

## INTERSEX GENITAL MUTILATION: THE PRECEDENCE OF NECESSITY OVER INFORMED CONSENT

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### Abstract

This article examines whether the International Human Rights Mechanism conveys a consistent message that collectively strengthens the call for a ban on non-consensual Intersex Genital Mutilation (IGM). These non-consensual surgeries on intersex persons are human rights violations prohibited by several international treaties. Treaty Bodies (TBs) monitor the respect of these treaties and share their recommendations with the States Parties to improve the rights of intersex persons at national level. Since few recommendations relate to the ban on non-consensual surgeries on intersex persons, the more important it is to streamline the messages to ensure that intersex organisations can rely on a solid basis to support their advocacy efforts. This article scrutinises the terminology used in 117 IGM-related recommendations issued by the TBs. The analysis finds that while not all TBs speak out against IGM with the same intensity, they do use firm language to condemn these harmful medical and surgical practices. I argue that to strengthen their collective stance and support advocacy efforts effectively, references to informed consent must be reflected more frequent and explicit. Hence, this article contributes to the field of critical intersex studies, by pinpointing informed consent as an essential requirement to truly safeguard the rights of intersex persons.

### Keywords

*Intersex studies, human rights, Intersex Genital Mutilation, informed consent.*

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### 1. Introduction

The purpose of this article is to examine whether the International Human Rights Mechanism conveys a consistent message that collectively strengthens the call for a ban on Intersex Genital Mutilation (IGM). It shares insights with intersex activists on which Treaty Bodies (TBs) can be the most effective ally in the ban on these practices. IGM or non-consensual surgeries experienced by intersex individuals are human rights violations (Bird, 2005; Garland & Travis, 2022; Leivas *et al.*, 2023; Monro *et al.*, 2021) prohibited by several international treaties (Bauer *et al.*, 2020; Carpenter, 2016; DeLaet *et al.*, 2023). Treaty Bodies (TBs) monitor the respect of the treaties and share their recommendations with the States Parties to improve the rights of intersex persons at national level. Only a limited number of recommendations relate to the ban on non-consensual surgeries on intersex persons (Zelayandía-González, 2023; Ravesloot, 2024). It is therefore important to ensure that TBs issue congruent recommendations that support their respective demands to eradicate IGM. The article focuses on human rights of intersex persons, their

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bodily integrity, autonomy and self-determination and contributes to the field of Intersex Studies (Suess-Schwend, 2024) and more specifically the field of “Critical Studies” (Jones, 2018; Suess-Schwend, 2024). It examines informed consent as an essential requirement for effective protection of intersex persons against IGM. To assess if the TBs apply a shared language on IGM, this article scrutinises the terminology of the IGM-related recommendations issued by the core TBs. I argue that while TBs share their stance against IGM, the IGM-related recommendations can be more explicit with regards to the critical role of informed consent prior to any medical or surgical intervention. Intersex activists in search of support against IGM, should rely on TBs that issue recommendations most closely aligned with their request for a moratorium on IGM (Bauer *et al.*, 2020) and “stop non-therapeutic interventions happening without the individual’s consent” (Garland & Travis, 2022).

Recent studies underscore growing visibility and acceptability of intersex activists’ preoccupations among TBs (DeLaet *et al.*, 2023; Mestre, 2022; Zelayandía-González, 2023). While research on intersex rights includes the analysis of the role of the International Human Rights Mechanism in monitoring intersex rights (Carpenter, 2016; DeLaet *et al.*, 2023; Mestre, 2022; Zelayandía-González, 2023), it only occasionally focuses on the content of IGM-related recommendations. Acknowledging that intersex genital surgeries are a shared concern of intersex activists and the TBs (Crocetti & Monro, 2024; Zelayandía-González, 2023), this article looks at whether TBs send a clear, united message supporting a ban on IGM. The appropriate type of legislation to support the cause must include the prohibition of “the performance of surgical or other medical treatment on intersex children unless such procedures constitute an absolute medical necessity and until they reach an age at which they can provide their free, prior and informed consent” (Carpenter, 2018). This analysis relies on the pivotal role of terminology in the protection of intersex rights (Suess-Schwend, 2024) and goes beyond the confirmation that content of IGM-related recommendations matters in terms of consequences, necessity and temporality (Zelayandía-González, 2023). The article focuses on the latter and highlights informed consent as the key criterion for eradicating IGM. I argue that while not all TBs raise their voices against IGM equally, they do share the use of decisive terms to describe the prohibited surgical and medical interventions. To share a consistent message, the references to informed consent should be enhanced as a precondition for any surgery to ensure the protection of all intersex persons. Thus, this article marks the existence of a discursive consistency along the growing visibility and acceptability of IGM in the international human rights arena.

This is particularly salient for advocacy in favour of the adoption of national legislation on IGM (Mestre, 2022). It allows intersex organisations to rely on a mounting number of consistent IGM-related recommendations that align with the concerns of the intersex movement requiring “valid consent, self-determination and bodily autonomy” (Carpenter, 2016) and informed consent. An increase in effective legislation is anticipated if more TBs position themselves as congruent allies in efforts to address intersex rights violations, catalysed through the dynamics of the boomerang effect (Bauer *et al.*, 2020; Zelayandía-González, 2023). This boomerang effect is generated by intersex organisations who convince their governments to adhere to international conventions, which then - once these treaties are signed and ratified - justify their advocacy efforts at national level to respect these commitments (Zelayandía-González, 2023). When the few existing recommendations on IGM are inconsistent, it may further reduce their impact and weaken the boomerang effect. It also reduces options of intersex organisations to

strategise with a variety of TBs. They may nonetheless seek to engage only with those TBs perceived as most reflective of their concerns. Conversely, they may be reluctant to allocate scarce resources (Zelayandía-González, 2023) toward submitting shadow reports to TBs that exhibit an incomplete understanding of intersex rights claims. Thus, this article also informs intersex organisations that have not yet engaged in the fight against IGM, amplifying the boomerang effect.

