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**Annual report of the United Nations High Commissioner
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High Commissioner and the Secretary-General**

**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Discriminatory laws and policies, acts of violence and harmful practices against intersex persons

Report of the Office of the United Nations High Commissioner for Human Rights*

Summary

In the present report, submitted pursuant to Human Rights Council resolution 55/14, the Office of the United Nations High Commissioner for Human Rights examines discriminatory laws and policies, acts of violence and harmful practices against intersex persons, including their root causes. It also analyses relevant human rights norms and standards, identifies promising practices and makes recommendations on protecting the human rights, including the right to health, of intersex persons.

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I. Introduction

1. The present report is submitted pursuant to Human Rights Council resolution 55/14, in which the Council requested the Office of the United Nations High Commissioner for Human Rights (OHCHR) to prepare a report examining in detail discriminatory laws and policies, acts of violence and harmful practices against persons with innate variations in sex characteristics, in all regions of the world, and their root causes, and also examining best practices, including legal protection and remedies, especially when addressing the realization of the right to the enjoyment of the highest attainable standard of physical and mental health.

2. Persons with innate variations in sex characteristics, also known as intersex persons, are born with sex characteristics that do not fit typical definitions for male or female bodies, including sexual anatomy, reproductive organs and hormonal or chromosome patterns.¹ Intersex persons exist in all societies.² According to research, between 0.05 and 1.7 per cent of the population is born with intersex traits. Intersex persons are diverse and have a wide range of innate variations in sex characteristics, which may be apparent at birth or emerge during puberty or later in adulthood.³

3. In preparation for the report, on 20 August 2024, the Office issued a call for input. Over 190 submissions were received from States, national human rights institutions, civil society organizations, United Nations entities, academia, intersex persons and other stakeholders.⁴

II. International human rights norms and standards

4. Intersex persons, like everyone, are entitled to the equal protection, respect and fulfilment of all human rights, as enshrined in the Universal Declaration of Human Rights and international human rights treaties. The High Commissioner for Human Rights⁵ and United Nations human rights mechanisms – the Human Rights Council,⁶ the Human Rights Committee,⁷ the Committee against Torture,⁸ the Committee on the Rights of the Child,⁹ the Committee on the Elimination of Discrimination against Women,¹⁰ the Committee on

¹ Human Rights Council, resolution 55/14, eighth preambular paragraph. The resolution uses “intersex persons” and “persons with innate variations in sex characteristics” interchangeably. It is important to note that persons with innate variations in sex characteristics have different views on terminology and use different terms to describe themselves, their bodies and their sex characteristics. The word “intersex” is used as an umbrella term to describe a wide range of innate bodily variations in sex characteristics. Some persons consider themselves to be intersex, while others consider themselves to be individuals who have an “intersex variation”, an “intersex trait” or an “intersex condition”. Other terminology includes “innate variations in sex characteristics”, “differences of sex development” and diagnostic terms relating to specific variations. The present report uses the term “intersex persons” for reasons of length, while acknowledging the diversity in use of terminology. See also OHCHR, *Human Rights Violations Against Intersex People: A Background Note* (2019), pp. 4 and 5.

² Human Rights Council, resolution 55/14, eighth preambular paragraph.

³ OHCHR, *Human Rights Violations Against Intersex People*, p. 4.

⁴ See <https://www.ohchr.org/en/calls-for-input/2024/call-inputs-preparation-report-high-commissioner-human-rights-pursuant-human>.

⁵ OHCHR, *Human Rights Violations Against Intersex People*; and OHCHR, “Technical note on the human rights of intersex people: human rights standards and good practices” (2022).

⁶ Human Rights Council, resolution 55/14.

⁷ [CCPR/C/DEU/CO/7](#), paras. 20 and 21; [CCPR/C/KEN/CO/4](#), paras. 12 (e) and 13 (e); and [CCPR/C/FIN/CO/7](#), paras. 20 and 21.

⁸ [CAT/C/FIN/CO/8](#), paras. 44 and 45; [CAT/C/FRA/CO/7](#) and [CAT/C/FRA/CO/7/Corr.1](#), paras. 34 and 35; [CAT/C/NLD/CO/7](#), paras. 52 and 53; and <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>.

⁹ [CRC/C/GBR/CO/5](#) and [CRC/C/GBR/CO/5/Corr.1](#), paras. 46 (b) and 47 (c)–(e); [CRC/C/NPL/CO/3-5](#) and [CRC/C/NPL/CO/3-5/Corr.1](#), paras. 41 and 42; and <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>.

¹⁰ [CEDAW/C/NPL/CO/6](#), paras. 18 (c) and 19 (d); [CEDAW/C/MEX/CO/9](#), paras. 21 and 22; [CEDAW/C/AUS/CO/8](#), paras. 25 (c) and 26 (c); and [CEDAW/C/BGR/CO/8](#), paras. 33 (d) and 34 (e).

Economic, Social and Cultural Rights,¹¹ the Committee on the Rights of Persons with Disabilities,¹² the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment,¹³ the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment¹⁴ and the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health¹⁵ – have raised concerns about violations of the human rights of intersex persons and have reaffirmed related obligations of States under international human rights norms and standards. The Special Representative of the Secretary-General on Violence against Children,¹⁶ the World Health Organization (WHO)¹⁷ and the United Nations Development Programme (UNDP)¹⁸ and, at the regional level, the African Commission on Human and Peoples' Rights,¹⁹ Council of Europe entities²⁰ and the Inter-American Commission on Human Rights have done likewise.²¹

III. Human rights violations faced by intersex persons

5. The bodies and appearance of intersex persons are frequently perceived as different, and as a result, they often face stigma and human rights violations and abuses based on their actual or perceived sex characteristics. These violations include infanticide, violence, medically unnecessary interventions performed without their full, free and informed consent, discrimination in education, healthcare, employment, sports and access to services, and obstacles to modifying names and sex markers in official records, to obtaining their own medical records and to accessing justice and remedies for the violations and abuses they face.²²

6. Such practices constitute violations of the human rights of intersex persons, including, as applicable, the rights to life, security of the person, freedom from torture and ill-treatment, non-discrimination, equality before the law, equal recognition before the law, health, education, employment, bodily autonomy, physical and psychological integrity, participation in recreational activities, sports and cultural life, access to justice and remedy, and the rights of the child, including to life, to health, to preserve their identity, to protection from all forms

¹¹ E/C.12/AUS/CO/5, paras. 49 and 50; and E/C.12/LUX/CO/4, paras. 36 (b) and 37 (b).

¹² CRPD/C/BEL/CO/2-3, paras. 34 (c) and 35 (c); CRPD/C/NZL/CO/2-3, paras. 35 (b) and 36 (b); and <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>.

