

# **Cross-Party Group on LGBTI+ issues**

Minute of meeting on Wednesday 29 November 2017 AGM

Venue: Scottish Parliament, Committee Room 4

## **1. Welcome and apologies**

### **Present:**

Mark Ruskell MSP (chairing)  
Ben Macpherson MSP (Co-Convener)  
Keith Brown MSP

Holly Greenberry	Intersex UK
Jay Hayes-Light	UK Intersex Association
Fiona Grounds	Scotland Against Intersex Surgery
Alex Gardner	Equality Network
Tim Hopkins	Equality Network
Deva MacGinty	LGBT Youth Scotland
James Morton	Scottish Trans Alliance
Liam Stevenson	Time for Inclusive Education
Jordan Daly	Time for Inclusive Education
Andrew Marshall	LEAP Sports Scotland
Johnathon Gallagher	Dumfries & Galloway LGBT Plus
Maruska Greenwood	LGBT Health and Wellbeing

Jennie Kermodie	Individual (via skype)
James Banner-Rall	Individual

### **Apologies:**

Jamie Greene MSP  
Annie Wells MSP  
Kezia Dugdale MSP  
Stonewall Scotland  
Pink Saltire  
S-X Scotland  
Four Pillars  
Ben Munnoch

## **2. Introductions and new members**

It was agreed that Mark Ruskell MSP would become a member of the Group.

### **3. Intersex equality**

The Group had invited a number of intersex organisations and individuals to the meeting. Jo Long had sent apologies but had submitted in advance an autobiographical note, which was circulated. The two UK intersex organisations then spoke on the issues.

Holly Greenberry, of Intersex UK, spoke first:

Intersex represents a biology of human difference, not a disease or deformity. Intersex people's bodies don't fit binary norms of male and female. People face the trauma of being subjected to "treatments" as children. People have chromosomes, genitals, gonads or hormone receptors that vary, but are otherwise healthy. They are subjected to surgery including sterilisation and gender reassignment, and hormones, to make the body binary. This results in severe emotional trauma, loss of autonomy and self-determination, and sterility. Babies can be aborted because they are intersex, without time limit.

The intersex human rights movement has been globally active for 20 years. There are 28 currently outstanding UN reprimands addressing intersex issues. Demands have been agreed worldwide, and these are set out in the Malta Declaration. The Council of Europe Parliamentary Assembly Special Rapporteur on intersex supports intersex demands. Intersex human rights are also supported by UN treaty mechanisms, including the Convention on the Rights of the Child (UNCRC), the Convention on the Elimination of all forms of Discrimination Against Woman (CEDAW), and the Convention on the Rights of Persons with Disabilities (UNCRPD), and by the UK High Commissioner on Human Rights.

Intersex UK has produced a report on the opportunities for intersex rights of reform of the Gender Recognition Act. Intersex UK is not looking for an X to be used for sex on the original birth certificate of an intersex child. However, the requirement to register the birth within 21 days is a problem. A blank entry for sex should be allowed at birth, and then allow a correction later. Also, not all intersex bodies are noticed at birth. It needs to be possible to correct birth certificates later.

It is very important to note that intersex people and non-binary people are not the same. Intersex people can be LGB or not, and can be trans or not.

It is vital to engage intersex voices. The intersex movement is the least funded human rights movement in the world.

Intersex NGOs have come together internationally. Intersex UK works with governments about intersex rights of all sorts - it's a huge issue.

Intersex can be a disputed term – people have the right to self-define. The medical community uses the term DSD (differences/disorders of sex development). Intersex UK are working with the World Health Organisation on the ICD (international classification of diseases) and hope that the pathologising language will be removed.

People all over the world are affected by variations of sex characteristics.

Research in Australia and other parts of the world shows that intersex people do less well in education. We don't have the same rights to family and relationships. We have high suicide rates. The emotional trauma caused to children and young people by "treatment" is huge. More time should be taken, giving parents information, and linking parents to intersex-led organisations. Intersex should not be described to parents/carers as a dysfunction. Health policy is not followed. The "treatment" is not about life-saving procedures. Intersex young people are subjected to irreversible treatment without their consent, whereas in contrast, trans young people have difficulty accessing reversible hormone blockers.

Doctors say "we can fix this", but Intersex UK has been overwhelmed by parents' testimony about failed surgeries. However, lived testimonials are not perceived as medical evidence. Intersex surgery is based on presumptions. Intersex UK questions the humanity of surgeries on babies and infants. This can be compared to female genital mutilation – it's a similar experience. There is a clear statement on this in the Yogyakarta Principles.

One in 1500 people have genital variations seen at birth; one in 150 have hypospadias. The failure rate of surgery is significant and there are lots of stories of trauma.

The rights of the child should exceed those of the parent. Children can function perfectly well with bodies that are different. Doctors say that there is a cancer risk, or a medical emergency, or essential repair needed, requiring the child to have surgery, but that is out of date. People want to "normalise" children. It should be the young person's choice.