To identify which TB joins the collective call to eradicate non-coercive medical and surgical interventions on intersex persons, this article first draws attention to the components of an effective call to eradicate IGM. It will highlight that ‘informed consent’ is pivotal to provide full protection against IGM for intersex persons. The next section clarifies the materials and method for the content analysis of the 2,025 recommendations retrieved from the Universal Human Rights Index (UHRI) (March 2025), related to intersex rights. The results section shares the findings on the TBs that raise their voices against IGM and focuses on the semantics used by these TBs in describing the recommended measures. The results section concludes with an examination of TBs’ references to informed consent, revealing the extent of the collective call to ban non-consensual IGM. This sets the stage for the discussion on whether the TBs share a strong and unified message that can be used by intersex organisations in their advocacy efforts at national level to eradicate medical and surgical interventions. The article concludes that TBs use increasingly their voice in a firm and unified manner, stressing that nobody should be subjected to unnecessary medical and surgical interventions and that these should be ended and even prohibited, nevertheless, the existing support for banning IGM does not yet fully encompasses informed consent, thereby omitting the opportunity to call for a universal protection for all intersex persons from IGM.

## 2. Background

A recent update on soft law developments related to intersex rights, particularly in relation to IGM, emphasises that, although no binding convention explicitly protects intersex persons as a distinct group, several human rights conventions provide a foundation for protection against IGM (Carpenter & Monro, 2024; DeLaet *et al.*, 2023; Zelayandía-González, 2023). This section discusses the efforts of intersex organisations and activists to place their call for a ban on IGM front and centre at international and regional fora. It then highlights the international human rights instruments that have emerged from these advocacy efforts.

### **The rise and reach of intersex advocacy against IGM**

In 2011, the historic first International Intersex Forum in Brussels was organised by ILGA (International Lesbian, Gay, Bisexual, Trans and Intersex Association) and ILGA-Europe. It focused on the rights to bodily integrity and self-determination and the eradication of “mutilating” and “normalising” practices on intersex persons. Their demands stressed that “personal, free, prior and fully informed consent of the intersex individual is a compulsory requirement in all medical practices and protocols” (Intersex Human Rights Australia, 2011). The subsequent Forum held in Stockholm in 2012 reiterated the demands and advocated for the integration of intersex rights in the international, regional and national human rights frameworks (OII Europe, 2012). During the third forum in Malta in 2013 the groundbreaking Malta Declaration reaffirmed the previous demands. Participants explicitly stressed that “Intersex people must be empowered to make their own decisions affecting own [their] bodily integrity, physical

autonomy and self-determination” (OII Europe, 2013). During the Fourth International Intersex Forum in 2023 an increased number of intersex organisations and intersex activists confirmed the Malta Declaration (ILGA World, 2023). The first Latin American and Caribbean Conference of Intersex People took place in 2018 (InterAction for Health and Human Rights, 2018b). The First Asian Intersex Forum in Thailand in 2018, was followed by a second in 2019 in South Korea (Intersex Asia Network, 2022) and a third also in Thailand in 2022 (Intersex Asia Network, 2023). A fourth Asian event, convened in Nepal in February 2025, reached out to movements in the Global South (Intersex Asia Network, 2025).

Their demands were echoed in regional advocacy instruments, including the Statement of the European Intersex Meeting in Riga, 2014 (OII Europe, 2014), the Statement of the 1st European Intersex Community Event in Vienna in 2017 (OII Europe, 2017) and the Darlington Statement, which calls for “the immediate prohibition as a criminal act of deferrable medical interventions, including surgical and hormonal interventions, that alter the sex characteristics of infants and children without personal consent” (Intersex Human Rights Australia, 2017). Initiatives also emerged beyond Europe, as exemplified by the intersex movement in Africa that published their first public statement in 2017 (InterAction for Health and Human Rights, 2018a). The Latin American and Caribbean countries issued their San José Statement in Costa Rica in 2018 (InterAction for Health and Human Rights, 2018b) The first Asian Intersex Statement was drafted in 2018 (Intersex Asia Network, 2022), followed by its updated version in 2023 (Intersex Asia Network, 2023). These events and statements, without being exhaustive, demonstrate sustained, frequent and widespread advocacy by intersex organisations for the eradication of involuntary medical and surgical interventions and treatments across all regions.

### **IGM and its recognition in the International Human Rights Framework**

The impact of these advocacy efforts is reflected in a series of more formal human rights instruments, including Principles, Resolutions, Notes<sup>2</sup> and General Comments issued by Treaty Bodies. A notably early instance of expert-led advocacy against non-consensual IGM dates to 2006, with a clear emphasis on informed consent. The Yogyakarta principles (2007), while not binding, impacted the International Human Rights Framework (Carpenter, 2021). These principles urge states “to ensure that no child’s body is irreversibly altered by medical procedures in an attempt to impose a gender identity without the *full, free and informed consent* of the child in accordance with the age and maturity of the child” (Yogyakarta, 2007). The importance of eradicating IGM is highlighted by the Committee on the Rights of the Child (TB-CRC). It explicitly denounces in its paragraph 34 of its General Comment No.20 “forced surgeries or treatments on intersex adolescents” (UN Committee on the Rights of the Child, 2016). The Committee on the Rights of Persons with Disabilities (TB-CRPD), in its General Comment No.3 paragraph 44, stresses that “All women with disabilities must be able to exercise their legal capacity by taking their own decisions” and warns that “Restricting or removing legal capacity can facilitate forced interventions, such as: (...) surgery or treatment performed on intersex children *without their informed consent*” (UN Committee on the Rights of Persons with Disabilities, 2016). In its seminal report the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or

<sup>2</sup><https://www.ohchr.org/en/documents/tools-and-resources/background-note-human-rights-violations-against-intersex-people>  
<https://www.ohchr.org/en/documents/tools-and-resources/ohchr-technical-note-human-rights-intersex-people-human-rights>