¹³ CAT/C/57/4 and CAT/C/57/4/Corr.1, paras. 70 and 81; and <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>.

¹⁴ A/HRC/22/53, paras. 77 and 88; A/HRC/31/57, paras. 50 and 72 (i); and

<https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>.

¹⁵ A/70/213, paras. 84–86 and 112 (m); A/HRC/50/28, paras. 59 and 88; and

<https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>.

¹⁶ See <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>.

¹⁷ Submission from WHO; WHO, *Sexual health, human rights and the law* (Geneva, 2015), pp. 26 and 27; and “Eliminating forced, coercive and otherwise involuntary sterilization: an interagency statement, OHCHR, UN-Women, UNAIDS, UNDP, UNFPA, UNICEF and WHO” (Geneva, WHO, 2014).

¹⁸ UNDP, *Human rights of intersex persons in Barbados, Dominican Republic, Haiti and Jamaica* (New York, 2021); and UNDP and Intersex Society of Zambia, *Being Intersex in Zambia: A Legal and Policy Review* (2023).

¹⁹ See <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>; and African Commission on Human and Peoples' Rights, Resolution 522 on the Promotion and Protection of the Rights of Intersex Persons in Africa (2023).

²⁰ See <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>; Parliamentary Assembly of the Council of Europe, Resolution 2191 on promoting the human rights of and eliminating discrimination against intersex people (2017); and Council of Europe Commissioner for Human Rights, *Human rights and intersex people: issue paper* (2015).

²¹ See <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>; and Inter-American Commission on Human Rights, “IACHR calls on States to guarantee the right to truth, justice, and reparation for intersex people”, press release, 26 October 2021.

²² OHCHR, “Technical note on the human rights of intersex people”, p. 1; OHCHR, *Human Rights Violations Against Intersex People*; <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>; and several submissions.

of violence, to be heard and for their best interests to be a primary consideration in all actions that concern them.²³

A. Infanticide

7. There are reports of infanticides of intersex children in countries in Africa and Asia.²⁴ In some countries, intersex children and their mothers may be labelled by some as “cursed”, witches or victims of witchcraft and these harmful beliefs have been reported to result in infanticide.²⁵ The Committee against Torture, the Committee on the Elimination of Discrimination against Women and the Human Rights Committee have raised concerns about infanticide of intersex children and called on States to combat it.²⁶ The measures States should take include addressing root causes and discriminatory attitudes, and tackling impunity by ensuring effective investigation and prosecution of perpetrators.

B. Violence

8. Intersex persons across the world face violence, including physical and verbal abuse, bullying and harassment.²⁷ A survey conducted in the European Union in 2023 found that 32 per cent of intersex respondents experienced hate-motivated violence, including physical and sexual attacks.²⁸ A survey conducted in Latin America between 2021 and 2022 showed that 20 per cent of intersex persons faced violence, including sexual assault, being touched or groped without their consent and verbal abuse.²⁹ A global survey of intersex civil society organizations conducted between 2020 and 2023 revealed that one quarter reported physical violence against those who lead the organization, one in five reported vandalism of their offices, events or infrastructure, two thirds reported threats against intersex community members, and the majority reported high levels of online harassment.³⁰

9. There are reports of intersex children being abandoned, neglected, denied healthcare, nutrition or education, and of families concealing or isolating intersex children, which has a negative effect on their development and well-being.³¹ Other reports document harmful practices such as forced rituals or traditional “treatments” performed on intersex children resulting in physical and psychological harm.³² Further reports describe intersex persons being subjected to humiliating genital examinations which involve photography and display, experiences that intersex persons have described as shaming, traumatic and, in some cases, a form of sexual abuse.³³

²³ OHCHR, “Technical note on the human rights of intersex people”, pp. 1 and 2; OHCHR, *Human Rights Violations Against Intersex People*; and [A/HRC/44/26](#), para. 34.

²⁴ OHCHR, *Human Rights Violations Against Intersex People*, pp. 24 and 25; and submissions from African Intersex Movement and Intersex Asia.

²⁵ Submissions from African Intersex Movement, ILGA World and StopIGM.org/*Zwischengeschlecht*.org.

²⁶ [CAT/C/KEN/CO/3](#), para. 43 (c); [CEDAW/C/NPL/CO/6](#), para. 18 (c); and [CCPR/C/KEN/CO/4](#), para. 12 (e).

²⁷ Submissions from African Intersex Movement, Brújula Intersexual, Collectif Intersexe Activiste, Intersex Asia, Fundacja Interakcja and OII Europe.

²⁸ European Union Agency for Fundamental Rights, *LGBTIQ equality at a crossroads: Progress and challenges* (Vienna, 2024).

²⁹ Ercio Muñoz, Melanie Saavedra and Dario Sansone, “The lives of intersex people: Socioeconomic and health disparities in Mexico”, *PNAS Nexus*, vol. 4, No. 5 (April 2025).

³⁰ Julia Lukomnik and others, *The State of Intersex Organizing*, 3rd ed. (Global Philanthropy Project, 2024), pp. 27 and 28.

³¹ Submissions from African Intersex Movement, Human Rights Council Advisory Committee and Intersex Asia; and OHCHR, *Human Rights Violations Against Intersex People*, p. 25.

³² Submissions from African Intersex Movement and Kenya National Commission on Human Rights.

³³ OHCHR, *Human Rights Violations Against Intersex People*, pp. 13 and 14; and submissions from intersex individuals.

C. Medically unnecessary interventions performed without full, free and informed consent

10. Globally, intersex infants and children are subjected to medically unnecessary surgeries, hormonal treatments and other medical interventions intended to modify their physical appearance and traits to fit stereotypes of male or female bodies.³⁴ When performed without the full, free and informed consent of the individual concerned, these procedures generally violate the human rights of intersex persons, including their rights to physical and mental integrity, to freedom from torture or other cruel, inhuman or degrading treatment or punishment and to health.³⁵ The Committee on Economic, Social and Cultural Rights and the Special Rapporteur on the right to health have emphasized that such practices also violate the right to sexual and reproductive health and the right to informed consent in the context of health.³⁶ Human rights experts have expressed grave concern about such interventions as a form of violence and a harmful practice, called for their prohibition and urged States to uphold the autonomy of intersex children and adults.³⁷ Many so-called “sex-normalizing” surgeries performed on intersex children are often not medically necessary and are driven by doctors’ and parents’ preferences or discomfort around cosmetic appearance and societal expectations of male and female bodies.³⁸ Such non-urgent, medically unnecessary interventions differ from, and must be distinguished in law and policy from, urgent, necessary medical treatment to preserve the life and health of the child, for example hormone therapy to prevent fatal salt-loss in some infants with congenital adrenal hyperplasia.³⁹

