Non-Consensual ‘Normalising’ Surgeries on Intersex Infants

Britain’s Hidden Human Rights Violation

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Contents

About the Author

Simon Ó Laocha's life, work and research has been defined by a motivation to make a positive difference in the lives of the most vulnerable. After leaving secondary school in 2019, he spent two years working full time in the social care sector with adults with learning disabilities over Covid-19. He then read Psychology-Philosophy at the University of Aberdeen whilst working as a bank Healthcare Support Worker for NHS Grampian. During his time at university, he discovered a love for research, completing an internship and two dissertation projects covering qualitative, quantitative and non-empirical research methods. Simon finished his studies in the Summer of 2025 and has since been working full-time as a Pastoral Assistant in the Church of England.

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Executive Summary

Intersex people or people with Differences of Sexual Development are born with characteristics outside the norms of 'male' or 'female'.[i] Non-consensual genital normalising surgeries are medically unnecessary surgeries that are often performed on infants whose bodies do not look typically male or female to meet a binary sexed norm.[ii] There is a broad consensus amongst human rights bodies and organisations that non-consensual genital normalising surgeries are a human rights issue due to the risks of long-term harm and violation of bodily autonomy.[iii] On the seventh of October 2025, the United Kingdom adopted the Recommendation on Equal Rights for Intersex Persons as part of the Council of Europe. [iv] The first point of this recommendation is the prohibition of non-consensual interventions on intersex persons. However, these surgeries are still not outlawed, and the United Kingdom scores 0.0 on intersex bodily integrity according to ILGA Europe.[v] Additionally, Freedom of Information Requests to 107 NHS bodies reveal there are no consistent guidelines or policies around genital normalising surgeries. This report concludes with four recommendations for the British Government: i) Introducing specific legislation to protect Intersex infants from non-consensual genital 'normalising' surgeries ii) add sex characteristics to existing equalities legislation such as the Equality Act 2010 iii) involve Intersex advocacy organisations in forming revised, robust and consistent NHS guidelines and policies regarding Intersex healthcare in the United Kingdom iv) increase positive public awareness of Intersex issues across the United Kingdom.

Key Takeaways

- There is no prohibition on non-consensual 'normalising' Surgeries on Intersex Infants in the United Kingdom
- Freedom of Information Requests reveal that NHS guidelines regarding non-consensual 'normalising' surgeries on intersex infants are inconsistent across the United Kingdom
- Freedom of Information Requests reveal it is unclear where responsibility for formulating policy and guidelines regarding non-consensual 'normalising' surgeries lies among NHS Bodies
- The UK is currently failing to honour commitments made to intersex people at the Council of Europe where it was agreed that Governments should prohibit non-consensual 'normalising' surgeries on intersex infants

Introduction

Definitions of Terms

This report examines law and policy around non-consensual normalising surgeries performed on intersex infants across the United Kingdom. I will briefly expand on these terms to provide context to this report.

Intersex people, or people with Differences of Sexual Development, are people born with sex characteristics (chromosomes, genitals, hormones, internal organs) that fall outside the typical concepts of male and female.[vi] Sex characteristics include Genetics (such as chromosomes), internal genitalia (which usually produce gametes), external genitalia (which exists along a continuum from a typical penis to a typical vagina - see Prader and Quiqley scales) and hormonal level (which influence secondary sex characteristics).[vii] An intersex person is someone who has one or more characteristics that do not fit into what is typically male or female (such as genitals that are neither a typical penis or typical vagina), or someone who has a mix of typically male and female characteristics (someone with Complete Androgen insensitivity syndrome may have 'typically male' chromosomes and 'typically female' external genitalia).[viii] Intersex can also be referred to as a difference or disorder of sexual development. The term 'intersex' is used in this report as the preferred term of Intersex advocacy organisations that are extensively referenced throughout the report.[ix]

Non-consensual normalising surgeries are medically unnecessary surgeries performed on intersex infants and children without their own informed consent for the purpose of making their bodies more typically sexed.[x] These surgeries are usually performed before a child is two, most commonly by six months of age.[xi] Such surgeries are usually performed due to the belief that for a child to grow up in a body with sex characteristics that are atypical to other children would be distressing for them and their family and may lead to confusion about their gender.[xii] Examples of genital normalising surgeries include reducing or repositioning of the clitoris (clitoroplasty, clitoral reduction/recession), creation of a vagina (vaginoplasty), removal of gonads (gonadectomy) and moving a working urethra (hypospadias repair).[xiii]

Why are non-consensual 'normalising' surgeries on Intersex infants a human rights violation?