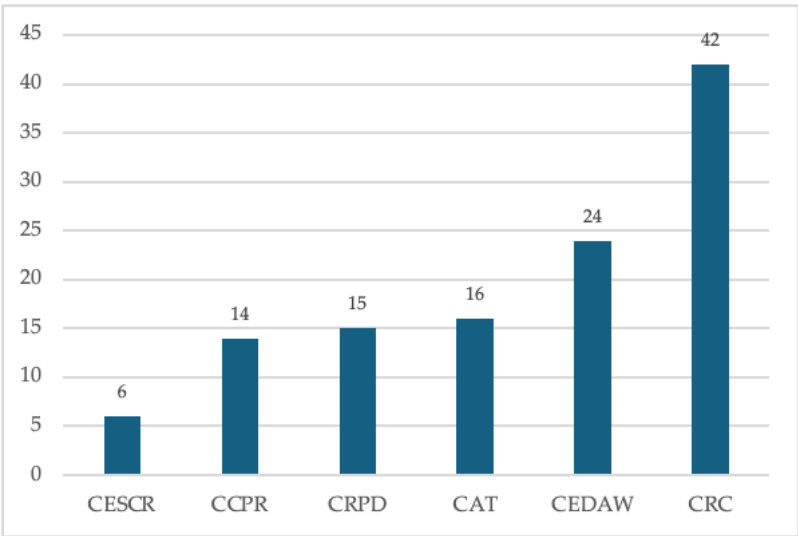
punishment calls upon all States “to repeal any law allowing intrusive and irreversible treatments, including forced genital-normalizing surgery, involuntary sterilization (...) when enforced or administered *without the free and informed consent* of the person concerned” (Méndez, 2013).

The updated version of the Yogyakarta Principles (2017) recalls the importance of free, prior and informed consent, yet affirms that necessary medical interventions are exempted in specific cases. Principle 32 notes: “No one shall be subjected to invasive or irreversible medical procedures that modify sex characteristics without their free, prior and informed consent, *unless necessary to avoid serious, urgent and irreparable harm* to the concerned person” (The Yogyakarta Principles Plus 10, 2017). Through their General Comments, certain TBs compel States Parties to undertake measures to eradicate IGM while outlining conditionality criteria that frame these requests. The Committee on Economic, Social and Cultural Rights (TB-CESCR) in its General Comment No.22 paragraph 59, calls for the respect of the right to sexual and reproductive health and reminds States that they fail their obligations if they do not prohibit “medically *unnecessary*, irreversible and involuntary surgery and treatment performed on intersex infants or children” (UN Committee on Economic, Social and Cultural Rights, 2016). The focus on conditionalities is epitomised in the recent landmark Resolution denouncing unnecessary medical and surgical interventions on intersex persons, without their informed consent: The Resolution of the Human Rights Council “Combating discrimination, violence and harmful practices against intersex persons” (UN Human Rights Council, 2024). While none of these instruments are legally binding - due to the absence of the codification of the norms and principles by states into formal treaties - (DeLaet *et al.*, 2023) they nonetheless offer a solid foundation for intersex organisations to advocate with their own governments, applying pressure to reduce the gap between the international commitments and national legislation protecting the rights of intersex persons, as demonstrated in Austria, Belgium, Ireland, Germany, Malta, Portugal, Spain and Uruguay (DeLaet *et al.*, 2023; Mestre, 2022).

### 3. Materials and Methods

The research looks at 117 IGM-related recommendations issued from January 2008 to March 2025 by the Treaty Bodies of the core Human Rights Conventions. The observations were retrieved from the Universal Human Rights Index (UHRI) (<https://uhri.ohchr.org/en/search-human-rights-recommendations>) using ‘intersex’ as the search term. Recommendations with multiple demands were shortened by upholding the strongest measure related to the ban on IGM. For instance, in cases with two demands, such as ‘to postpone non-urgent’ and ‘to ensure consent for’ medical or surgical interventions, the latter more stringent demand was upheld. Other corrections included replacing similar terms like ‘not carrying out’ or ‘not performing’ with ‘not subjecting to’ medical or surgical interventions. The refinement of the data resulted in a set of 117 IGM-related recommendations across six TBs, as shown in Figure 1. The Committee monitoring the Convention on the Rights of the Child (TB-CRC) issued most cases (42), followed by the Committee on the Elimination of All Forms of Discrimination against Women (TB-CEDAW) with 24 cases. The Committees monitoring the Convention against Torture (TB-CAT), the Convention on the Rights of Persons with Disabilities (TB-CRPD) and the International Covenant on Civil and Political Rights (TB-CCPR) issued 16, 15 and 14 cases respectively. The Committee monitoring the International Covenant on Economic, Social and Cultural Rights (TB-CESCR) formulated only six.





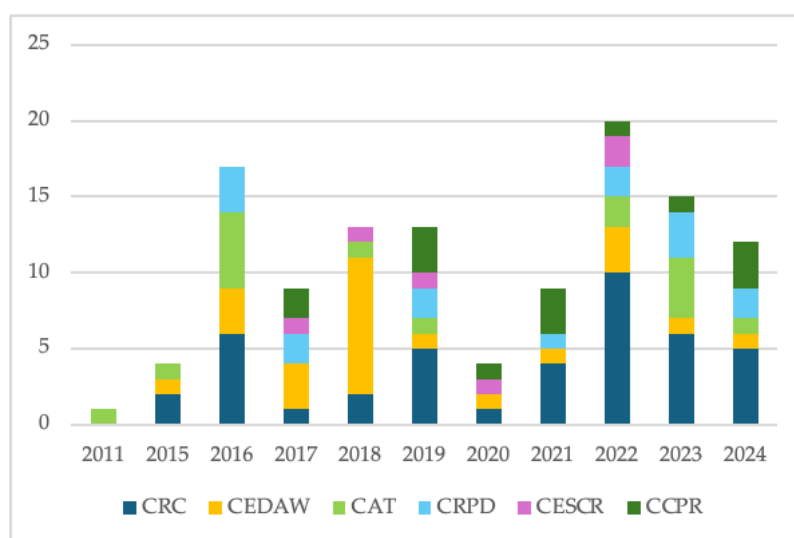
**Figure 1.** IGM-related recommendations by Treaty Body (January 2008 - March 2025)  
**Source:** Retrieved from UHRI, March 2025