11. A 2024 systematic review led by WHO revealed that elective, early-years “sex-normalizing surgeries” for intersex children are generally conducted for cosmetic reasons, parental desire or to meet social expectations about the appearance of body parts.⁴⁰ For example, 40 per cent of the studies that were reviewed refer to a perceived goal of aligning the child’s body and appearance with a sex assigned by parents or surgeons as a rationale for early intervention. More than 60 per cent of the studies provided no rationale for the timing of interventions and 40 per cent provided no rationale for the conduct of the procedures. The review highlighted the frequent performance of such procedures based on outdated beliefs or theories and to meet goals that are not adequately supported by medical literature. WHO emphasized that the potential harms of such early interventions, including lifelong consequences for physical and mental health and in some cases, irreversible sterility, outweigh the risks of postponing decisions until the individual can participate actively in decision-making relevant to their body and health and provide their free and informed consent to any relevant medical procedure.⁴¹

³⁴ OHCHR, *Human Rights Violations Against Intersex People*, p. 13; and several submissions.

³⁵ OHCHR, “Technical note on the human rights of intersex people”, pp. 3 and 4; OHCHR, *Human Rights Violations Against Intersex People*, pp. 12–22; Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, art. 16; International Covenant on Civil and Political Rights, arts. 7 and 9; and International Covenant on Economic, Social and Cultural Rights, art. 12.

³⁶ Committee on Economic, Social and Cultural Rights, general comment No. 22 (2016), para. 59; A/HRC/50/28, para. 20; and A/64/272, paras. 43 and 49.

³⁷ See <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>; and OHCHR, “Technical note on the human rights of intersex people”, pp. 3 and 4.

³⁸ OHCHR, *Human Rights Violations Against Intersex People*, pp. 12–22; and submissions from WHO, InterACT and Intersex Human Rights Australia.

³⁹ Brussels Collaboration on Bodily Integrity, “Genital modifications in prepubescent minors: when may clinicians ethically proceed?”, *American Journal of Bioethics*, vol. 25, No. 7 (2024); Kavot Zillén, Jameson Garland and Santa Slokenberga, *The Rights of Children in Biomedicine: Challenges posed by scientific advances and uncertainties* (commissioned by the Committee on Bioethics of the Council of Europe, 2017), p. 43; and OHCHR, *Human Rights Violations Against Intersex People*, pp. 13 and 28.

⁴⁰ Submission from WHO; and Luke Muschialli and others, “Perspectives on conducting ‘sex-normalising’ intersex surgeries conducted in infancy: a systematic review”, *PLOS Glob Public Health*, vol. 4, No. 8 (28 August 2024).

⁴¹ Submission from WHO.

12. In 2024, more than 150 experts from all regions signed an international consensus statement on bioethics calling for the equal protection of all prepubescent children, including intersex children, and for an end to medically unnecessary, non-voluntary genital cutting or surgery, on the basis of the rights to privacy, dignity, bodily integrity and bodily autonomy, in line with ethical and human rights considerations with regard to female genital mutilation.⁴² They also emphasized that non-voluntary medical interventions may take place only when there is a serious and time-sensitive threat to physical health, where the intervention is the least risky, invasive and harmful treatment option, and the one that will preserve to the maximum extent the individual's autonomy in the future.

13. United Nations and regional human rights experts have urged Governments to “prohibit harmful medical practices on intersex children, including unnecessary surgery and treatment without their informed consent, and sterilization”,⁴³ and indicated that States “must uphold the autonomy of intersex adults and children and their rights to health, to physical and mental integrity, to live free from violence and harmful practices and to be free from torture and ill-treatment”.⁴⁴ United Nations entities have expressed concern about the harmful impacts of such practices, including sterilization and the irreversible loss of some or all aspects of reproductive and sexual capacity.⁴⁵

14. Testimonies from intersex persons highlight the lifelong physical suffering caused by such practices, including scarring, permanent infertility or sterilization, trauma, incontinence and loss of sexual function and sensation.⁴⁶ Victims also report severe emotional suffering, including depression, with some stating that those experiences made them contemplate suicide.⁴⁷ Such procedures often explicitly aim to hide or erase intersex traits, reinforcing the stigma and discrimination intersex persons face throughout their lives. A survey conducted in the European Union in 2024 revealed that 60 per cent of intersex respondents who underwent surgery related to being intersex stated that they had not consented; it was their “parents or someone else” or “no one” who had authorized the surgery.⁴⁸

D. Discrimination

15. Around the world, intersex persons experience discrimination and marginalization in healthcare, education, employment, sport and other areas. United Nations and regional human rights mechanisms have urged States to enact comprehensive anti-discrimination laws that explicitly include sex characteristics as a prohibited ground of discrimination.⁴⁹ However, fewer than 10 per cent of States have done so.⁵⁰ Discrimination is often compounded by

⁴² [Brussels Collaboration on Bodily Integrity](#), “Genital modifications in prepubescent minors”.

⁴³ See <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>.

⁴⁴ *Ibid.*; and “Eliminating forced, coercive and otherwise involuntary sterilization”, pp. 2, 7, 8, 10 and 14.

⁴⁵ WHO, *Sexual health, human rights and the law*, p. 26; <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>; and “Eliminating forced, coercive and otherwise involuntary sterilization”, pp. 2, 7, 8, 10 and 14.

⁴⁶ Submissions received from intersex individuals. See also “Eliminating forced, coercive and otherwise involuntary sterilization”, pp. 7 and 8; <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>; Inter-American Commission on Human Rights, *Violence against Lesbian, Gay, Bisexual, Trans and Intersex Persons in the Americas* (2015), para. 186; and Organisation Intersex International (OII) Europe, *#MyIntersexStory: Personal accounts by intersex people living in Europe* (2019)/ submission from OII Europe.

⁴⁷ Submissions received from intersex individuals; and Tiffany Jones and others, *Intersex: Stories and Statistics from Australia* (Cambridge, Open Book Publishers, 2016), pp. 121–123.

⁴⁸ See <https://www.ilga-europe.org.report/intersections-intersex-diving-into-the-fra-lgbti-ii-survey-data/>, p. 7.

⁴⁹ See <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>.

⁵⁰ See <https://database.ilga.org/discrimination-education-lgbti>; <https://database.ilga.org/discrimination-employment-lgbti>; <https://database.ilga.org/discrimination-health-lgbti>; <https://database.ilga.org/discrimination-housing-lgbti>; and <https://database.ilga.org/discrimination-goods-and-services-lgbti>.

intersecting factors such as gender, race, ethnicity and disability, among others.⁵¹ A lack of awareness and invisibility of intersex issues, lack of legal protections and the secrecy surrounding intersex variations further contribute to the stigma, isolation and discrimination that intersex persons may face in their lifetime.

