EXHIBIT E

United Nations Free & Equal

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UNITED NATIONS FOR LGBTIQ+ EQUALITY

INTERSEX PEOPLE

What does intersex mean?

Intersex is an umbrella term that refers to people born with physical sex characteristics (such as sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns) that do not fit typical definitions for male or female bodies. These characteristics may be internal or external, may be apparent at birth or emerge from puberty, or not be physically apparent at all. There exists a broad and diverse spectrum of sex characteristics among intersex people, with more than 40 such variations documented.

Intersex people have the same human rights as everyone else, including to live free from violence and discrimination, to health and to make decisions about their own bodies. However, because their bodies are seen as different, due to lack of awareness and limited understanding about intersex people, harmful stereotypes, misconceptions, misinformation and stigma, intersex people often face human rights violations, including violence, discrimination and harmful practices.

How common are intersex variations?

According to experts, somewhere between 0.05 per cent and 1.7 per cent of the global population is born with intersex traits. The upper estimate is bigger than the population of Mexico.

Intersex people and sexual orientation, gender identity and gender expression

Being intersex relates to biological sex characteristics and is distinct from sexual orientation, gender identity and gender expression. Intersex people may have any gender identity, gender expression or sexual orientation, just like the rest of the population. For example, an intersex person could be straight, gay, lesbian, bisexual or asexual, and may identify as a man, woman, non-binary person or other gender.

Respectful ways to refer to intersex people

Intersex people use various terms to refer to themselves. Common language includes “being intersex”, “having an intersex variation” and “having innate variations of sex characteristics”.

There are many other terms used in different languages and cultures to refer to intersex people. Some of them may or may not be appropriate or respectful depending on the context – if in doubt, ask an intersex person or organisation! For example, the term “hermaphrodite” is rejected by many intersex people today as outdated and stigmatising. However, some within the community have chosen to use it in an empowering act of linguistic reclamation.

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THE CHALLENGES

Violence

Intersex adults and children across the world face violence, including physical and verbal abuse, bullying and harassment.

Intersex infants are at risk of being killed, with documented cases of infanticide in some regions. There are also 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. In some countries, intersex children and their mothers may be labelled by some as "cursed", witches or victims of witchcraft.

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. A survey conducted in Latin America between 2021 and 2022 showed that 20 per cent of intersex people faced violence, including sexual assault, being touched or groped without their consent and verbal abuse. 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.

Medically unnecessary interventions

Intersex traits are natural bodily variations. However, in many parts of the world, infants and children who have visible intersex traits at birth are frequently subjected to medically unnecessary surgeries and other interventions in order to change the appearance of their bodies to what is considered stereotypically "normal" for girls or boys, while disregarding serious human rights impacts.

These often-irreversible procedures can cause permanent infertility, chronic pain, incontinence, loss of sexual sensation and lifelong mental suffering, including depression, anxiety, post-traumatic stress disorder and suicidal thoughts/attempts.

A study by the World Health Organization (WHO) highlights that elective "sex-normalizing" surgeries on intersex infants and children are often carried out for cosmetic reasons, parents' wishes or to meet social expectations. They are based on outdated beliefs and theories and are done to meet goals that are not supported by medical literature. Forty per cent of the studies reviewed by the WHO provided no rationale at all for the conduct of these interventions and 60 per cent provided no rationale for their timing. Given their irreversible nature and negative impact on physical integrity and autonomy, such unnecessary interventions without consent from the intersex person should be prohibited. Some intersex infants and children do require urgent, life-saving medical treatment – for example, some may require hormone therapy to prevent fatal salt-loss. It is critical that laws and policies distinguish between such urgent, necessary medical treatment to preserve the life and health of the child, and non-urgent, medically unnecessary interventions.

Unfortunately, parents often do not receive, or receive only partial, incomplete or misleading, information about their child's diagnosis and the potential negative and long-term consequences of medically unnecessary interventions, and the alternatives to such procedures, making it hard for them to act in the best interests of their child. Intersex children and adults should be the only ones who decide whether to modify the appearance of their own bodies – in the case of children, when they are old or mature enough to make a free and informed decision, and consent for themselves.

But in reality, this is often not the case. 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. In another survey from Australia, the majority of intersex people were given no information on the option of declining or deferring medical interventions, while a fifth were given no information at all about

Subjecting intersex infants and children to such medically unnecessary interventions violates their human rights, including their rights to health, physical integrity, to be free from torture and ill-treatment and to live free from harmful practices. Some intersex people also feel that they were forced into sex and gender categories that do not fit them.

Discrimination

Most countries do not explicitly ban discrimination based on sex characteristics, leaving intersex people vulnerable to discrimination in a range of settings, including health, education, public services and employment. There is insufficient investment in data collection on discrimination faced by intersex people. Where data exists, it paints a concerning picture: 56 per cent of intersex people surveyed in the European Union in 2024 reported experiencing discrimination and 67 per cent reported being harassed.