Table 1 shows that only six TBs are involved in the discussion on IGM, with TB-CRC and TB-CEDAW dominating the discourse. The analysis further examined the terminology used by each of the TBs to answer the question: how do they position themselves within the dialogue on the ban on IGM? For each of the six TBs, the cases were scrutinised along three variables. First, the language describing the recommended measures, categorising them in order of stringency as ‘to prohibit’, ‘to end’, ‘to not subject’ and ‘other’. Second, the terminology denoting the medical and surgical interventions, according to six commonly used specifications emerging from the analysis: ‘unnecessary’, ‘non-essential’, ‘non-urgent’, ‘involuntary’, ‘irreversible’ and ‘invasive’, either individually or in combination. Thirdly, the analysis examines whether the recommendation requests consent from the intersex person or their parents for any medical or surgical intervention. This analysis broadens the scope of the problematic aspects related to intersex genital surgery, more precisely: the need or necessity; the timing or temporality and the consequences of intersex genital surgeries (Zelayandía-González, 2023), by stressing the importance of informed consent as the key conditionality of the measures recommended. Along these three variables marking the 117 IGM-related recommendations, the analysis shows and assesses whether the TBs have their own specific focus and terminology or if they share a common language supporting the ban on IGM without informed consent.

#### 4. Results

Despite the limited number of IGM-related recommendations issued by TBs, the timeline indicates a gradual and consistent increase in the fight against IGM. An analysis of the 117 IGM-related recommendations issued since 2008 reveals that three Committees (the Committee on the Elimination of Racial Discrimination, the Committee on Migrant Workers and the Committee on Enforced Disappearances) have not issued any recommendations on IGM to date. In contrast, six Committees have denounced the issue. The TB-CAT was the first to initiate such recommendation in 2011, urging Germany to “Ensure the effective application of legal and medical standards following

the best practices of granting informed consent to medical and surgical treatment of intersex people”<sup>3</sup>. The TB-CAT continuously provided comprehensive IGM-related recommendations, including demands to examine incidents without informed consent; redress victims; educate and train professional staff and raise awareness about the consequences of IGM<sup>4</sup>. The TB-CRC and the TB-CEDAW followed in 2015 and repeated their demands on an annual basis. In the same year that the TB-CRPD drafted its General Comment No.3 (2016), it delivers its first IGM-related recommendation protecting children with disabilities. The TB-CCPR and the TB-CESCR joined the conversation on IGM only in 2017, one year after the TB-CESCR drafted its General Comment No.22. The impact of the UN Human Rights Council (2024) resolution is likely to become evident only over time.



**Figure 2.** IGM-related recommendations by Treaty Body (absolute numbers per year)  
**Source:** Retrieved from UHRI, March 2025

As more actors join the discussion on IGM, further analysis of the content of their dialogue assesses whether they share a common language. Unified messages can support intersex organisations and justify their advocacy efforts to encourage their governments to take legislative action to ban IGM. To assess the content of the IGM-related recommendations, this results section is further divided into three parts, addressing a) the terminology used by each TB to describe the measures they recommend in relation to IGM; b) the analysis of the nature of these measures and c) the conditionality embedded in the IGM-related recommendations.

### **The treaty bodies' inclination towards unambiguous language**

The analysis reveals that each TB drafts its IGM-related recommendations in a distinct way. Across the TBs, the analysis identifies three categories of TBs based on the most frequently used language. A first category composed of the CEDAW and CRPD TBs, predominantly employs the strongest language to advocate for a ban on IGM: ‘to

<sup>3</sup>CAT, Concluding Observations on the Fifth Periodic Report of Germany, CAT/C/DEU/CO/5, 12 December 2011, para. 20(a).

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<sup>4</sup>CAT, Concluding Observations on the Fifth Periodic Report of Germany, CAT/C/DEU/CO/5, 12 December 2011, para. 20(b-d).

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prohibit'. The study found that while using a variety of terminology, the TB-CEDAW favours 'prohibiting', over 'ending' and 'not subjecting', which is also the case for TB-CRPD as in its recent recommendation to Belgium "to explicitly *prohibit* the performance of medically unnecessary and irreversible medical interventions, including surgical, hormonal or other medical procedures on intersex minors"<sup>5</sup>. The second category covers only the TB-CCPR using the verb 'to end' more often than 'to prohibit' and 'to not subject'. The third category (TB-CRC, TB-CAT and TB-CESCR) refers most frequently to the term 'not subjecting' intersex persons to medical and surgical interventions. Although the TB-CRC issues most of the IGM-related recommendations, it more frequently uses less forceful terminology, as illustrated in the recent recommendation to Mexico: "Ensure that intersex children are *not subjected* to unnecessary medical or surgical treatment, in line with the rights of the child to bodily integrity, autonomy and self-determination"<sup>6</sup>. The TB-CAT also prefers the verb 'to not subject' over 'to prohibit'. Likewise, the TB-CESCR, with only six cases, uses the term 'to not subject' in five of its recommendations, as indicated in Table 1.

**Table 1.** Treaty body language on IGM: from strongest to weakest

TB	to prohibit	to end	to not subject	other	total
CEDAW	9	3	8	4	24
CRPD	9		4	2	15
CCPR	3	9	2		14
CRC	11		26	5	42
CAT	5	2	8	1	16
CESCR	1		5		6
Total	38	14	53	12	117

**Source:** Retrieved from UHRI, March 2025

The analysis shows that the most common used language is the weakest, less enforceable, language: 'to not subject'. This is followed by the strongest terminology: 'to prohibit'. The verb 'to end', being more ambiguous than its alternatives, is the least frequently used, suggesting that TBs favour semantic precision that gives clear indication about their request to ban IGM.