16. In healthcare settings, intersex persons have reported experiencing discrimination, stigma, prejudice and harassment from medical staff.⁵² Healthcare providers may not be adequately trained or have the knowledge or understanding to meet the specific healthcare needs of intersex individuals.⁵³ Intersex persons report violations of their privacy and being used for teaching purposes without their consent, which has a negative impact on their mental health.⁵⁴ In a study conducted in North America in 2018, 43 per cent of intersex adults described their physical health as either fair or poor, more than twice the rate in the general population.⁵⁵ Other concerns include the lack of standards of care that respect the rights of intersex persons and the lack or denial of access to medical records.⁵⁶ United Nations human rights mechanisms and regional experts have recommended that States develop and implement rights-based health protocols for intersex persons, ensure that they have access to their own medical records and to health services that address their specific health needs, and provide counselling and support for both intersex persons and their families.⁵⁷

17. In educational settings, intersex children face bullying, including verbal insults and physical violence, blackmail and sexual violence from peers, teachers and staff, which increases the risk that they will drop out, thus limiting their future opportunities.⁵⁸ This can be exacerbated by frequent hospital visits, also due to unnecessary medical interventions, and their harmful impacts. In East Africa, 90 per cent of intersex youth interviewed for a survey conducted in 2017 had dropped out of school due to discrimination from peers and teachers.⁵⁹

18. A survey conducted in the European Union in 2024 found that 31 per cent of intersex respondents experienced discrimination when looking for work, while 28 per cent faced discrimination when looking for housing.⁶⁰

19. In a number of regions, intersex organizations have rejected the idea that intersex is a “third” sex and have raised concerns about the imposition of a mandatory “third” or “indeterminate” sex or gender category for intersex persons, including on birth certificates. They indicate that this can be inaccurate, it does not respect the diversity and self-determination of intersex persons and it can be harmful by encouraging medically unnecessary interventions.⁶¹ They have recommended instead that intersex children be registered as male or female at birth, with the possibility to modify their documents later in life.⁶² Concerns have also been raised about cases where medically unnecessary interventions

⁵¹ Submissions from Associação Brasileira de Intersexos and Human Rights Council Advisory Committee.

⁵² OHCHR, *Human Rights Violations Against Intersex People*, pp. 28–31.

⁵³ Laetitia Zeeman and Kay Aranda, “A systematic review of the health and healthcare inequalities for people with intersex variance”, *International Journal of Environmental Research and Public Health*, vol. 17, No. 18 (September 2020).

⁵⁴ OHCHR, *Human Rights Violations Against Intersex People*, pp. 13 and 14; submissions from Fundacja Interakcja and Kenya National Human Rights Commission.

⁵⁵ Amy Rosenwohl-Mack and others, “A national study on the physical and mental health of intersex adults in the U.S.”, *PLoS ONE*, vol. 15, No. 10 (October 2020).

⁵⁶ See <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>; and OHCHR, *Human Rights Violations Against Intersex People*, pp. 14 and 28.

⁵⁷ See <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>; CEDAW/C/BGR/CO/8, para. 34 (e); CCPR/C/CHE/CO/4 para. 25; and OHCHR, “Technical note on the human rights of intersex people”, pp. 8 and 15.

⁵⁸ Submissions from Fundacja Interakcja, Human Rights Council Advisory Committee, Intersex Persons Society of Ghana and OII Europe; and <https://sindis.conapred.org.mx/investigaciones/discriminacion-y-violencia-contrapersonas-intersex-resultados-de-la-encuesta-intersex-dirigida-a-personas-con-variaciones-congenitas-en-las-caracteristicas-sexuales-resumen-ejecutivo/> (in Spanish), pp. 16 and 17.

⁵⁹ SIPD Uganda, “Baseline survey on intersex realities in East Africa” (2017).

⁶⁰ European Union Agency for Fundamental Rights, *LGBTIQ equality at a crossroads*, p. 16.

⁶¹ OHCHR, *Human Rights Violations Against Intersex People*, pp. 35 and 36; and <https://www.oiiurope.org/malta-declaration>.

⁶² See <https://www.oiiurope.org/malta-declaration>.

were required as a condition to be able to register the birth of an intersex child, or where birth registration procedures may encourage such interventions.⁶³

20. Some intersex persons develop physical sex characteristics, including during puberty, that are not typically associated with the sex marker on their birth certificate. While not all intersex individuals wish to modify their documents, those who do face significant barriers. Most countries lack simple administrative procedures to modify sex or gender markers and names, and some countries require intersex persons to undergo medically unnecessary interventions prior to modifying their documents.⁶⁴ These barriers can exacerbate the discrimination faced by intersex persons when accessing healthcare, education, employment, banking, travel and political participation, among other areas in life.⁶⁵

21. Eligibility regulations for women in several elite sports have led to the exclusion of women with innate variations in sex characteristics and to harms, including surgeries and procedures performed without their informed consent, and forced, coerced or otherwise involuntary sterilization, among others, as well as ending the women's professional careers and livelihoods.⁶⁶ Those women, most of whom have been from Africa and South Asia, have also been subjected to public humiliation, hate speech and invasion of the most intimate and private details of their bodies and existence by sporting authorities and the media.⁶⁷ Such regulations can leave women athletes who have innate variations in their sex characteristics with an impossible choice: either undergo intrusive, medically unnecessary assessments and interventions to change their naturally occurring biological traits, risking harm to their health and well-being, or lose their livelihood and career.⁶⁸ The United Nations High Commissioner for Human Rights⁶⁹ and several special procedure mandate holders have raised serious concerns about the impact of such regulations on the human rights to privacy, dignity, health, non-discrimination, freedom from torture and ill-treatment, and employment.⁷⁰

22. Data collection on the human rights situation and lived experiences of intersex persons remains sparse, contributing to their invisibility.⁷¹ Where data exists, it is often merged with data on other populations, which may not accurately reflect the experiences of intersex persons.⁷² This hinders evidence-based legal and policy responses to address violence and discrimination faced by intersex persons.

23. A global survey conducted in 2024 revealed that intersex organizations receive very limited funding. Thirteen per cent received no funding and half had annual budgets of under \$20,000, limiting their capacity to advocate for policies to combat discrimination and provide health and social services for intersex persons who face discrimination.⁷³

E. Barriers to accessing justice and remedy

24. Intersex persons can face significant barriers to accessing justice when their rights are violated. Most medically unnecessary interventions performed without full, free and informed consent occur in infancy or early childhood, and those whose rights have been violated are often unaware of or unable to address what was done to them until later in life.

