



## Discrimination against intersex people, who do not identify with the sex assigned at birth, in medical settings

During the 3rd cycle, Denmark received recommendations from the Kingdom of The Netherlands, to in consultation with rights holders, develop national guidelines, for responding to people with variations in sex characteristics, including the possibility to postpone non-emergency, invasive and irreversible surgery and hormone treatment on infants and children until they in a meaningful manner, can participate in the decision-making and give their informed consent.

In 2023 CAT in (CAT/C/DNK/CO/8) Expressed concern that intersex adults in need of gender-affirming care who disagree with their assigned gender at birth experience discrimination in treatment when compared with intersex persons who access medical care based on their originally assigned gender, and called on the state party to: *“ensure that all intersex persons receive the same level of specialized care, regardless of their conformity with the gender they were assigned at birth or place of residence.”*

Both intersex people who agree with the sex they were assigned at birth, and those who disagree with the sex they were assigned at birth, may, when they are old or mature enough, to in a meaningful manner participate in the decision making, understand the consequences, and can give their informed consent, have the need to get treatment with sex hormones and/or surgery and/or other treatments, to enhance the sex traits they identify with, and suppress the sex traits they do not identify with.

### **Discrimination of intersex people based on gender, in medical settings.**

Intersex people who do not identify with the sex assigned at birth:

- Are classified as transgender in the Danish health care system, they are referred to transgender care, and their access to gender affirming care, in line with their gender identity, depend on them accepting a diagnose as transgender.
- Are treated by teams, specialized in transgender care, but is not highly specialized in intersex care. The national health care specialty plan, categorize both fields as highly specialized functions, each with its own requirements for treatment teams
- Transgender care, is contrary to intersex care, not covered by the national treatment guarantee.

Intersex people who disagree with their sex assigned at birth, are positioned significantly worse on all parameters, pertaining to their ability to gain access to treatment, in line with their gender identity, compared to individuals who agree with their assigned sex.



### **Key rights challenges and their impact:**

The issue that Intersex people in transgender care, are not treated by teams highly specialized in intersex specific health care, has given rise to questions on, whether they receive the correct care.

For Intersex people who do not naturally produce the necessary amount of sex hormone, correct and sufficient hormone treatment, is crucial for them to maintain a healthy body, poor, or inadequate treatment, can lead to physical consequences, like osteoporosis.

Transgender care is excluded from the national treatment guarantee of 30 days, exposing an already vulnerable group to prolonged psychological strain reactions caused by systemic stress, due to insecurity, long waiting lists - for some surgeries up to 4 years, a feeling of being scrutinized, and constantly having to justify their need for treatment. Systemic stress can trigger anxiety and depression, and lead to self-harm, or thoughts of suicide.

If you seek psychological help, do deal with these consequences, you may be deemed unfit for treatment, and lose access to gender affirming care.

Obese people are refused access to the waiting list for surgeries, until they have lost the required weight, but are offered no help to do so- Adding additional psychological strain.

### **Recommendations:**

1. Develop and implement a human rights-based legislation that ensures all assessment and treatment of all intersex people regardless of gender identity, is carried out by teams highly specialized in intersex care.
2. Guarantee all intersex individuals, regardless of gender identity, equal and unhindered access to hormone treatment, and surgeries needed to keep their body healthy, or to surgically align their body with their gender identity - If they wish to do so
3. Immediately include all gender affirming care, including surgeries, under the treatment guarantee, and allocate resources, including financial means, to reduce the waiting lists for gender affirming care including surgeries, to maximum 1 year.
4. Ensure that all people awaiting gender affirming surgeries, are placed on the waiting list, for obese people with a precondition, to lose the required weight, before surgery, and offer support for weight loss, in the form of access to a dietitian, counselling, and medication subsidies for weight loss medication, to help the individual achieve the necessary weight loss.