At school, 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, thereby limiting their future opportunities. This can be exacerbated by frequent hospital visits, often 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. In the European Union, 76 per cent of intersex people surveyed in 2024 reported being bullied at school.

Lack of access to adequate healthcare

Healthcare professionals often lack the necessary training and knowledge to provide appropriate and respectful healthcare that considers the specific health needs of intersex people, including mental healthcare, support and counselling. Intersex people report stigma and bias within healthcare systems, poor quality healthcare, standards of care that are not respectful of intersex people, and a lack of access to medical records. They also report violations of their privacy and being used for teaching purposes without their consent, which has a negative impact on their mental health. Furthermore, hormone therapies and other treatments that some intersex people need (including sometimes because of the impact of medical procedures they were subjected to without informed consent) may not be covered by medical insurance and are otherwise seldom available or affordable. This has a detrimental effect on intersex people's health. 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.

Legal recognition

Intersex people need access to legal documents that properly reflect who they are but often face barriers and discrimination at birth registration or if they need or wish to amend sex or gender markers on birth certificates and official documents later in life.

Concerns have been raised about cases where medically unnecessary interventions were required as a condition for being able to register the birth of an intersex child, or where birth registration procedures may encourage such interventions.

In several regions, intersex organizations have also raised concerns about the imposition of a mandatory “third” or “indeterminate” sex or gender category for intersex people, including on birth certificates, and have recommended instead that intersex children be registered as male or female at birth, with the possibility of modifying their documents later in life.

Some intersex people identify as men or women and wish for their documents to reflect this, and some prefer non-binary sex markers (such as the sex marker “x”). However, most countries lack simple administrative procedures to modify sex or gender markers and names, and some countries require intersex people to undergo medically unnecessary interventions prior to modifying their documents.

Sports

A number of international sports federations have put in place regulations that have led to the exclusion of women athletes with innate variations in sex characteristics and to harms, including intrusive and humiliating examinations, medically unnecessary interventions carried out without consent, sterilization, and ending their careers and livelihoods. Women athletes impacted by these regulations, 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.

United Nations experts have raised serious concerns about the impact of these regulations on the rights to privacy, dignity, health, non-discrimination, freedom from torture and ill-treatment, and employment.

TAKE ACTION!

1. Educate yourself on the experiences of intersex people, their issues and concerns.
2. Speak out when you see discrimination or violence against intersex people.
3. Have zero tolerance for pathologizing language, prejudice and negative myths and stereotypes about intersex people.
4. Respect the privacy of intersex people and do not make assumptions about their bodies, sex, gender, sexuality or identity.
5. Share UN Free & Equal’s online and social media content to spread awareness among your friends and social networks.
6. Celebrate bodily diversity and support intersex people, for instance through marking Intersex Awareness Day on 26 October and supporting your local intersex community and organizations.

GOVERNMENTS SHOULD:

1. 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.

2. Ensure that human rights violations against intersex people are investigated, that perpetrators are held accountable and that victims have access to effective remedy, including redress and compensation.

3. Prohibit medically unnecessary surgeries and interventions on intersex people without their full, free and informed consent, and establish sanctions for violations of this prohibition. Put in place independent oversight to review requests for interventions on children and to distinguish between those that are urgent and necessary to preserve the life and health of the child, and those that are medically unnecessary and/or non-urgent.

4. Ensure intersex people have access to healthcare that addresses their specific needs, including for those whose health has been affected by being subjected to surgeries and interventions. Integrate human rights norms into health protocols, standards of care, and training for healthcare professionals to uphold the rights to health, autonomy, dignity, physical integrity, informed consent, non-discrimination and privacy of intersex children and adults.

5. Ensure that intersex people and their families receive accurate information, adequate and ongoing counselling and affirmative psychosocial support, including from intersex peers.

6. Ensure that intersex people have 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.

7. Prohibit discrimination on the basis of sex characteristics through comprehensive anti-discrimination legislation that covers all areas, including education, employment, health, housing, sports and access to services.

8. Address discrimination and violence through relevant anti-discrimination initiatives, such as action plans to prevent violence and discrimination against intersex children and adults, training for public officials and personnel and public education and awareness-raising campaigns to advance equality, respect and inclusion and to combat stigma, harmful stereotypes, misconceptions and misinformation.

9. Ensure that intersex children are registered at birth. Birth registration procedures should neither require nor encourage medically unnecessary interventions.

10. Ensure that intersex people can amend their names, sex and/or gender markers on official documents through a simple and accessible administrative process that upholds their rights, autonomy and self-determination, that does not require nor encourage medically unnecessary interventions.

11. Research, evaluate, monitor and systematically collect disaggregated data on the human rights situation of intersex people, including on medically unnecessary interventions, violence and discrimination using a human rights-based approach to data that respects safety, privacy, confidentiality and autonomy.

12. Consult, collaborate with and support intersex people and intersex-led organisations in the development of research, legislation, and policies that impact their rights. Children must be engaged meaningfully through child-friendly processes and information and processes must be accessible to children.