### **'Unnecessary' as justification for banning IGM**

The content analysis recognises six specifications used for prohibiting, ending or not subjecting individuals to medical or surgical interventions. These specifications are 'unnecessary', 'non-essential', 'non-urgent', 'involuntary', 'irreversible' and 'invasive', used either individually or in combination. While relying on the categorisation of 'problematic areas' as suggested by Zelayandía-González (2023), the specifications of the medical and surgical interventions were categorised into three groups: 'needs/necessity', 'timing/temporality' and 'consequences'. As Table 2 demonstrates, Group 1 covers most mentions (86) and includes 'unnecessary' and 'non-essential', with

<sup>5</sup>CRPD, Concluding observations on the combined second and third periodic reports of Belgium, CRPD/C/BEL/CO/2-3, 30 September 2024, para.35(c).

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<sup>6</sup>CRC, Concluding observations on the combined sixth and seventh reports of Mexico CRC/C/MEX/CO/6-7, 8 October 2024, para.40(a).

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‘unnecessary’ being most frequently cited: 78 times across all 177 IGM-related recommendations. The TB-CRC stands out and identifies ‘unnecessary’ in 38 out of its 42 cases, as a valid ground for abstaining from any medical and surgical intervention. Additionally, ‘unnecessary’ is most often associated with ‘not subjecting’ intersex children or adults to any such intervention, as illustrated in the TB-CRC recommendation to Liechtenstein in 2023: “Ensure that *no one is subjected to unnecessary* medical or surgical treatment during infancy or childhood”<sup>7</sup>. Mentions of ‘non-essential’ - also a Group 1 feature - are less frequent. Group 2, with 29 mentions looking at the consequences and potential harm inflicted on intersex persons because of IGM, covers ‘irreversible’ and ‘invasive’, with ‘irreversible’ being the second most cited argument for rejecting medical and surgical treatment or procedures on intersex persons. The TB-CRPD and TB-CCPR frequently reference ‘irreversible’, mostly in combination with ‘ending’ such interventions. In Group 2, only the TB-CRPD uses ‘invasive’, yet only a few times. Group 3, with 20 mentions pinpointing temporality, encompasses ‘non-urgent’ and ‘involuntary’. The use of ‘non-urgent’ occurs more often than ‘involuntary’ in requests to refrain from medical or surgical interventions. While only a few TBs use ‘involuntary’ sporadically, this is not representative of the significant number of IGM-related recommendations that require consent before any medical or surgical interventions or procedures are conducted, which is examined next.

**Table 2.** Specificities of the recommended measures

TB	Group 1 Need/necessity		Group 2 Consequences		Group 3 Timing/temporality	
	Un-necessary	Non-essential	Irreversible	Invasive	Non-urgent	In-voluntary
CEDAW	11	1	2			4
CRPD	7	1	9	6	1	
CRC	38	3			3	1
CAT	3	3	3		7	1
CESCR	5				3	
CCPR	14		9			
Total	78	8	23	6	14	6
Group total	86		29		20	

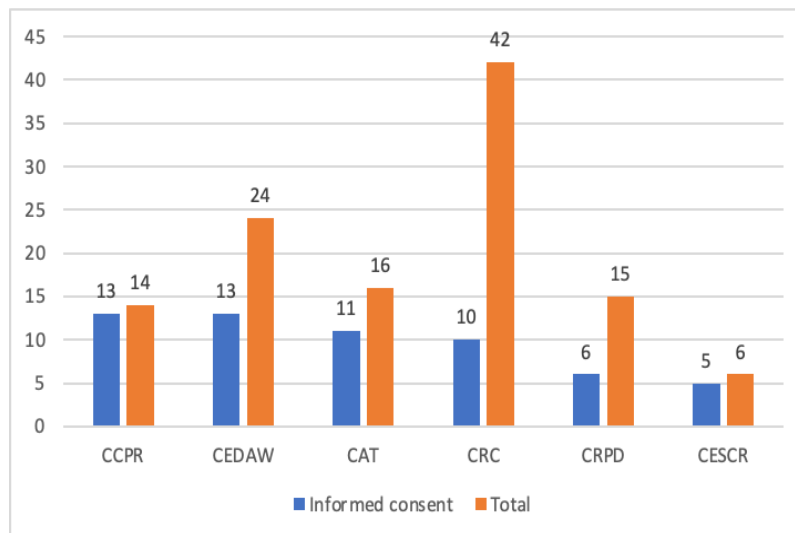
**Source:** Retrieved from UHRI, March 2025

### Consent as a key precondition for medical and surgical interventions

This paragraph advances the analysis of references to ‘timing/temporality’ to identify which TB imposes further requirements in their IGM-related recommendations and if they do this in a harmonised way. More than half of the IGM-related recommendations require consent before any medical or surgical intervention. This requirement is expressed in various ways, such as prohibiting, ending or not subjecting intersex persons to ‘involuntary’, ‘non-consensual’ or ‘coercive’ medical and surgical interventions. The TB-CEDAW illustrates this in its recommendation to Luxembourg in 2018: “Specifically prohibit *non-consensual* sex reassignment surgery on intersex

<sup>7</sup>CRC, Concluding observations on the combined third and fourth periodic reports of Liechtenstein, CRC/C/LIE/CO/3-4, 17 October 2023, para.24(b). <https://documents.un.org/doc/undoc/gen/g23/199/36/pdf/g2319936.pdf>

persons”<sup>8</sup>. However, this demand implicitly allows consensual sex reassignment, regardless of the age of the intersex person. The mere reference to non-consensual does not sufficiently protect children from IGM. To compensate this omission other IGM-related recommendations additionally compel to postpone medical or surgical interventions until the intersex child can make their own decision about their bodily integrity, autonomy and self-determination. The TB-CRC issued such request to Bulgaria in 2024: “Ensure that the performance of unnecessary medical or surgical treatment on intersex children is safely deferred *until children are able to provide their informed consent*”<sup>9</sup>. Additional findings indicate that the TB-CCPR and the TB-CEDAW most often request ‘consent’ to protect intersex children from IGM. Figure 3 shows that each of them mentions this 13 times and that consent is required in all but one of the TB-CCPR cases. Interestingly, the TB-CRC, the main source of IGM-related recommendations, requires informed consent in just 10 of 42 cases. Although all TBs refer to informed consent as a key condition for protecting intersex persons from IGM, only half of the IGM-related recommendations explicitly reflect this. A more consistent and aligned position across TBs would strengthen the foundation for universal protection against IGM and better support intersex organisations in their national advocacy efforts.