⁶³ OHCHR, *Human Rights Violations Against Intersex People*, pp. 34–36.

⁶⁴ Ibid.

⁶⁵ Submissions from Colectivo Intertulias Ecuador (in Spanish), Outright International and Promsex.

⁶⁶ A/HRC/44/26, para. 34; and Human Rights Watch (2020), *“They’re Chasing Us Away from Sport”*: *Human Rights Violations in Sex Testing of Elite Women Athletes* (2020).

⁶⁷ A/HRC/44/26, para. 34; Human Rights Watch, *“They’re Chasing Us Away from Sport”*; and submission from Sports & Rights Alliance.

⁶⁸ A/HRC/44/26, para. 34; and <https://www.ohchr.org/sites/default/files/documents/issues/health/AC-Caster-Semenya-vs-Switzerland.pdf>.

⁶⁹ A/HRC/44/26.

⁷⁰ See <https://www.ohchr.org/sites/default/files/documents/issues/health/AC-Caster-Semenya-vs-Switzerland.pdf>.

⁷¹ Submissions from Commission for Human Rights and Good Governance of Tanzania and Parliamentary Ombudspersons of Lithuania.

⁷² OHCHR, *Human Rights Violations Against Intersex People*, p. 7.

⁷³ Lukomnik, *The State of Intersex Organizing*, pp. 30, 31, 36 and 37.

Moreover, many intersex individuals do not have access to their medical records and details of the procedures they underwent as children, or face long delays in obtaining them. For many, applicable statutes of limitations expire before they are able to seek remedy for violations of their human rights.⁷⁴

25. As a result of these and other legal limitations, most countries do not have effective avenues for accountability and remedy for intersex persons whose rights have been violated as a result of such interventions. United Nations human rights mechanisms have urged States to provide effective remedies for intersex persons, including access to their medical records, revise statutes of limitations for violations that took place during childhood to help guarantee access to justice, investigate cases, hold those responsible to account and provide redress, including compensation.⁷⁵

F. Root causes of human rights violations

26. Root causes of human rights violations against intersex persons include stereotypes, misconceptions, misinformation, stigma and taboos.

27. In medical settings, parents often do not receive, or receive only partial, incomplete or misleading, information about their child's diagnosis. This includes information on what it means to have innate variations in sex characteristics, the potential negative and long-term consequences of medically unnecessary interventions on the physical and psychological health and human rights of their child, ethical considerations and alternatives to such procedures. That makes it hard for parents to act in the best interests of their child.⁷⁶

28. Harmful stereotypes, including the notions that women must be able to have vaginal penetrative intercourse and that men must be able to urinate standing up, or about the cosmetic appearance of genitalia, have been used to justify medically unnecessary surgeries performed on intersex infants.⁷⁷ Rationales such as the need to align a child's body with binary sex stereotypes to support the development of a specific gender identity, to improve parental acceptance of the child or to avoid social stigma have likewise been used to justify such interventions, despite violating human rights standards and lacking evidence.⁷⁸ United Nations and regional experts have emphasized that pathologization is a root cause of the human rights violations that intersex persons face.⁷⁹ Treating intersex variations as "abnormal" traits that should be hidden or erased reinforces stigma and denies intersex persons autonomy over their own bodies.⁸⁰

29. In many countries, a lack of awareness and limited understanding about intersex persons, often reinforced by secrecy surrounding intersex variations, are also root causes of stigma, discrimination, social exclusion, violence and harmful practices.⁸¹

30. Misconceptions and harmful beliefs, such as the perception that being intersex is a curse, a bad omen, linked to witchcraft or karmic retribution, also contribute to the

⁷⁴ OHCHR, *Human Rights Violations Against Intersex People*, pp. 14, 28 and 42; <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>; submission from OII Europe; and Amnesty International, *First, do no harm: Ensuring the rights of children with variations of sex characteristics in Denmark and Germany* (London, 2017).

⁷⁵ CCPR/C/DEU/CO/7, paras. 20 and 21; CRC/C/GBR/CO/5 and CRC/C/GBR/CO/5/Corr.1, paras. 46 (b) and 47 (d); CRPD/C/CHE/CO/1, para. 36 (c); CEDAW/C/DEU/CO/7-8, paras. 23 (e) and 24 (e); and <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>.

⁷⁶ OHCHR, *Human Rights Violations Against Intersex People*, pp. 12 and 18.

⁷⁷ Ibid., p. 5; Brussels Collaboration on Bodily Integrity, "Genital modifications in prepubescent minors"; and Muschialli, "Perspectives on conducting 'sex-normalising' intersex surgeries conducted in infancy".

⁷⁸ OHCHR, *Human Rights Violations Against Intersex People*, p. 18; and Muschialli, "Perspectives on conducting 'sex-normalising' intersex surgeries conducted in infancy".

⁷⁹ See <https://www.ohchr.org/en/press-releases/2016/10/intersex-awareness-day-wednesday-26-october>.

⁸⁰ Submission from InterAction for Health and Human Rights. See also OHCHR, *Human Rights Violations Against Intersex People*, p. 5.

⁸¹ Several submissions.

ostracization and rejection of intersex persons by their families and communities and can lead to abandonment, infanticide, violence and discrimination.⁸²

IV. Promising practices

A. Prevention of violence

31. Some States, including Belgium, Denmark, Greece, Iceland and South Africa, have adopted legislation that prohibits and combats hate speech and/or incitement to violence, hatred or discrimination based on sex characteristics or analogous grounds.⁸³ Those States and Ireland and Malta have also either adopted legislation that sanctions acts of violence or other hateful acts motivated by a person's sex characteristics, or consider such motives to constitute an aggravating factor in the determination of penalties.⁸⁴

B. Prohibition of medically unnecessary interventions performed without full, free and informed consent

32. Prohibiting the performance of medically unnecessary interventions on intersex persons, in particular children, without their full, free and informed consent, is critical to upholding the rights to health, physical and mental integrity and freedom from torture or other cruel, inhuman or degrading treatment or punishment, among others. Six States – Germany,⁸⁵ Greece,⁸⁶ Iceland,⁸⁷ Malta,⁸⁸ Portugal⁸⁹ and Spain⁹⁰ – have adopted legislation to prohibit such harmful practices at the national level. Some States have taken other steps. In Chile, a Ministry of Health circular prohibits medical interventions that have the sole purpose of carrying out a modification in order to meet social or aesthetic expectations, without the child's consent.⁹¹ In the Australian Capital Territory, the Variation in Sex Characteristics (Restricted Medical Treatment) Act 2023 was adopted⁹² and in Tamil Nadu, in India, a government order prohibiting such practices was issued.⁹³

33. Promising practices as part of such legislation include:

(a) Stipulating requirements for the informed consent of intersex persons, including children, and establishing safeguards and accountability measures to uphold the autonomy of intersex children who are too young to provide informed consent;⁹⁴

(b) Ensuring independent oversight, including by experts in human rights and/or ethics, to assess and review requests to perform interventions on intersex children, including to distinguish interventions that are medically unnecessary or non-urgent from interventions that are urgent and necessary to preserve the life and health of the child;⁹⁵

⁸² Submissions from African Intersex Movement, Campaign for Change (Nepal) and Intersex Asia.