Parents and medical practitioners that request and perform non-consensual 'normalising' surgeries are often well-intentioned, and seeking to help, not harm the child. Their desire being that the child can be raised 'normally' in their assigned gender. It is important to clarify here that the issue of non-consensual 'normalising' surgeries must not be conflated with raising a child as a boy or a girl as would be done with a non-intersex child. An intersex baby can be assigned and raised as a boy or a girl, without surgical intervention.[xiv] Intersex advocacy organisations consistently advocate raising intersex children in the gender they are most likely to identify with, not as a third gender, with the recognition that this initial assignment could be wrong with 8.5%-20% of intersex people going onto reject the gender they are originally assigned at birth.[xv]

From an evidence-based perspective there is insufficient evidence that non-consensual normalising surgeries have positive outcomes for Intersex people.[xvi] [xvii] The cutting of the genitals risks nerve damage and a resulting loss of sensation, scarring and incontinence. Specific surgeries carry associated risks, vaginoplasties can lead to scarring, scarring vaginas that are inadequate for sexual intercourse, growth of abnormal tissue and may require repeated intervention. Repeated vaginal dilation (involving the forcing of solid objects into the vagina) is usually required after a vaginoplasty, which has been reported to be traumatic and incredibly painful to the child, akin to sexual abuse.[xviii] Clitoridectomies and clitoral excisions carry significant risk of impaired sexual sensation and overall function in adulthood.[xix] Whilst Gonadectomies may be genuinely medically justified in the case of severe cancer risk, the aim is typically to align a child's body to the sex they have been assigned.[xx] Gonadectomies sterilises the child and once performed lifelong hormone replacement therapy is necessary.[xxi] Additionally, elevated suicidality, self-harm and impaired quality of life resulting from Non-Consensual 'Normalising' Surgeries on intersex infants has been found on a level comparable to the harm of female genital mutilation (FGM) and childhood sexual abuse.[xxii] [xxiii] [xxiv] [xxv]

The risks and potential consequences of genital normalising surgeries are thus significant. However, even if this were not the case, the reality would remain that to perform genital normalising surgeries when someone cannot provide informed consent is a grave violation of bodily autonomy and integrity.[xxvi]

The Council of Europe's Recommendation: Prohibition of non-consensual medical interventions on intersex persons

The practice of Non-Consensual 'Normalising' Surgeries on intersex infants has been widely recognised as a human rights concern. The United Nations High Commissioner for Human Rights, UN treaty bodies, the Commissioner for Human Rights of the Council of Europe, the Parliamentary Assembly of the Council of Europe, the European Commission and the European Parliament have identified non-consensual normalising surgeries as a harmful practice. On the seventh of October 2025, the Council of Europe unanimously adopted a historic recommendation calling for the full equality of intersex persons across all areas of life to be officially launched on the 27th of October 2025. The launch was alongside the #EuropeGoesPurple campaign organised by OII (Organisation Intersex International Europe) and the Council of Europe to raise public awareness and visibility of intersex people. Within the recommendation, the first point of what governments should do is: Prohibition of non-consensual medical interventions on intersex persons:

> "Prohibition of non-consensual interventions should be guaranteed for intersex persons, as for any other person, through legislation explicitly banning medical interventions on sex characteristics, including surgical, hormonal or mechanical procedures, without prior, free, informed, express and documented consent. Interventions on children or others without capacity to consent must be postponed until they can decide for themselves. Exceptions should be allowed only in cases of imminent threat to life or serious physical harm, or where a sufficiently mature minor explicitly requests interventions with robust safeguards in place." [xxvii]

As part of the council of Europe, the United Kingdom has thus committed to the ending of Non-Consensual 'Normalising' Surgeries on intersex people. Further, a British representative from the Foreign, Commonwealth & Development Office specifically stated at the UN Human Rights Council prior to the Council of Europe discussion:

> "The UK welcomes this important panel discussion. We recognise that all individuals, regardless of their sex characteristics, are entitled to dignity, respect, and the full enjoyment of their human rights. Yet, we remain concerned by the persistent reports of discrimination and violence, including in medical settings, faced by intersex persons in many parts of the world, as has been outlined today. These practices can have lifelong impacts on physical and mental health and undermine the fundamental principle that everyone should be able to make informed decisions about their own bodies."[xxviii]

The human rights consensus on the harm of genital normalising surgeries is clear, and the United Kingdom has explicitly agreed to the prohibition of such practices on the international stage.

Analysis

What is the current law regarding non-consensual 'normalising' surgeries in the United Kingdom?

The United Kingdom does not have any specific laws to protect intersex people from Non-Consensual 'Normalising' Surgeries. ILGA-Europe scores the UK at 0.0 for Intersex Bodily Integrity against a criteria of prohibition of any kind of surgical or medical intervention. ILGA-Europe additionally considers whether prohibition is universal to all persons, has a monitoring mechanism and provides access to justice and reparations for victims. From this information, an intersex person who had been subject to non-consensual 'normalising' Surgery would have no obvious legal recourse. [xxix]

In terms of existing legislation: The Equality Act 2010 does not include sex characteristics as a protected characteristic, as acknowledged by the Women and Equalities Committee in Oral evidence: Work of the Equality and Human Rights Commission (EHRC) (2024-25 session).[xxx]

The Female Genital Mutilation Act (2003) states that: "A person is guilty of an offence if he excises, infibulates or otherwise mutilates the whole or any part of a girl's labia majora, labia minora or clitoris" which some normalising surgeries involve, there is a a clear opt-out in the act cause for medical professionals that perform such acts for reasons "necessary for her physical or mental health".[xxxi] That a non-consensual 'normalising' surgery on an infant with atypical genitalia is necessary for mental health can certainly be academically and ethically challenged but given that NHS guidelines and guidelines do not prohibit such practices and provide funding for them as long as parental consent is provided, so a legal challenge brought by the infant themselves later in life would be extremely unlikely to succeed.[xxxii]