**Figure 3.** Number of IGM-related recommendations citing consent by treaty body  
**Source:** Retrieved from UHRI, March 2025

## 5. Discussion

The analysis of 117 IGM-related recommendations issued by the TBs since January 2008 till March 2025 aims to determine whether the TBs articulate a convincing and unified message in support of the ban on IGM. This shared message can serve as a valuable source for intersex organisations in their advocacy efforts to promote legislation protecting the rights of intersex persons. In addition to the frequency of the

<sup>8</sup>CEDAW, Concluding observations on the combined sixth and seventh periodic reports of Luxembourg, CEDAW/C/LUX/CO/6-7, 14 March 2018, para. 28(b).

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<sup>9</sup>CRC, Concluding observations on the combined sixth and seventh periodic reports of Bulgaria, CRC/C/BGR/CO/6-7, 15 March 2024, para. 27(b).

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recommendations, a strong message also requires the use of firm language and a focus on two key conditionalities: medical necessity and informed consent. The TB-CRC contributes primarily to the number of requests to ban IGM. It articulates the issue of IGM most often (42/117) and repeatedly recommends: “To ensure that intersex children are not subjected to early unnecessary medical or surgical treatment”<sup>10</sup>. The second component of a strong message pertains to the forcible tone of the requested measures, meaning demanding ‘to prohibit’ medical and surgical interventions. Among all TBs, the CRPD and CEDAW Committees stand out for issuing the strongest messages, particularly when assessed in proportion to the total number of their IGM-related recommendations. The TB-CEDAW, for instance, recommends Finland in 2022 to: “Specifically *criminalize* surgical interventions on the genitalia of intersex children, unless medically necessary”<sup>11</sup>. The third component of a strong message against IGM, offers ultimate protection for intersex persons, in particular intersex children. This includes that intersex children do not experience coercion for any unnecessary medical or surgical intervention, until they are mature enough to provide consent. The majority of TBs devote considerable attention to the imperative of preventing unnecessary medical and surgical interventions. Regarding the conditionality of informed consent, the TB-CESCR and the TB-CRPD both require consent in all but one of their IGM-related recommendations, as illustrated in the demand sent to Pakistan by the TB-CCPR in 2024: “Put an end to irreversible and invasive medical interventions, especially surgical operations, on intersex children *who are not yet able to provide their fully informed and free consent, unless such interventions constitute an absolute medical necessity*”<sup>12</sup>. While all TBs acknowledge the importance of informed consent, only half of the IGM-related recommendations (58 out of 117) explicitly reflect this conditionality. In comparison, the criterion of medical necessity appears in 78 of the 117 cases. This uneven emphasis suggests that the IGM-related recommendations could benefit from a more unified position, one that consistently incorporates both conditionalities alongside forceful language. Such coherence would strengthen the ability of intersex organisations to rely on these recommendations as a robust foundation for national advocacy.

## 6. Conclusion

Advocates for intersex rights that call for a moratorium on medical and surgical interventions on intersex children, emphasise the need for informed consent in line with a full-consent policy (Wiesemann *et al.*, 2010). A content analysis of 117 IGM-related recommendations determined if their advocacy endeavours are effectively reinforced by a shared language on the ban on IGM across the TBs. The analysis found that while the 117 cases reflect a shared message against IGM, each of the TBs has the tendency of applying their own terminology and not all TBs express their opposition to IGM with equal strength. There is a clear convergence regarding the conditionality of eradicating ‘unnecessary’ medical and surgical interventions. The TB-CRC and TB-CEDAW emerge as explicit

<sup>10</sup>CRC, Concluding observations on the combined third to sixth periodic reports of South Africa, CRC/C/ZAF/CO/3-6, 11 March 2024, para.27(h).

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<sup>11</sup>CEDAW, Concluding observations on the eighth periodic report of Finland CEDAW/C/FIN/CO/8, 1 November 2022, para.22(b). [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2FC%2FFIN%2FCO%2F8&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2FC%2FFIN%2FCO%2F8&Lang=en)

<sup>12</sup>CCPR, Concluding observations on the second periodic report of Pakistan, CCPR/C/PAK/CO/2, 2 December 2024, para.13(d). [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CCPR%2FC%2FPAK%2FCO%2F2&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CCPR%2FC%2FPAK%2FCO%2F2&Lang=en)

opponents, frequently underscoring that medical and surgical interventions on intersex persons should only be considered when strictly necessary, meaning in situations where the individual's life is at risk. The TB-CCPR similarly accords significant attention to the conditionality of 'necessity' in relation to such interventions. The repeated articulation of necessity as a conditionality criterion provides a useful reference point for intersex organisations' national advocacy. Regarding the conditionality of informed consent, the analysis demonstrated that all TBs share this message, however, this occurs only in half of the IGM-related recommendations cases, stressing the need for more consistent IGM-related recommendations. Omitting the importance of informed consent from intersex persons prior to any medical or surgical intervention, weakens the universal protection against IGM. The use of forceful language, particularly 'to prohibit' medical and surgical interventions, adds normative weight to IGM-related recommendations that encompass the conditionality of 'necessity' and 'informed consent'. More consistency in the use of strong language, compiled with these two conditionalities, provides valuable sources for intersex rights advocates in their attempts to convince their governments to establish legislation eradicating unnecessary medical and surgical interventions without informed consent of the intersex persons involved.

