

My name is Kitty Anderson and I serve as the Chairperson of Intersex Iceland and the secretary of the Executive board of Organisation Intersex International – Europe.

Intersex people in situations of displacement face particular risks and challenges.

Intersex people are people who are born with variations in sex characteristics, that is sex characteristics that do not fit standard definitions of male and female biologies.

Primary sex characteristics are those that are present at birth – chromosomes, gonads, hormone production and sensitivity to hormones, outer genitalia and inner reproductive systems.

Secondary sex characteristics are those that develop at puberty, such as breasts, facial and pubic hair, the Adam's apple, muscle mass, stature and fat distribution.

Some people are discovered to be intersex at birth when the outer genitalia is visibly different than a standard penis or vagina, others due to a puberty that differs from their peers and others later in life.

Intersex people across the world, including in the majority of OSCE states face grave violations of their bodily autonomy and physical

To normalise the appearance of intersex children they routinely face surgical interventions at a young age. These interventions include, but are not limited to:

Cosmetic surgeries such as clitoral reductions, clitoral amputations, vaginoplasties and phalloplasties in infants which lead to severe physical impairments, ranging from painful scar tissue, lack of sensation and ureteral issues. As the child grows the scar tissue softens breaks down facilitating the need for further surgeries to repair the damage caused.

Gonadectomies are performed on small children leading to a life time dependency of Hormone replacement therapy to prevent early onset osteoporosis.

These violations lead to high rates of Post-Traumatic Stress Disorder, depression and anxiety.

These violations are classified as intersex genital mutilation. The United Nations committee of the rights of the child has issued recommendations to multiple countries that these violations are in breach of the UN convention of the rights of the child. The United Nations committee against torture has also issued recommendations to multiple countries to cease these practices as they constitute torture, cruel degrading and inhumane treatment. These recommendations have been issued to OSCE member states.

In situations of displacement intersex people are particularly vulnerable. They may have health care needs that are not being met in situations of displacement such as access to specialised health care. Surgical interventions may be needed to repair damage caused by prior Intersex genital mutilation to ensure that persons continued ability to expel waste such as urine. In cases of Gonadectomies, intersex people will need access to endocrinologists to maintain their hormone status to prevent long term health problems such as osteoporosis. Hormone withdrawal can also lead to severe depression and anxiety.

Access to sensitized councillors is of paramount importance due to the intersectionality of having faced torture, cruel, degrading and inhumane treatment in medical settings in

childhood and being displaced.

Recommendations:

We recommend that all delegations of OSCE member states start training those working on the issue of displacement, on the issues faced by intersex people in situations of displacement. To that end we recommend that all member states liaise with national or regional intersex organisations to build up a knowledge base of the particular needs of our vulnerable community.

We recommend that the OSCE and ODHIR start addressing intersex issues in all of their work on the issue of displacement.