Additionally, The Human Rights Act (1998) would provide the framework for an intersex person who had undergone non-consensual 'normalising' surgery/ies to bring a legal challenge forward, but the possibility of success of such a challenge is unclear. The Human Rights Act (1998), specifically Article 3 which prohibits torture, or inhuman or degrading treatment may provide possibility of a legal challenge.[xxxiii] There is precedent for this, in 2022 the case "M. v. France, No. 42821/18) was brought by an intersex person who had undergone multiple non-consensual normalising surgeries in childhood. The case was inadmissible in the European Court as M was determined not to have exhausted national remedies. However, the court did nonetheless consider the case in detail, noting that "an act of a medical nature carried out without therapeutic necessity and without the informed consent of the person concerned is liable to constitute ill-treatment within the meaning of Article 3" and

"sterilisation of a person carried out without therapeutic purpose and without his informed consent is thus in principle incompatible with respect for the freedom and dignity of man and constitutes treatment contrary to Article 3".[xxxiv] However, how such a case would be dealt with in British courts remains to be seen.

What are the current NHS Guidelines regarding non-consensual 'normalising' surgeries in the United Kingdom?

107 Freedom of Information (FOI) requests were sent to health boards across all four devolved regions in the United Kingdom to answer this question. The responses revealed three key takeaways:

1. **The Majority of FOI responses revealed no guidelines regarding the care of intersex infants at all**
2. **FOI responses revealed inconsistent understanding across NHS Bodies of who would be responsible for commissioning guidelines and policies around the care of Intersex infants**
3. **FOI responses revealed inconsistency in guidelines across the UK and devolved regions within the UK**
4. **No FOI response or attachment included explicit prohibition of non-consensual genital normalising surgery on intersex infants**

To expand upon each of these key takeaways in turn: First, of the 107 Freedom of Information Requests sent, 75 provided no policy or guidelines whereas 32 provided guidelines. Please see the appendix for a table detailing the results of each request.

Second, when health boards did not have guidelines, they sometimes made recommendations of requesting the information elsewhere, this revealed an inconsistent understanding where the responsibility for such a policy lies. For example, in England, NHS Black Country ICB did not have guidelines and said acute trusts had the responsibility for 'creating clinical guidelines regarding medical decisions', recommending contact with the Acute Trusts in the Black Country to acquire the requested information. NHS Devon replied that they did not hold the requested information but recommended contacting NHS England as 'they are responsible for national standards, specifications and policies'. NHS Birmingham and Solihull referred to both clinical providers and NHS England.

NHS Royal Surrey NHS Foundation Trust said they have a policy but that it cannot currently be provided as it is being updated.

Third, when guidelines were provided, they were different across respondent. NHS University Hospitals Dorset NHS Foundation Trust use the PIER Guidelines - Initial Management of a Baby with Atypical or Ambiguous Genitalia, whereas NHS Worcestershire Acute Hospitals NHS Trust use the PIP (Partners in Pediatrics) Disorders of Sexual Development guideline. NHS England stated "NHS England does

not have any policy documents or guidelines in this area" but provided service specifications that mention DSD.

In Scotland, NHS Scotland provided 'SDSD Neonatal Care Pathway' citing it as 'the only live guideline NHS National Services Scotland (NSS) holds in relation to Scottish Differences of Sex Development (SDSD)[xxxv]'. Many Scottish health boards including NHS Grampian, NHS Tayside, NHS Highland and NHS Lothian who do refer to the 'SDSD Neonatal Care Pathway'. However, others, such as NHS Fife and NHS Ayrshire and Arran provided the same "National Perinatal Network (West of Scotland) guideline "Disorders of Sex Development" document. NHS Orkney and NHS Shetland both stated they would refer to NHS Grampian. This indicates that individual Scottish health boards are not all aware of a singular live guideline.

Fourth, the guidelines and policies provided by FOI's were very general and none indicated any prohibition of non-consensual genital normalising surgery. Service specifications provided by NHS England indicated that NHS England commissions paediatric urology surgery for 'disorders of sexual differentiation', adolescent and gynaecology surgery for ongoing management of DSD and "plastic surgery management of intersex abnormalities". The Complex Gynaecology document also mentioned the services are generally for people 13 years and older but that: "In a small number of individual cases, girls may be referred at a younger age depending on their clinical diagnosis and treatment requirements.". NHS Scotland Scottish Differences of Sexual Development (SDSD) Network mentions that clinicians should explain the pros and cons of reconstructive surgery to parents. Within the Professional resources provided by NHS Scotland the educational video: "Atypical Genitalia - Theory and Management" expands on the dilemma faced by clinicians specifically referencing surgeries on infants who have an enlarged clitoris due to Congenital Adrenal Hyperplasia:

> "The fundamental question of does the parent have the right to allow the child to have surgery that may be a cosmetic success in the short term but has the potential to cause significant harm later in life? It's perhaps getting a bit philosophical, but it is worth thinking about. So what do I do? As little as possible basically, for girls with CAH, unless they've got voiding or wetting issues. I will however refer parents to another centre that will offer early surgery if they ask as I don't think it's my place to deny them the option to hear a different opinion."[xxxvi]

The evidence gathered to inform this report shows that there is a lack of consistent and robust clinical guidelines to protect intersex infants from non-consensual genital normalising surgeries across the United Kingdom. To address these gaps, this report provides four recommendations that bring the United Kingdom closer to upholding the Council of Europe's Recommendation on Equal Rights for Intersex Persons.