## References

- Bauer, M., Truffer, D. & Crocetti, D. (2020). Intersex human rights. *The International Journal of Human Rights*, 24(6), 724-749.
- Bird, J. (2005). Outside the law: Intersex, medicine and the discourse rights. *Cardozo JL & Gender*, 12, 65.
- Carpenter, M. (2016). The human rights of intersex people: Addressing harmful practices and rhetoric of change. *Reproductive Health Matters*, 24(47), 74-84.
- Carpenter, M. (2018). Intersex variations, human rights and the international classification of diseases. *Health and Human Rights*, 20(2), 205.
- Carpenter, M. (2020). Intersex human rights, sexual orientation, gender identity, sex characteristics and the Yogyakarta Principles plus 10. *Culture, Health & Sexuality*, 23(4), 516-532.
- Carpenter, M., Monro, S. (2024). Human rights, equalities and citizenship. In *Intersex, Variations of Sex Characteristics, DSD*, 171-201. Routledge.
- CAT (2011). Concluding Observations on the Fifth Periodic Report of Germany, CAT/C/DEU/CO/5, para.20(a).  
[https://tbinternet.ohchr.org/\\_layouts/15/TreatyBodyExternal/Download.aspx?symbolno=CAT/C/DEU/CO/5&Lang=En](https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Download.aspx?symbolno=CAT/C/DEU/CO/5&Lang=En) Accessed on 20.04.2025.
- CAT (2011). Concluding Observations on the Fifth Periodic Report of Germany, CAT/C/DEU/CO/5, para.20(b-d).  
[https://tbinternet.ohchr.org/\\_layouts/15/TreatyBodyExternal/Download.aspx?symbolno=CAT/C/DEU/CO/5&Lang=En](https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Download.aspx?symbolno=CAT/C/DEU/CO/5&Lang=En) Accessed on 20.04.2025.
- CCPR (2024). Concluding observations on the second periodic report of Pakistan, CCPR/C/PAK/CO/2, para.13(d).  
[https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CCPR%2FC%2FPAK%2FCO%2F2&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CCPR%2FC%2FPAK%2FCO%2F2&Lang=en) Accessed on 20.04.2025.
- CEDAW (2018). Concluding observations on the combined sixth and seventh periodic reports of Luxembourg, CEDAW/C/LUX/CO/6-7, para.28(b).  
[https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/LUX/CO/6-7&Lang=En](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/LUX/CO/6-7&Lang=En) Accessed on 20.04.2025.
- CEDAW (2022). Concluding observations on the eighth periodic report of Finland CEDAW/C/FIN/CO/8, para.22(b).

- [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=C&EDAW%2FC%2FFIN%2FCO%2F8&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=C&EDAW%2FC%2FFIN%2FCO%2F8&Lang=en) Accessed on 20.04.2025.
- CRC (2023). Concluding observations on the combined third and fourth periodic reports of Liechtenstein, CRC/C/LIE/CO/3-4, para.24(b).  
<https://documents.un.org/doc/undoc/gen/g23/199/36/pdf/g2319936.pdf> Accessed on 20.04.2025.
- CRC (2024). Concluding observations on the combined sixth and seventh periodic reports of Bulgaria, CRC/C/BGR/CO/6-7, para.27(b).  
[https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=C&RC%2FC%2FBGR%2FCO%2F6-7&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=C&RC%2FC%2FBGR%2FCO%2F6-7&Lang=en) Accessed on 20.04.2025.
- CRC (2024). Concluding observations on the combined sixth and seventh reports of Mexico CRC/C/MEX/CO/6-7, para.40(a).  
[https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=C&RC%2FC%2FMEX%2FCO%2F6-7&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=C&RC%2FC%2FMEX%2FCO%2F6-7&Lang=en) Accessed on 20.04.2025.
- CRC (2024). Concluding observations on the combined third to sixth periodic reports of South Africa, CRC/C/ZAF/CO/3-6, para.27(h).  
[https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=C&RC%2FC%2FZAF%2FCO%2F3-6&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=C&RC%2FC%2FZAF%2FCO%2F3-6&Lang=en) Accessed on 20.04.2025.
- Crocetti, D., Monro, S. (2024). Activism, advocacy and alliances. In *Intersex, Variations of Sex Characteristics, DSD*, 120-142, Routledge.
- CRPD (2024). Concluding observations on the combined second and third periodic reports of Belgium, CRPD/C/BEL/CO/2-3, para.35(c).  
[https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=C&RPD%2FC%2FBEL%2FCO%2F2-3&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=C&RPD%2FC%2FBEL%2FCO%2F2-3&Lang=en) Accessed on 20.04.2025.
- DeLaet, D.L., Earp, B.D. & Mills, E. (2023). Which children have rights? The child's right to bodily integrity and protection gaps for children with intersex traits under international and national laws. *Amicus Curiae*, 5(3), 448.
- Garland, F., Travis, M. (2022). *Intersex embodiment: Legal Frameworks beyond Identity and Disorder*. Policy Press.
- ILGA World (2023). 4th International Intersex Forum, Media Statement.  
<https://ilga.org/news/4th-international-intersex-forum-media-statement/> Accessed on 20.04.2025.
- InterAction for Health and Human Rights (2018a). Public Statement by the African Intersex Movement, 2017. <https://intersexday.org/en/statement-african-forum-2017/> Accessed on 20.04.2025.
- InterAction for Health and Human Rights (2018b). Statement of San José de Costa Rica.  
<https://intersexday.org/en/san-jose-costa-rica-statement/> Accessed on 20.04.2025.
- Intersex Asia Network (2022). Asian Intersex Forum. <https://intersexasia.com/events/asian-intersex-forum/> Accessed on 20.04.2025.
- Intersex Asia Network (2023). Asian Intersex Statement 2023. <https://intersexasia.org/regional-demands/> Accessed on 20.04.2025.
- Intersex Asia Network (2025). Strategic Solutions for Advancing Intersex Rights: Empowerment, Collaboration and Ethical Advocacy. <https://intersexasia.org/strategic-solutions-for-advancing-intersex-rights-empowerment-collaboration-and-ethical-advocacy/> Accessed on 20.04.2025.
- Intersex Human Rights Australia (2011). First ever International Intersex Forum Agrees Common Platform. <https://interaction.org.au/14340/first-international-intersex-forum/> Accessed on 20.04.2025.
- Intersex Human Rights Australia (2017). Darlington Statement. <https://ihra.org.au/darlington-statement/> Accessed on 20.04.2025.
- Jones, T. (2018). Intersex studies: A systematic review of international health literature. *SAGE Open*, 8(2), 1-22.



