athletes **gender stereotypes intersect with racist and supremacist stereotypes**, which is compounded by the notorious lack of effective laws, policies and practices (see Question 3.c.: Domestic Laws, Policies and Practices) as well as lack of access to redress and justice (see Question 5.d.: Legal Recourse and Remedies). In order to effectively combat IGM practices both on intersex children and vulnerable intersex women and girl athletes, particularly from the global south, State parties would need to **implement all necessary legislative, administrative and other measures**, in line with the currently 48 UN Concluding Observations recognising IGM as a serious violation of non-derogable human rights, namely **genital mutilation and a harmful practice** (CRC art. 24(3) and CEDAW art. 5 in conjunction with the CRC-CEDAW Joint General Comment/Recommendation No. 18/31 “on harmful practices”), **cruel, inhuman or degrading treatment** falling under the absolute prohibition of **torture** (CAT arts. 2, 12, 14, 16 in conjunction with CAT General Comments No. 2 and No. 3; CCPR art. 7), a **violation of the integrity of the person** (CRPD art. 17 in conjunction with CRPD General Comment No. 3, para 33), and **non-consensual medical or scientific experimentation** (CCPR, art. 7).

43 Franceinfo (12.10.2019), “Hyperandrogénie : Roxana Maracineanu annonce l’ouverture d’une enquête sur de possibles cas de mutilations sexuelles dans le sport”, https://www.francetvinfo.fr/replay-radio/8h30-fauvelledely/hyperandrogenie-roxana-maracineanu-annonce-l-ouverture-d-une-enquete-sur-de-possibles-cas-de-mutilations-sexuelles-dans-le-sport_3637101.html

44 CAT/C/DEU/CO/5, para 20; CRC/C/CHE/CO/2-4, paras 42-43; CRPD/C/DEU/CO/1, paras 37-38; CAT/C/CHE/CO/7, para 20; CRC/C/CHL/CO/4-5, paras 48-49; CAT/C/AUT/CO/6, paras 44-45; CAT/C/CHN-HKG/CO/4-5, paras 28-29; CAT/C/DNK/CO/6-7, paras 42-43; CRC/C/FRA/CO/5, paras 47-48; CRC/C/IRL/CO/3-4, paras 39-40; CRPD/C/CHL/CO/1, paras 41-42; CAT/C/FRA/CO/7, paras 34-35; CRC/C/NPL/CO/3-5, paras 41-42; CRC/C/GBR/CO/5, paras 46-47; CEDAW/C/FRA/CO/7-8, paras 18e-f+19e-f; CRPD/C/URY/CO, para 44; CRPD/C/ITA/CO/1, paras 45-46; CRC/C/NZL/CO/5, paras 25+15; CRC/C/ZAF/CO/2, paras 39-40+23-24; CEDAW/C/CHE/CO/4-5, paras 24-25, 38-39; CEDAW/C/NLD/CO/6, paras 21-22, 23-24; CEDAW/C/DEU/CO/7-8, paras 23-24; CEDAW/C/IRL/CO/6-7, paras 24-25; CCPR/C/CHE/CO/4, paras 24-25; CRPD/C/GBR/CO/1, paras 10(a)-11(a), 38-41; CRPD/C/MAR/CO/1, paras 36-37; CRC/C/DNK/CO/5, paras 24+12; CCPR/C/AUS/CO/6, paras 25-26; CRC/C/ESP/CO/5-6, para 24; CEDAW/C/CHL/CO/7, paras 22-23, 12(d)-13(d), 14(d)-15(d); CEDAW/C/LUX/CO/6-7, paras 27b-c+28b-c; CRC/C/ARG/CO/5-6, para 26; CEDAW/C/MEX/CO/9, para 21-22; CEDAW/C/NZL/CO/8, paras 23(c)-24(c); CEDAW/C/AUS/CO/8, paras 25(c)-26(c); CEDAW/C/LIE/CO/5, paras 35+36(c); CEDAW/C/NPL/CO/6, paras 18(c),(d)-19(a),(d),(e); CAT/C/NLD/CO/7, paras 52-53; CRC/C/ITA/CO/5-6, para 23; CRC/C/BEL/CO/5-6, paras 25(b)+26(e); CAT/C/GBR/CO/6, paras 64-65; CRC/C/MLT/CO/3-6, paras 28-29; CRPD/C/AUS/CO/2-3, paras 33(b)+34(b); CRPD/C/IND/CO/1, paras 21-22, 35(c)+36(c); CCPR/C/BEL/CO/6, paras 21-22; CCPR/C/MEX/CO/6, paras 12-13

See also EUICIT Summary of Concluding Observations,

https://research.hud.ac.uk/media/assets/document/hhs/Summary-Intersex-Recommendations-UN_StopIGM.org_EUICIT_v2.pdf