Recommendations

Recommendation 1: The British Government should introduce specific legislation to protect Intersex infants from non-consensual genital normalising surgeries

Inspiration should be taken from groups such as OII Europe, an Intersex-led organisation and ILGA-Europe. These advocacy groups recommend the Maltese Gender Identity, Gender Expression and Sex Characteristics Act as the best practice example of legislation to protect the rights of Intersex people from Non-Consensual 'Normalising' Surgeries whilst providing clauses for where medical treatment is necessary. Additionally, there is provision made for sufficiently mature minors and adults to seek treatments to alter their sex characteristics when they are able to provide fully informed consent. OII Europe and ILGA-Europe reference the 2013 Parliamentary Assembly of the Council of Europe (PACE) Resolution 1945: Putting an end to coerced sterilisations and castrations definition of fully informed consent.[xxxvii]

Recommendation 2: The British Government should add sex characteristics to existing equalities legislation such as the Equality Act 2010

The British Government should follow OII Europe and ILGA-Europe's recommendations ensuring that all equalities and human rights legislation protects people on the basis of sex characteristics in addition to sex and gender reassignment. This protection is notably absent in the United Kingdom's Equality Act 2010 which only provides protection on the grounds of sex and gender reassignment.[xxxviii]

Recommendation 3: The Department of Health and Social Care should involve Intersex advocacy organisations in forming revised, robust and consistent NHS guidelines and policies regarding Intersex healthcare across the United Kingdom

The United Kingdom is in a position of having clearly and publicly condemned Non-Consensual 'Normalising' Surgeries as a human rights problem, yet having no legislation or policies to protect intersex people from such surgeries.[xxxix] Legislation and policies should be formulated and implemented in conjunction with Intersex/DSD advocacy organisations and individuals following the principle of "nothing about us without us".[xl]

Recommendation 4: The British Government should increase positive public awareness of Intersex issues across the United Kingdom

Freedom of Information requests revealed a key part of the difficulty for parents and health care professionals is the cultural context they are in (see Appendix A). For example, vocally and visibly supporting the public awareness campaign that was launched alongside the Recommendation on Equal Rights for Intersex Persons: EuropeGoesPurple.[xli]

Conclusion

Non-consensual 'normalising' Surgeries on intersex infants is a practice that causes deep harm and is a violation of the human rights of the infant. The United Kingdom has agreed alongside other member states of the Council of Europe that the practice should be prohibited. However, there is currently no specific legislation to protect intersex infants from non-consensual 'normalising' Surgeries in the United Kingdom. Additionally, Freedom of Information requests revealed that NHS guidelines and policies regarding non-consensual 'normalising' surgeries is sorely lacking. Further, the general legislative framework of the United Kingdom elevates binarily sexed bodies through lack of explicit protection for variations of sexed characteristics and the inability for UK citizens to ever truly escape sex markers as originally assigned at birth[xlii]. This legal framework that elevates and prioritises binary sexed bodies creates a fertile environment for parents and healthcare professionals to think non-consensual genital normalising surgeries may be in the best interests of the child after all, because who would want to resign a child to growing up in a society where their body's reality will cause them to be ostracised? [xliii]

Whilst every individual and family has the right to privacy, nobody should be forced into secrecy. It remains the case that to have an atypically sexed body is a shameful secret that if revealed could compromise one's ability to live a full and free life in the United Kingdom, the issue is not around individual privacy but rather the cultural attitude. In a culture that is persistently hostile to people whose bodies, identities, expression or behaviour does not fit binary norms of male or female, non-consensual genital normalising surgeries, despite their negative consequences will continue to be a palatable option to parents and healthcare providers. This condition of shame and secrecy belongs not to Intersex people but to our society. Do we wish to be a society that allows itself to be so alarmed by the body of an infant that it is deemed not only acceptable, but kind, to compromise their human rights to bodily autonomy? The Recommendation on Equal Rights for Intersex Persons as part of the Council of Europe provides a framework to change this reprehensible situation, not limited to prohibiting non-consensual 'normalising' surgeries being performed on Intersex infants but for Intersex equality in all aspects of British life. The current British Labour Government supported this recommendation, and must now follow through with corresponding legislation, NHS guidelines and policies and public awareness.