- Leivas, P.G.C., Schiavon, A.D.A., Resadori, A.H., Vanin, A.A., Almeida, A.D.N. & Machado, P.S. (2023). Human rights violations in normalizing procedures on intersex children. *Cadernos de Saúde Pública*, 39, 1-13.
- Méndez, J.E. (2013). Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment. UN Human Rights Council. <https://www.refworld.org/reference/themreport/unhrc/2013/en/90541> Accessed on 20.04.2025.
- Mestre, Y. (2022). The human rights situation of intersex people: An analysis of Europe and Latin America. *Social Sciences*, 11(7), 317.
- Monro, S., Carpenter, M., Crocetti, D., Davis, G., Garland, F., Griffiths, D., ... & Aggleton, P. (2021). Intersex: Cultural and social perspectives. *Culture, Health & Sexuality*, 23(4), 431-440.
- OII Europe (2012). The second International Intersex Forum has just concluded in Stockholm, with an affirmation of seven key demands and priorities for intersex people. <https://www.oieurope.org/the-second-international-intersex-forum-has-just-concluded-in-stockholm-with-an-affirmation-of-seven-key-demands-and-priorities-for-intersex-people/> Accessed on 20.04.2025.
- OII Europe (2013). Malta Declaration. <https://www.oieurope.org/malta-declaration/> Accessed on 20.04.2025.
- OII Europe (2014). Statement of the European Intersex Meeting in Riga, 2014. <https://www.oieurope.org/statement-of-the-european-intersex-meeting-in-riga-2014/> Accessed on 20.04.2025.
- OII Europe (2017). Statement of the 1st European Intersex Community Event (Vienna, 30st-31st of March 2017). <https://www.oieurope.org/statement-1st-european-intersex-community-event-vienna-30st-31st-march-2017/> Accessed on 20.04.2025.
- Ravesloot, S.C.I. (2024). The universal periodic review and the ban on intersex genital mutilation in an African context. *Social Sciences*, 13(7), 349, 2-15.
- Suess-Schwend, A. (2024). Intersex epistemologies? Reviewing relevant perspectives in intersex studies. *Social Sciences*, 13(6), 298, 2-28.
- The Yogyakarta Principles Plus 10 (2017). Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics to Complement the Yogyakarta Principles. <https://yogyakartaprinciples.org/wp-content/uploads/2022/02/021522-Principios-de-Yogyakarta- mas-10.pdf> Accessed on 20.04.2025.
- UN Committee on Economic, Social and Cultural Rights (2016). General comment No.22 (2016) on the Right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights). <https://digitallibrary.un.org/record/832961?ln=en&v=pdf> Accessed on 20.04.2025.
- UN Committee on the Rights of Persons with Disabilities (2016). General comment No.3 (2016), Article 6: Women and girls with disabilities. <https://www.refworld.org/legal/general/crpd/2016/en/112078> Accessed on 20.04.2025.
- UN Committee on the Rights of the Child (2016). General comment No.20 (2016) on the implementation of the rights of the child during adolescence. <https://www.refworld.org/legal/general/crc/2016/en/115419> Accessed on 20.04.2025.
- UN General Assembly (1966). International Covenant on Civil and Political Rights. United Nations. <https://www.refworld.org/legal/agreements/unga/1966/en/17703> Accessed on 20.04.2025.
- UN General Assembly (1966). International Covenant on Economic, Social and Cultural Rights. United Nations. <https://www.refworld.org/legal/agreements/unga/1966/en/33423> Accessed on 20.04.2025.
- UN General Assembly (1979). Convention on the Elimination of All Forms of Discrimination against Women. United Nations. <https://www.refworld.org/legal/agreements/unga/1979/en/13757> Accessed on 20.04.2025.

- UN General Assembly (1984). Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. United Nations. <https://www.refworld.org/legal/agreements/unga/1984/en/13941> Accessed on 20.04.2025.
- UN General Assembly (1989). Convention on the Rights of the Child. United Nations. <https://www.refworld.org/legal/agreements/unga/1989/en/18815> Accessed on 20.04.2025.
- UN General Assembly (2006). Convention on the Rights of Persons with Disabilities. <https://www.refworld.org/legal/agreements/unga/2006/en/90142> Accessed on 20.04.2025.
- UN Human Rights Council (2024). Combating discrimination, violence and harmful practices against intersex persons. <https://docs.un.org/en/A/HRC/55/L.9> Accessed on 20.04.2025.
- UN Office of the High Commissioner for Human Rights (2019). Background Note on Human Rights Violations against Intersex People. <https://www.ohchr.org/en/documents/tools-and-resources/background-note-human-rights-violations-against-intersex-people> Accessed on 20.04.2025.
- UN Office of the High Commissioner for Human Rights (2023). Technical Note on the Human Rights of Intersex People: Human Rights Standards and Good Practices. <https://www.ohchr.org/en/documents/tools-and-resources/ohchr-technical-note-human-rights-intersex-people-human-rights> Accessed on 20.04.2025.
- UN Office of the High Commissioner for Human Rights (2023). Universal Human Rights Index. <https://uhri.ohchr.org/en/search-human-rights-recommendations> Accessed on 20.04.2025.
- Wiesemann, C., Ude-Koeller, S., Sinnecker, G.H. & Thyen, U. (2010). Ethical principles and recommendations for the medical management of differences of sex development (DSD)/intersex in children and adolescents. *European Journal of Pediatrics*, 169, 671-679.
- Yogyakarta Principles (2007). Yogyakarta Principles - Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity. <https://www.refworld.org/legal/resolution/icjurists/2007/en/58135> Accessed on 20.04.2025.
- Zelayandia-Gonzalez, E. (2023). The growing visibility of intersex demands at the United Nations: A review of the treaty bodies' concluding observations. *Social Sciences*, 12(2), 73.

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