Some medics simply condemn intersex activists. Lived testimony is the best guide. There are also patient groups which tend to be clinically-led, and not so much focussed on human rights.

Intersex UK have done a huge amount of media work.

Finally, please continue to invite intersex organisations, give us funding, and listen to our voices.

Jay Hayes-Light, of UK Intersex Association, spoke next:

I am a specialist in child mental health. My own childhood was a traumatic experience. Due to 5 $\alpha$  reductase deficiency, I did not develop physically male, and was surgically modified at four weeks old to be more female bodied, with associated traumatic treatment. My mother struggled to bring me up as a girl – it did not work. As a child psychologist, I have had more and more intersex children referred to me, and I have found that these surgeries are common.

Female genital mutilation is banned, but genital mutilation of intersex children continues. John Money claimed in the 1960s that you could bring up a child to be a chosen gender identity, but Milton Diamond later demonstrated that this is not true.

UKIA was founded in 2000. It now has branches around the world. Jay was initially involved to check their website, but became director in 2001. Its international presence helps UKIA give more effective support to minority ethnic intersex people in the UK. UKIA is working in Pakistan, and recently managed to change the law there, and is founding a hospital there for intersex people.

In the UK, intersex activists have been working for years to get people to listen and understand. We're talking about child molestation and trauma. People are taken into hospital and put on display. Most medical schools do not teach about intersex – GPs know very little, until they encounter someone intersex.

What can be done: educate medical students better; listen to intersex people.

Governments, including Westminster, do not want to challenge medics.

Jay recently supported a young person on a hospital visit, and it was like going back in time to his own experience – the young person was shown off to medical students in a completely de-humanising way. This is a form of child abuse. The treatment also damages the relationship between parent and child, because parents have to do follow-up treatment like dilation.

Generations of children are going through this, because children are not allowed to be themselves; they are “normalised” to be binary bodied.

There was then a wider discussion, including other intersex people present.

It was noted that even without surgery, young intersex people can be very badly affected by “treatment”. This includes being subjected to distressing examinations in front of students. Also, hormone treatment can be very traumatic and cause depression. People are left with a distrust of doctors. It is difficult after this to lead a normal life.

Adults can also be affected, being operated on without fully informed consent.

One of the effects is to take away people's fertility.

Some parents stand up to doctors and refuse to let their child have the proposed treatment.

There was discussion of the forthcoming Scottish Government consultation paper on intersex issues. Scottish Government officials have read the various policy documents from the UN, Council of Europe, etc, and it is expected that the consultation paper will be open so that people can make all the points they wish. The paper is not expected to present a set of proposals. It will cover the law but also policy including health policy.

Intersex UK have made a presentation to Scottish Government officials and had a long discussion with them. They will feed into the separate Scottish Government consultation that has just started on the Gender Recognition Act also. UKIA made a presentation to the officials and also provided them with a large file of UKIA

documents for reference. Nothing should be decided on intersex without intersex people being involved. The Astraea Foundation have recently published a report on the funding of intersex NGOs. UK intersex organisations have no core funding.

It was noted that Cross-Party Groups are about engaging with the policy agenda and spreading knowledge and experience to policy makers and influencers. How can we make the consultation as effective as possible? Should we organise focus groups and events? The CPG could publicise the consultation and encourage people to respond.

It was noted that there are few intersex activists in Scotland. There are only nine publicly intersex people in the UK. How do we reach intersex people more generally?

The lived testimony of intersex people is key. Intersex people have low capacity so the consultation needs to be as accessible as possible. People do not want to identify themselves, so it must be possible to respond anonymously.

It was noted that people outwith Scotland can also contribute – experiences are the same across the UK.

It was noted that there is a good report from Amnesty International launched earlier this year.

It was agreed that it would be good for the CPG to feed into the consultation and to encourage others to feed in.

It will be important to advertise the consultation in other areas, to reach more intersex people, eg Universities, GPs, mental health services, community centres. In doing this, it will be necessary to explain what intersex / variations of sex characteristics means, and what the consultation is about.

It was noted that clinical psychologists often end up picking up the pieces for intersex people – Jay Hayes-Light is in contact with them.

Again it was noted that policy documents do exist, eg the Malta Declaration, UNCRDP recommendations, UNCRC reports, the UN High Commissioner on Human Rights, the UN Rapporteur on Torture, the European Fundamental Rights Agency.

It was noted that intersex / sex characteristics should be a protected characteristic in equality law.

It was noted that MSPs could submit Parliamentary Questions on the issues.

Mark Ruskell MSP thanked everyone for their contributions and noted that the testimony of intersex people present was incredibly moving.

#### **4. Minute of the last meeting (27<sup>th</sup> September 2017)**

The Group approved the minute.