⁸³ See <https://database.ilga.org/incitement-violence-lgbti>.

⁸⁴ See <https://database.ilga.org/hate-crime-law-lgbti>.

⁸⁵ Germany, Act on the protection of children with variations of sex development, 12 May 2021, art. 1.

⁸⁶ Greece, Act No. 4958/2022, arts. 17–20.

⁸⁷ Iceland, Act on Gender Autonomy No. 80/2019 as amended by Acts No. 159/2019, No. 152/2020 and No. 154/2020, art. 11 (a).

⁸⁸ Malta, Gender Identity, Gender Expression and Sex Characteristics Act (2015), art. 14 (1).

⁸⁹ Portugal, Act No. 38/2018, arts. 4 and 5.

⁹⁰ Spain, Act No. 4/2023, art. 19.

⁹¹ Chile, Ministry of Health, Circular No. 15 of 7 November 2023.

⁹² See <https://www.legislation.act.gov.au/View/GetHTMLFile/a/2023-23/current/html/2023-23.html>.

⁹³ See <https://translaw.clpr.org.in/wp-content/uploads/2020/10/Tamil-Nadu-GO-Intersex-Surgery.pdf>.

⁹⁴ Iceland, Act on Gender Autonomy No. 80/2019, art. 11 (a).

⁹⁵ Australia, Australian Capital Territory, Variation in Sex Characteristics (Restricted Medical Treatment) Act 2023, part 5; Germany, Act on the protection of children with variations of sex development, art. 1 (4); Greece, Act No. 4958/2022, art. 18; Iceland, Act on Gender Autonomy, art. 13 (a); and Malta, Gender Identity, Gender Expression and Sex Characteristics Act, art. 14 (3)–(5).

(c) Ensuring access to counselling, information and guidance for intersex persons, including children, and for parents of intersex children, in line with human rights standards;⁹⁶

(d) Reviewing medical protocols for the treatment and care of intersex children and adults in line with human rights standards;⁹⁷

(e) Ensuring records are kept of any interventions on the sex characteristics of children, and their retention for a sufficient period of time;⁹⁸

(f) Explicit alignment with human rights standards, including the Convention on the Rights of the Child.⁹⁹

34. At regional level, the African Commission on Human and Peoples' Rights has called on States to end the practice of performing non-consensual "genital normalization" procedures on intersex persons, and to prevent infanticide and the abandonment of intersex children.¹⁰⁰ The Inter-American Commission on Human Rights has recommended that States take steps to prohibit non-medically necessary surgery and related medical interventions for intersex persons without their free, full and informed consent.¹⁰¹ The European Parliament has strongly condemned "sex-normalizing" treatments and surgeries on intersex children and called on States to prohibit them.¹⁰² The Parliamentary Assembly of the Council of Europe has called for member States to prohibit medically unnecessary "sex-normalizing" surgery, sterilization and other treatments practised on intersex children without their informed consent.¹⁰³

35. Adopting legislation to prohibit medically unnecessary interventions without the full, free and informed consent of the person concerned is a critical step to uphold human rights standards. It is important to note that in some contexts, gaps have been identified in the formulation and implementation of such laws, including lack of dissemination and awareness of the law by medical practitioners, vague or overly broad exemptions or conceptions of medical necessity, protecting only some but not all intersex populations, inadequate standards on informed consent, weak oversight mechanisms and assessment of whether interventions are both urgent and necessary for health reasons, short deadlines for legal recourse, poor record-keeping requirements, and weak accountability measures.¹⁰⁴

C. Non-discrimination

36. To date, the following States have adopted legislation that explicitly prohibits discrimination based on sex characteristics: Albania, Belgium, Bosnia and Herzegovina, Denmark, Malta, Portugal, Serbia and Spain. The following States have adopted legislation that prohibits discrimination against intersex persons based on related grounds, or as a group, or through expanding existing prohibited grounds of discrimination to explicitly include sex characteristics or intersex persons: Australia, Austria, Finland, Greece, Iceland, Montenegro, Netherlands (Kingdom of the) and South Africa. In several cases, these are broad anti-discrimination provisions that apply generally, while in others, the prohibition on

⁹⁶ Iceland, Act on Gender Autonomy, art. 13 (a); Malta, Gender Identity, Gender Expression and Sex Characteristics Act, art. 15; and Spain, Act No. 4/2023, art. 19 (3).

⁹⁷ Malta, Gender Identity, Gender Expression and Sex Characteristics Act, art. 16 (6).

⁹⁸ Germany, Act on the protection of children with variations of sex development, art 1 (6); and Iceland, Act on Gender Autonomy, art. 11 (a).

⁹⁹ Malta, Gender Identity, Gender Expression and Sex Characteristics Act, art. 14 (6) (a).

¹⁰⁰ African Commission on Human and Peoples' Rights, Resolution on the Promotion and Protection of the Rights of Intersex Persons in Africa.

¹⁰¹ Inter-American Commission on Human Rights, *Violence against Lesbian, Gay, Bisexual, Trans and Intersex Persons in the Americas*, p. 270, para. 28, and *Advances and challenges towards the recognition of the rights of LGBTI persons in the Americas* (2018), p. 131, para. 8 (b).

¹⁰² European Parliament, Resolution of 14 February 2019 on the rights of intersex people.

¹⁰³ Parliamentary Assembly of the Council of Europe, Resolution 2191 (2017) on promoting the human rights of and eliminating discrimination against intersex people.

