

The UN Convention of the rights of the child

Article 12

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

Article 19

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Article 24:

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children

Specific needs and risk factors -Education Specific

Needs:

Privacy and Confidentiality

Advocates

Access to information

Adequate facilities

Inclusive Policies and regulations

Support

RESPECT

Risks:

Sex and gender stereotypes

Absent from school due to medical interventions.

Stress and isolation

Possible exclusion from sports and other gendered activities

Lack of well being

What indicators do we have for quality of psychological support?

- 128 parents (40.4 %) indicated to have a need for PsySupp; 189 parents (59.6 %) reported having no need for PsySupp. The need for PsySupp could not be assessed in 12 parents.
- 128 Parents with a need for PsySupp Divided in:
 - “We have received psychological counselling/ psychotherapy” 29/128 (22,7%)
 - “We have received psychological counselling/ psychotherapy partly” 32/128 (35%)
 - “We have not received but we needed psychological counselling/ psychotherapy” 67/128 (52.3%)
- Medical photography, radiography, laparoscopy, gonadal biopsy, gonadectomy and hormonal puberty induction are associated with a high need for PsySupp.
- 119/291 (40.9 %) parents reported that they did not completely understand the information about the final diagnosis 172 (59.1 %) parents did understand.
- Two hundred seventy (82 %) parents indicated that genital surgery of the child was recommended.
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“during the first surgery I should have had help, but I was much too focused on my child to ask”

“I would like to have a contact person to get some advice for upcoming problems and fears in the future”

“someone who encourages me and stands by me during the period of uncertainty immediately after birth and in the first weeks”

“to be able to talk about concerns and fears before surgery”

“contact and exchange with other parents”

“a cure”

“Psychological guidance for the development of my child”

“I needed somebody giving me confidence and information”

Alexis parent of an Intersex child:
“The part that kills me today is the surgery . We’ve met a lot of people in the community that didn’t have any surgery done with their kids and, yeah, you know, I blamed myself . . . for many years, many years. We should have left [our child] alone.”

Katrin, mother of an Intersex youth:
“If I had known then what I know now I would have never agreed to surgery. Nobody told me that if her hormones were not managed correctly she would be in danger of Osteoporosis or that she would get so sick. Having a 19 year old already suffering fractures due to osteopenia and not being able to attend school full time due to undiagnosed chronic exhaustion and constant illness was not what I wished for my child. They just messed around with her hormones with no real explanations”