Appendix

Appendix A: Freedom of Information Requests Quotes

Professional resources provided by NHS Scotland the educational video: "Atypical Genitalia - Theory and Management" expands on the dilemma faced by clinicians specifically referencing surgeries on infants who have an enlarged clitoris due to Congenital Adrenal Hyperplasia:

"Female DSD reconstruction is a completely different issue (to male DSD reconstruction) it's highly controversial in terms of timing. The Scottish DSD network view which is increasingly dominant in the UK and Europe is that there is no place for early surgery for CAH. That means an early surgery in childhood shouldn't be done unless there are mechanical issues around passing urine. The reasoning is that a vagina is not essential until you need to use it, as a child has got no function. A phrase that has been used is you only need a vagina when you need a vagina. It sounds obvious, but it has some logic. A vagina is first needed when periods start at puberty and usually girls with CAH can menstruate effectively without surgery. If they can't menstruate because of an obstruction it can be suppressed temporarily. The next time they need a vagina is when they want to start having sex. Early infant surgery does seem to be associated with a need for further major surgery in adolescents. After vaginal reconstruction in late adolescence when the girl chooses to have it done, vaginal dilation is mandatory so the girls need to be motivated and part of the decision making process. One of the key roles of the clinical team is to help these girls to decide what they want done and when they want it done.

Clitoral surgery is even more controversial, the clitoris only has one known function which is for sexual pleasure. Even nerve preserving clitoral reduction surgery leave a significant portion of women with a poorly functioning clitoris from a sexual perspective. The only potential benefit is that it makes the clitoris less visible and less abnormal looking. While that may seem a relatively minor indication, if you are a parent in a small village in the North West of Scotland having to explain to every potential baby sitter that if you have to change a nappy, don't worry if it looks more like it's got a penis, it can be a major issue in integration and confidentiality for the child. So it's not difficult to understand why the parents may request a surgical opinion from someone who would be prepared to offer early surgery. In terms of vaginal surgery, the only real indication would be around incontinence.

So the dilemma is summarised here, operate early and improve appearance plus perhaps helps parental acceptance and allow a degree of enhanced child confidentiality, but with a risk of further permanent injury and a need for further major surgery in adolescence. Or leave surgery until the adolescent can be fully involved in the surgical decision making around her treatment probably resulting in less operations and a better outcome. But with a risk of social and psychological

morbidity as a result of their experience. Despite parental anxieties around this last point, which are pretty much universal in my experience, there is no great evidence that girls not having surgery are psychologically harmed in the long term. It's not that they're not, it's just that there's no data to prove it one way or another.

So the current thinking is that we need to get truly informed consent via repeat discussions with parents. This is complicated and emotive stuff and it's difficult for healthcare professionals with a medical background to understand it so parents need significant guidance and discussion to enable them to make the best decisions they can for their child. My experience is that parents generally want me to do more surgery than I'm comfortable with doing and I have to let them know what the risks of surgeries are with potential outcomes both good and bad. It does in the end come down to the parents to make a decision and the fundamental question of does the parent have the right to allow the child to have surgery that may be a cosmetic success in the short term but has the potential to cause significant harm later in life? It's perhaps getting a bit philosophical, but it is worth thinking about. So what do I do? As little as possible basically, for girls with CAH, unless they've got voiding or wetting issues. I will however refer parents to another centre that will offer early surgery (of clitoral reduction) if they ask as I don't think it's my place to deny them the option to hear a different opinion."[xliv]

Belfast Health and Social Care Trust:

"Parents should be advised not to name or register their baby until gender is formally assigned. It may be useful for the family to assign someone as spokesman for them to tell friends/family that "the baby" is unwell and that immediate family cannot take calls for the next few days and would appreciate it if people could respect their privacy."[xlv]

Appendix B: Methodology

Appendix B1: Freedom of Information Requests Text

The Freedom of Information requests sent out for this project read as follows:
"I am writing under the Freedom of Information Act 2000 (or Freedom of Information Act (Scotland) 2002) to request the following information held by the Integrated Care Board: Any policies and/or guidelines used in the healthcare of infants who are intersex/have a difference or disorder of sexual development, or have ambiguous genitalia at birth (such as clitoromegaly, microphallus or other atypicality). If the Integrated Care Board does not have guidelines or policies relating to the above, please let me know."

Appendix B2: Freedom of Information Requests Limitations

An effort was made to contact all relevant NHS bodies within the United Kingdom, with 107 results included on the table within the appendix. However, due to the time limits of this project it was not always possible to follow up referrals from larger bodies such as Integrated Care Boards to specific trusts and providers, it was not possible to follow up every possible provider where a policy may exist. However, the key takeaways from the Freedom of Information requests should not be impacted by this.