¹⁰⁴ CCPR/C/DEU/CO/7, paras. 20 and 21; CCPR/C/ISL/CO/6, paras. 13 and 14; Eliana Rubashkyn and Ilia Savelev, *Intersex Legal Mapping Report: Global Survey on Legal Protections for People Born with Variations in Sex Characteristics* (Geneva, ILGA World, 2023), pp. 60, 73 and 75.

discrimination is specific to one or more spheres, such as employment, goods and services, health, education and housing.¹⁰⁵

37. Other initiatives have been taken by States to advance equal treatment. For example, in Kenya, the Children Act affirms that “an intersex child shall have the right to be treated with dignity, and to be accorded appropriate medical treatment, special care, education, training and consideration as a special need category in social protection services”.¹⁰⁶ The Constitution of Mexico City prohibits discrimination based on sex characteristics.¹⁰⁷

38. A number of national human rights institutions and equality bodies have taken steps to monitor, report on, advocate and make recommendations to duty bearers in relation to the human rights of intersex persons, including in Australia, Kenya, Poland and South Africa.¹⁰⁸

D. Access to justice and remedy

39. In Greece, Malta and Spain, as well as the Australian Capital Territory, laws which prohibit medically unnecessary interventions without the full, free and informed consent of the person concerned include sanctions for violating this prohibition.¹⁰⁹

40. In Germany, a court found that the rights of an intersex person who had not been properly informed about the nature and extent of a surgery that removed their sexual organs had been violated and awarded the victim damages.¹¹⁰ In India, a High Court ordered the Tamil Nadu government to prohibit “sex reassignment” surgeries on intersex infants and children.¹¹¹ In Kenya, a High Court reaffirmed the rights of intersex children, including to a name, a nationality, legal recognition, to access health services and not to suffer discrimination. In another case, it found that an intersex person’s rights to dignity and freedom from inhuman and degrading treatment had been violated through humiliating searches carried out in prison.¹¹²

41. In Colombia, judgments of the Constitutional Court have addressed upholding the autonomy and physical and psychological integrity of intersex children, establishing safeguards to evaluate requests by parents or medical professionals to carry out medical interventions on the sex characteristics of intersex children, and to facilitate the modification of names and sex markers in official records.¹¹³

42. The Kingdom of the Netherlands issued an official apology and provided compensation to intersex persons who had been required to undergo sterilization as a condition to obtain modified identity documents.¹¹⁴

¹⁰⁵ See <https://database.ilga.org/discrimination-education-lgbti>; <https://database.ilga.org/discrimination-employment-lgbti>; <https://database.ilga.org/discrimination-health-lgbti>; <https://database.ilga.org/discrimination-housing-lgbti>; <https://database.ilga.org/discrimination-goods-and-services-lgbti>; Rubashkyn and Savelev, *Intersex Legal Mapping Report*; and <https://rainbowmap.ilga-europe.org/>.

¹⁰⁶ Kenya, Children Act, 2022, sect. 21.

¹⁰⁷ Government of Mexico City, Constitution of Mexico City, as amended in 2024, art. 4 (C) (2).

¹⁰⁸ Submissions from Australian Human Rights Commission, Kenya National Commission on Human Rights, Commissioner for Human Rights of Poland and Commission for Gender Equality of South Africa.

¹⁰⁹ Greece, Act No. 4958/2022, art. 20; Malta, Gender Identity, Gender Expression and Sex Characteristics Act, art. 14 (2); Spain, Act No. 4/2023, art. 79 (4) (h); Australian Capital Territory, Variation in Sex Characteristics Act, part 4.

¹¹⁰ Cologne Regional Court, Case No. 25 O 179/07, Judgments of 6 February 2008 and 12 August 2009.

¹¹¹ Madurai Bench of Madras High Court, WP(MD) No. 4125/2019, Order, 22 April 2019.

¹¹² Kenya, High Court, *Baby ‘A’ and another v. Attorney general and two others*, Petition 266 of 2013, Judgment, 5 December 2014, and *R.M. v Attorney General and four others*, Petition 705 of 2007, Judgment, 2 December 2010.

¹¹³ Submission from Colombia.

¹¹⁴ See <https://zoek.officielebekendmakingen.nl/stcrt-2021-39392.html>.

E. Data collection

43. In Australia, the Bureau of Statistics issued a standard providing clear guidance on how to collect standardized data on variations of sex characteristics, separately from questions on sex and gender. The guidance was developed in collaboration with the intersex community.¹¹⁵

44. The European Union Agency for Fundamental Rights has conducted regular surveys that include specific questions and provide disaggregated data on the experiences of intersex persons, including types of medical interventions performed and the nature of consent for them, hate-motivated physical or sexual violence, bullying, harassment and discrimination in employment, housing, education, healthcare and public services.¹¹⁶

45. Intersex civil society organizations have carried out numerous quantitative and qualitative studies on the human rights situation of intersex persons in Argentina, Mexico, Nepal and the Philippines, as well as in East Africa.¹¹⁷

F. Collaboration with intersex civil society organizations

46. Many positive legislative and policy changes adopted by States have resulted from advocacy by and partnerships with intersex civil society organizations. In Austria, intersex civil society collaborated with the Ministry of Health to develop recommendations for the health sector.¹¹⁸ In Brazil, an intersex working group including representatives of intersex persons was created by the Ministry of Human Rights and Citizenship to propose strategies and policies for the promotion and defence of the rights of intersex persons.¹¹⁹ In Greece, intersex civil society organizations collaborated with the Government to advance policies to protect the rights of intersex person. They testified before Parliament, which led to the adoption of a law to prohibit medically unnecessary interventions.¹²⁰ In Mexico, the National Council to Prevent Discrimination worked with intersex civil society to carry out a national survey on discrimination and violence faced by intersex persons.¹²¹ In the Kingdom of the Netherlands, the Ministry of Education, Culture and Science works with and provides funding to intersex civil society organizations.¹²²

47. OHCHR has collaborated with intersex civil society organizations to promote the human rights of intersex persons through the United Nations Free & Equal campaign, including training, advocacy, public hearings, expert seminars and awareness-raising campaigns addressing stigma, harmful practices, workplace inclusion and access to healthcare in Brazil, the Dominican Republic, Panama and Serbia.¹²³

¹¹⁵ Submission from Australia; Australian Bureau of Statistics, Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 14 January 2021.

¹¹⁶ European Union Agency for Fundamental Rights, *LGBTIQ equality at a crossroads*.

¹¹⁷ See https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCRC%2FNGO%2FARG%2F31216&Lang=en; <https://sipdug.org/baseline-survey-on-intersex-realities-in-east-africa/>; https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCCPR%2FCSS%2FMEX%2F37124&Lang=en; <https://intersexday.org/wp-content/uploads/2016/10/Intersex-Stories-in-Nepal.pdf>; <https://cdnc.heyzone.com/files/uploaded/v2/f4247d39635d136fd9a35de3d022151dc1191e71.pdf>; and several submissions.

¹¹⁸ Submission from VIMÖ.

¹¹⁹ Submission from Brazil.

¹²⁰ See <https://www.ilga-europe.org/blog/activism-protect-intersex-children-greece/>.