Appendix B3: Freedom of Information Request Summary Table

NHS Body	Date	Guideline Provided? (Yes/No)	Onward referral? (Yes/No)	Further comments
Health Improvement Scotland	28/10/2025	No	No	None
NHS Black Country ICB	29/10/2025	No	Yes	Onward Referral to Acute Trusts
NHS Orkney	29/10/2025	No	Yes	Onward Referral to NHS Grampian
NHS Devon	29/10/2025	No	Yes	Onward Referral to NHS England
NHS Buckinghamshire, Oxfordshire, and Berkshire West (BOB) ICB	30/10/2025	No	No	Said the information would typically be held by providers, request for provider information not responded to
Public Health Wales	06/11/2025	No	Yes	Referral to Welsh health boards
NHS Birmingham and Solihull Integrated Care Board (ICB)	30/10/2025	No	Yes	Referral to both commissioned providers and NHS England

NHS Staffordshire and Stoke-on-Trent ICB	31/10/2025	No	Yes	Referral to local providers with links provided
NHS Western Isles	31/10/2025	No	No	None
NHS Midlands Partnership University Foundation Trust	03/11/2025	No	No	None
Mid and South Essex Integrated Care Board	03/10/2025	No	Yes	Onwards Referral to Mid and South Essex NHS Foundation Trust
NHS Norfolk and Waveney ICB	04/11/2025	No	Yes	Onwards Referral to specialist Children's hospitals (Great Ormond Street Hospital) and Acute Trusts
NHS Humber and North Yorkshire ICB	04/11/2025	No	No	None
NHS Suffolk and North East Essex Integrated Care Board	06/11/2025	No	No	None
NHS Bath and North East Somerset, Swindon, and Wiltshire ICB	03/11/2025	No	Yes	Onwards referral to Great Western Hospitals NHS Foundation Trust, Royal United Hospitals Bath NHS, Salisbury NHS Foundation Trust Foundation Trust
York and Scarborough Teaching Hospitals NHS Foundation Trust	18/11/2025	No	No	None

Lewisham and Greenwich NHS Trust	18/11/2025	No	No	None
NHS Humber Health Partnership	17/11/2025	Yes	No	Guideline for the examination of the Newborn (NIPE) and management of common postnatal ward problems provided - recommends referral to consultant in case of ambiguous genitalia for tier 2 review
NHS Frimley	17/11/2025	No	Yes	Onward referral to healthcare providers
NHS Tayside	17/11/2025	Yes	No	NHS Scottish Differences of Sex Development Network Professional Resources - SDSD Neonatal Care Pathway - Mentions reconstructive surgery
NHS West Yorkshire Integrated Care Board	14/11/2025	No	No	None
NHS Dumfries and Galloway	13/11/2025	No	Yes	Referral to Edinburgh (tertiary) endocrine team
NHS South Yorkshire	12/11/2025	No	No	None
NHS Gloucestershire	10/11/2025	No	Yes	Referral to contact Gloucestershire Hospitals NHS Foundation Trust

NHS Gateshead Health NHS Foundation Trust	11/11/2025	Yes	No	TCG179V4 - Management of Disorders of Sexual Development provided - Diagnostic and referral to consultant surgeries not mentioned
NHS Sussex	07/11/2025	No	No	None
NHS Cambridgeshire and Peterborough Integrated Care Board	11/11/2025	No	Yes	Onwards referral to Cambridge University Hospital NHS Foundation Trust and North West Anglia NHS Foundation Trust
NHS Cornwall and Isles of Scilly Integrated Care Board	11/11/2025	No	No	None
HSC Southern Health and Social Care Trust	10/11/2025	No	No	None
NHS Herefordshire and Worcestershire ICB	07/11/2025	No	Yes	Onwards referral to NHS England and local trusts
University Hospitals Birmingham NHS Foundations Trust	07/11/2025	Yes	No	Newborn Infant Physical Examination by Midwives provided - referral to neonatal Consultant recommended, surgeries and ongoing care not mentioned
NHS North East and North Cumbria ICB	07/11/2025	Yes	Yes	ICB does not hold guideline but referral to acute foundation trusts and national guidance

				provided: Clinical Standards for Management of an Infant or Adolescent presenting with suspected differences of sex development (DSD) Society for Endocrinology UK Guidance on the initial evaluation of a suspected difference or disorder of sex development (Revised 2021) NHS Children and Young People's Gender Service Specification
The Dudley Group	07/11/2025	Yes	No	Disorders of Sexual Development document provided - specific courses of action not mentioned, trust mentions guidelines are under review
NHS Hampshire and Isle of Wight ICB	04/11/2025	No	No	None
NHS Surrey Heartlands	07/11/2025	No	Yes	Referral onwards to providers
NHS Lincolnshire Integrated Care Board	06/11/2025	No	Yes	Referral onwards to providers
University Hospitals of North Midlands NHS Trust	06/11/2025	Yes	No	ASQUAM Newborn Infant Physical Examination (NIPE) provided - referral to urgent senior paediatric review recommended

NHS University Hospitals Dorset NHS Foundation Trust	06/11/2025	Yes	No	PIER Guidelines - Initial Management of a Baby with Atypical or Ambiguous Genitalia - Terms defined and communication guidelines, surgery not mentioned
NHS Kent and Medway	06/11/2025	No	No	Response states a referral to Paediatrics would be made
NHS Greater Manchester	05/11/2025	Yes	No	E02/S/a Paediatric Surgery: Surgery (and Surgical Pathology, Anaesthesia & Pain) provided: NHS England commissions paediatric urology surgery for 'disorders of sexual differentiation', adolescent and gynaecology surgery for ongoing management of DSD and "plastic surgery management of intersex abnormalities"
NHS South East London	03/11/2025	No	Yes	Onwards referral to acute providers
NHS Dorset County Hospital	03/11/2025	Yes	No	PIER Guidelines - Initial Management of a Baby with Atypical or Ambiguous Genitalia - Terms defined and communication guidelines, surgery not mentioned
NHS Shetland	18/11/2025	No	Yes	Patients would be referred to NHS Grampian

The Royal Wolverhampton NHS Trust	18/11/2025	Yes	No	Disorders of Sexual Development document provided - specific courses of action not mentioned Use of a different symbol (triangle) for intersex babies instead of circle (girl) or square (boy) so staff know not to use pronouns for baby
NHS Hertfordshire and West Essex Integrated Care Board	18/11/2025	No	No	None
University Hospitals of Derby and Burton NHS Foundation Trust	19/11/2025	Yes	No	NIPE - Newborn and Infant Physical Examination - Full Clinical Guideline -Advises urgent review for Disorders of sexual development
NHS Fife	19/11/2025	Yes	No	National Perinatal Network (West of Scotland) guideline "Disorders of Sex Development" -Surgeries not mentioned, specialists from DSD team mentioned
Kings College Hospital NHS Foundation Trust	19/11/2025	No	No	“Management of neonates with these conditions coordinated through a multidisciplinary team along with Paediatric Endocrinology.”
South Tyneside and Sunderland	20/11/2025	No	No	None

NHS Foundation Trust				
NHS Cheshire & Merseyside Integrated Care Board	20/11/2025	No	No	Clinical commissioning policy in relation to Labiaplasty, vaginoplasty and hymenorrhaphy for adults provided
NHS Ayrshire and Arran	20/11/2025	Yes	No	National Perinatal Network (West of Scotland) guideline "Disorders of Sex Development" -Surgeries not mentioned, specialists from DSD team mentioned
Northumbria Healthcare	20/11/2025	No	No	None
NHS Highland	20/11/2025	Yes	No	NHS Scottish Differences of Sex Development Network Professional Resources - SDSD Neonatal Care Pathway - Mentions reconstructive surgery
NHS Lanarkshire	20/11/2025	Yes	No	Management of Atypical Genitalia & Suspected DSD in the Neonate (524)
NHS Grampian	28/10/2025	Yes	No	NHS Scotland Scottish Differences of Sexual Development (SDSD) Network - Neonatal Care Pathway - Reconstructive surgery mentioned as something

				to discuss pros and cons of with parents
NHS Northamptonshire Integrated Care Board	21/11/2025	No	No	None
NHS England	21/11/2025	Yes	No	NHS England stated "NHS England does not have any policy documents or guidelines in this area. There is reference to DSD in the following service specifications and in the UK paediatric endocrine standard which you may find helpful. Please see the weblinks below: 1 1654-Congenital-Gynaecological-Anomalies-Service-Spec.pdf 2 Surgery in children service specification B 3 Paediatric endocrinology service specification B 4 uk-paediatric-endocrine-standards-2024-update.pdf In link 1 Complex Gynaecology: Congenital Gynaecological Anomalies (Children of 13 years and above and Adults) the document says "in a small number

				of individual cases, girls may be referred at a younger age depending on their clinical diagnosis and treatment requirements" In Link 2 E02/S/a Paediatric Surgery: Surgery (and Surgical Pathology, Anaesthesia & Pain) provided: NHS England commissions paediatric urology surgery for 'disorders of sexual differentiation', adolescent and gynaecology surgery for ongoing management of DSD and "plastic surgery management of intersex abnormalities"
NHS Shropshire, Telford and Wrekin	21/11/2025	No	Yes	Referral to local hospital trusts
NHS Bristol North Somerset and South Gloucestershire	20/11/2025	No	Yes	Referral to local hospital trusts
NHS Education for Scotland	21/11/2025	No	Yes	Referral to Scottish health boards
NHS Nottingham and Nottinghamshire	21/11/2025	No	Yes	Referral to individual provider trusts
NHS Lothian	24/11/2025	Yes	No	NHS Scottish Differences of Sex Development Network Professional Resources - SDSD Neonatal Care

				Pathway - Mentions reconstructive surgery
NHS South West London	24/11/2025	No	Yes	Referral to providers
North Cumbria Integrated Care NHS Trust	09/11/2025	Yes	No	CLINICAL GUIDELINE Approach to the Neonate with Disorders of Sexual Development Provided Surgery not mentioned, diagnostic guidelines.
North East London Integrated Care Board	24/11/2025	No	Yes	Onward referral to provider trusts
North Central London Integrated Care Board	24/11/2025	No	Yes	Referral to provider trusts
NHS Somerset	24/11/2025	No	Yes	Referral to Somerset NHS Foundation Trust
NHS Northern Lincolnshire	28/10/2025	Yes	No	Newborn Physical Examination (NIPE) provided - Diagnostic document, surgery not mentioned