¹²¹ See <https://sindis.conapred.org.mx/investigaciones/discriminacion-y-violencia-contra-personas-intersex-resultados-de-la-encuesta-intersex-dirigida-a-personas-con-variaciones-congenitas-en-las-caracteristicas-sexuales-resumen-ejecutivo/>.

¹²² Submission from NNID Foundation.

¹²³ OHCHR, Free & Equal campaign progress reports 2020–2024, available at <https://www.unfe.org/what-we-do>.

V. Conclusions and recommendations

48. Intersex persons, who exist in all regions, are, like everyone, entitled to the equal protection, respect and fulfilment of all human rights. OHCHR and United Nations and regional experts have repeatedly expressed concern about the multiple human rights violations faced by intersex persons, including infanticide, medically unnecessary interventions performed without their full, free and informed consent, other forms of violence and harmful practices, discrimination in all areas of life, including education, health, employment, housing, sports, in obtaining documentation, access to services, and obstacles to accessing justice and remedy, and about their root causes, including stereotypes, misconceptions, misinformation and stigma. In previous decades, thanks to the work of intersex human rights defenders and civil society organizations, important advances have been made to increase awareness of intersex persons and their rights, and some laws and policies have been adopted to prevent violations, but important gaps remain, and more than 90 per cent of Member States have not yet taken steps in this area.

A. Recommendations to States

49. States should combat infanticide, hate crimes, violence, including sexual violence, harmful practices, hate speech and incitement to violence against intersex children and adults, both online and offline, including by integrating sex characteristics into relevant laws and policies to combat these violations.

50. States should conduct prompt, thorough and independent investigations into violations of the human rights of intersex persons, hold perpetrators accountable and ensure that intersex persons have access to justice and effective remedy, including redress and compensation. States should review statutes of limitations and combat impunity, including for past violations.

51. States should prohibit medically unnecessary interventions to modify the sex characteristics of intersex persons without the full, free and informed consent of the person concerned, and establish sanctions for violations of this prohibition.

52. Medical interventions on the sex characteristics of intersex children without their full, free and informed consent should be permitted only exceptionally, under the following cumulative conditions:

(a) There is both a serious and an urgent threat to the child's physical health that cannot be mitigated by using less invasive alternatives and the procedure cannot be delayed until the child can decide for themselves;

(b) The proposed intervention is the least risky, invasive and harmful treatment option available and preserves, to the maximum extent possible, the child's autonomy and future ability to make decisions about their own body;

(c) There is independent oversight to review requests to perform such interventions and to distinguish interventions that are medically unnecessary or non-urgent from those that are urgent and necessary to preserve the life and health of the child;

(d) Interventions based on cosmetic or psychosocial considerations, on stereotypes, social expectations or preferences of family members or medical professionals about the sex, gender, bodies or appearance of the child are strictly prohibited.

53. States should further uphold the right to health of intersex persons by:

(a) Ensuring that they have access to healthcare services that address their specific health needs and respect their human rights;

(b) Ensuring that persons whose health has been affected by being subjected to "sex-normalizing" procedures have access to the necessary healthcare services;

(c) Developing and/or reviewing medical protocols relating to intersex persons to ensure that they uphold international human rights standards, including those on health, autonomy, dignity, physical integrity, informed consent, non-discrimination, privacy and, in the case of children, the provisions of the Convention on the Rights of the Child, and providing health professionals with training on the implementation of those standards;

(d) Ensuring that intersex persons and parents of intersex children have access to ongoing counselling, support, information and guidance, including from peers, on the health and human rights of intersex persons;

(e) Ensuring that intersex persons have effective access to their medical records, including records of any medical interventions carried out on their sex characteristics as children, which should be retained for a sufficient period of time.

54. States should explicitly include sex characteristics as a prohibited ground of discrimination in comprehensive anti-discrimination legislation that covers all areas, including education, employment, health, housing, sports and access to services, and integrate specific actions on intersex persons in relevant plans and policies to combat discrimination. In relation to sports, States should implement the recommendations contained in the report of the United Nations High Commissioner for Human Rights on the intersection of race and gender discrimination in sport.¹²⁴

55. States should ensure that intersex children are registered at birth. Birth registration procedures should neither require nor encourage medically unnecessary interventions.

56. States should ensure that the names and sex/gender markers of intersex persons in their official records and documents can be amended through a simple, accessible and non-discriminatory administrative procedure, in line with human rights standards, including on autonomy, physical integrity, right to recognition before the law and self-determination, and which neither requires nor encourages medically unnecessary interventions.

57. States should collect disaggregated data on intersex persons with regard to experiences of discrimination, violence and other harmful practices, including medical interventions carried out without the person's full, free and informed consent, using a human rights-based approach to data that respects safety, privacy, confidentiality and autonomy.

58. States should conduct public awareness-raising campaigns on the human rights of intersex persons to combat misconceptions, misinformation, stereotypes, harmful beliefs and stigma, and provide related training to public officials, including health professionals, teachers, law enforcement, the judiciary and policymakers.

59. States should meaningfully consult, collaborate with and support intersex persons and intersex civil society organizations, including in the design, development and implementation of all laws, policies and initiatives affecting them. Children must be engaged meaningfully through child-friendly processes and information and processes must be accessible to children.

B. Recommendations to national human rights institutions

60. Independent national human rights institutions and equality bodies should address the human rights of intersex persons in accordance with their respective mandates and functions, including in relation to monitoring, reporting, responding to individual complaints and promoting and protecting, human rights, in collaboration with intersex persons and intersex civil society organizations.

¹²⁴ [A/HRC/44/26](#).

C. Recommendations to other stakeholders

61. Bodies and associations of health professionals should work with intersex persons and intersex civil society organizations and authorities to ensure that all norms and standards for health professionals integrate a human-rights based approach and uphold the human rights of intersex persons, including in relation to the rights to health, autonomy, dignity, physical integrity, informed consent, non-discrimination and privacy and, in the case of children, the provisions of the Convention on the Rights of the Child, and provide training to their members on the implementation of those standards.

62. Businesses and other private sector stakeholders should ensure that they respect the human rights of intersex persons, in line with the Guiding Principles on Business and Human Rights, including in the context of employment and the provision of goods and services. In relation to healthcare services provided by the private sector, this includes integrating a human rights-based approach to upholding the rights to health, autonomy, dignity, physical integrity, informed consent, non-discrimination and privacy and, in the case of children, the rights enshrined in the Convention on the Rights of the Child, and providing employees and contractors with training on the implementation of those rights.

63. Sporting bodies, including sports governing bodies, should ensure that they respect the human rights of athletes with innate variations in their sex characteristics, including through the implementation of the recommendations in the report of the United Nations High Commissioner for Human Rights on the intersection of race and gender discrimination in sport.¹²⁵

¹²⁵ Ibid.