Betsi Cadwaladr University Health Board	24/11/2025	Yes	No	All Wales Maternity & Neonatal Guidelines Disorders of Sexual Differentiation document (currently under review) - Diagnostic document, surgery not mentioned
University College London Hospitals NHS Foundation Trust	24/11/2025	Yes	No	University College London Hospitals NHS Foundation Trust Postnatal Handbook - Suggests to arrange urgent review by senior registrar/neonatal consultant
NW London ICB	24/11/2025	No	Yes	Onward referral to providers
National Services Scotland	25/11/2025	Yes	No	Appendix 1 - SDSD Neonatal Care Pathway - only live guidelines NHS Scottish Differences of Sex Development Network Professional Resources - Mentions reconstructive surgery "bilateral impalpable testes" guidance in early stages of review
NHS Borders	25/11/2025	Yes	No	NHS Scottish Differences of Sex Development Network Professional Resources - SDSD Neonatal Care Pathway - Mentions reconstructive surgery

NHS Greater Glasgow & Clyde	26/11/2025	Yes	No	MCN for Neonatology West of Scotland Neonatal Guideline
NHS Lancashire and South Cumbria	26/11/2025	No	No	“North West Specialised Commissioning has contracts with Alder Hey and Manchester Foundation Trust for paediatric endocrinology services. The services at a tertiary paediatric centre usually include congenital adrenal hyperplasia, Turner syndrome and Klinefelter syndrome, which are intersex conditions. There are no specific policies but each Trust is contracted to provide the services in accordance with the Paediatric Medicine: Endocrinology & Diabetes National Service Specification. The specification states that all services within the specification should be delivered in line with the ‘UK Standards for Paediatric Endocrinology & Diabetes’, 2010.”

Belfast Health and Social Care Trust	27/11/2025	Yes	No	Belfast Health and Social Care Trust policy (Reference No: SG 31/10) – Disorders of sexual development in neonates - Guidelines for the investigation and management of (UNDER REVIEW)
NHS Leicester, Leicestershire and Rutland Integrated Care Board	27/11/2025	No	Yes	Referral to Secondary Care provider in LLR, University Hospitals of Leicester NHS Trust (UHL)
NHS Royal Surrey NHS Foundation Trust	27/11/2025	No	No	"The Trust does have a policy however; it is currently being updated and will go through ratification, which is due at the beginning of 2026. Once this process is complete, the Trust will be able to share the policy with you."
Walshall Healthcare NHS Trust	28/11/2025	No	Yes	Referral to Neonatal Network Guidelines, who have to be contacted directly.
NHS University Hospitals Dorset	28/11/2025	Yes	No	PIER Guidelines - Initial Management of a Baby with Atypical or Ambiguous Genitalia - Terms defined and communication guidelines, surgery not mentioned

Mid and South Essex NHS Foundation Trust	28/11/2025	No	No	"Mid and South Essex NHS Foundation Trust staff have access to, via our staff hub, and can use the Neonatal Guidelines 2025-28 - The Bedside Clinical Guidelines Partnership in association with the West Midlands Perinatal Network."
NHS Ashford and St Peter's Hospital NHS Foundation Trust	28/11/2025	No	No	"The Trust does not have a Policy or Guideline for the information you have requested. Any abnormality identified during the initial neo-natal examination is escalated to the Neo-Natal Registrar."
NHS County Durham and Darlington NHS Foundation Trust	01/12/2025	No	No	"The Newborn and Infant Physical Examination policy outlines the checks made by hospital staff when the baby has been born, but The Trust has no policy that discusses ambiguous genitalia identified at birth. Please see the attachment: GUID/MAT/1502 - Newborn and Infant Physical Examination (NIPE)"
NHS Worcestershire Acute Hospitals NHS Trust	10/11/2025	Yes	No	PIP (Partners in Pediatrics) Disorders of Sexual Development guideline provided -

				specific courses of action not mentioned
The Newcastle upon Tyne Hospitals NHS Foundation Trust	04/11/2025	Yes	No	Newcastle Neonatal Services Guidelines
NHS Wye Valley NHS Trust	04/12/2025	No	Yes	Referral to neonatal regional guidance from the West Midlands Perinatal Network.
South Eastern Health and Social Care Trust	04/12/2025	No	No	“There is currently no policy in place for this scenario. Any infants born with any query re sex or genitalia are managed on a case by case basis as with any congenital abnormality with input from genetics and paediatrics as required. The cases are extremely rare and vary greatly so no one policy of guideline would cover all scenarios.”
Western Health and Social Care Trust	05/12/2025	Yes	No	Guidelines for the Investigation and Management of Ambiguous Genitalia

Northern Health and Social Care Trust	10/12/2025	No	No	"The Northern Trust does not currently have a policy or guidelines. Paediatricians would usually take advice from tertiary paediatric endocrine services based in the Royal Belfast Hospital for Sick Children."
NHS South Tees Hospital NHS Foundation Trust	17/12/2025	Yes	No	NICU Guidelines for babies born with Complex Genital Anatomy (Disorders of sexual development Society for Endocrinology UK Guidance on the initial evaluation of a suspected difference or disorder of sex development (Revised 2021)

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