

Intersex FAQ

The Questions

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Q1. What does it mean to be intersexed?

An intersexed person is an individual whose internal and/or external sexual morphology has characteristics not specific to just one of the official sexes, but rather a combination of what is considered “normal” for “female” or “male.”

The former terms used were “hermaphrodite”, “pseudo-hermaphrodite”, “androgynous”, & c.

There are many different intersex variations.

Viewing these variations as a medical illness creates a special medical category which includes an extremely large group of “disorders” which have nothing in common from a medical point of view except that the person is of intermediate sex as established by current norms.

Intersex people need health care just as everyone else does but each intersex variation has its specific health needs which will be overlooked when placed in a catch-all umbrella term such as DSD (Disorders of Sex Development) and will make “gender” normalisation the main issue because that is the only factor all these “disorders” have in common.

This is why the term “intersex” is preferable since it includes all the different variations without implying that they have any medical condition in common; which they do not.

What we have in common is that we are of “intermediate” sex as defined by current norms for male or female.

Intersex is not as rare as often believed and many people are intersexed, although it may not be visible at birth.

Some intersexed persons are

easily recognised as intersex at birth, with others only recognised later, especially during adolescence.

Many people whose intersexuality is obvious are treated medically and are considered to have anomalies which need to be “corrected” by surgery and hormone replacement therapy.

OII opposes these procedures when performed without the informed consent of the individual. ❁

Q2 • Is there a clear biological boundary between male and female?

To various degrees, each of us has secondary sex characteristics common to both sexes, and less often genitalia characteristic of what is considered to be the opposite sex.

A woman who was totally female, or a man who was totally male, would be a caricature.

You can observe that there are many women with a “masculine” appearance as well as men who appear “feminine.”

There are many different colours and nuances within the rainbow.

Intersexed individuals are similar to other people and no more unnatural than a man who is very hairy.

Their intermediate sexual characteristics are simply more evident than those of the majority of people.

Within the current biological framework, there is in principle a genetic difference between men and women but these differences are not discreet but merely statistical tendencies which describe most people within one or the other category.

In general, men have two different chromosomes, one y and one x (xy), and women have two x chromosomes (xx).

There are exceptions to this statistical tendency because there are men who are xxy and women who are xy.

Overall, an embryo remains “female” until the eighth week of development.

Then, an xx foetus will be only slightly virilised and will become a “girl.”

An xy foetus will be exposed to more male hormones and will be more virilised as a result.

In conclusion, with our current knowledge, it is not possible to discern absolute differences between people of different sexes because even the xy karyotype is not sufficient for defining only one sex without exceptions.

And when a rule has an exception, it is not a rule in scientific terms.

The differences are only statistical with a higher incidence of people with xy being male and xx being female. ❁

Q3 • Are the intersexed part of what certain groups and the media call the third sex?

Traditional identities and the media have not escaped the psychosocial conditioning of sexual polarisation into just two categories, or at least their classification within the conventional two sex categories, male and female.

The third sex, according to them, would be a new sex which would be categorised in relation to the two official sexes, which, in effect, only reinforces the binary structure of sex, with a “defect” squeezed in between which would be the third sex.

In so doing, we have not escaped the sexism implicit in such a binary system.

There are more than two sexes.

There is a third, a fourth, even a fifth sex, & c., within a continuum from very female to very male.

The creation of a new category to be designated intersex poses several problems.

First of all, how do we define intersex?

OII believes that there will never be a clear definition, and at the same time that it is not necessary to have a legal definition for intersex.

We have no clear definitions for what a woman is or a man is.

We only assume this to be the case.

The purpose of OII is to work in favour of human rights for the intersexed by helping people to understand that there are not just two preexisting sexes.

There is an infinite combination of possibilities on the spectrum of sex and gender.

OII is for a society in which sexism would be abolished.

No legal definition of sexes, no gender assignments, no legal sex on birth certificates, and no official sexual orientation categories.

OII has a forward-looking, human rights agenda which includes all humanity as part of the wealth of biological and cultural diversity. ❁

Q4. Are intersexed people transsexual?

As a group, intersex people are not transsexuals.

However, some transsexuals are in fact intersex and this is the reason for their desire to correct their wrong sex assignment.

Dr Milton Diamond and some other experts do consider certain forms of transsexualism as an intersex condition.

OII does not feel it is within our purview to take dogmatic positions on exactly what counts as intersex or not.

We are not doctors and we are not specialists in genetics, biology and other fields.

We are only specialists of our own lives and experiences and wish to work toward consensus and harmony with all people who are born with bodies which are not standard for male or female according to the norms in effect in many countries around the world.

OII is opposed however to the concept of pathologising intersex people who have been assigned the wrong sex at birth by diagnosing them as having a gender identity disorder.

To many intersex people, this is viewed as a form of violent erasure of their own identity and a justification of the original surgery which many were subjected to in childhood.

There is no justification for labelling someone as mentally ill who had no choice in surgeries to change their sex in childhood, which is often the case for some intersex individuals who are also an integral part of OII. ❁

Q5 • Do they surgically assign most intersex people as girls when they are born and is this not therefore a feminist issue?

This is not strictly true.

Dr John Money made the practice of infant feminisation more common in the US and some parts of the West.

This is, however, not a universal practice.

Often official records show that people who had some genital “ambiguity” at birth were given a “hypospadias repair” when in truth the procedure actually undertaken was in some cases more radical.

As a result many disappeared from the statistics.

In the 1990s when intersex people started speaking for themselves, numerous vested interests “played up” the policy that Dr John Money had put in place in order to serve their own political agenda concerning “gender as a social construct” with focus on feminist issues to the neglect of intergender/ intersex issues, in some cases.

One consequence of this has been the continuing silence over the surgical masculinisation of many intersexed infants.

The true ratio of male vs. female assignment is unclear.

Add to this those who rejected their initial assignment of male or female being added to the statistics for transsexualism and the situation is further confused.

The real issue, the truly unethical nature of the infant surgery itself is glossed over by the individual being defined as “Transsexual” and not intersex.

(The term “transsexual” automatically carries the assumption

that the individual was born male or female in the physiological sense and therefore erases any history of intersex from the statistics).

Because not all intersex people were assigned female, it is not exclusively a feminist issue.

Feminism seeks to gain equality for women, but not all intersex people are women.

OII seeks to gain equality for intersex people.

There are overlapping issues, but these are primarily about the common experience of sexism and the control a class of medical practitioners has exercised over a group of people’s sexual lives and identities.

It is unclear how all the dynamic elements in the struggle of intersex people can be fully represented by groups or organisations which operate from an assumption that the sex binary is in some way ‘natural’ or ‘normal’.

A better approach is for intersex advocacy to be conducted by intersex people in solidarity with feminists, alongside LGB and T groups, but not to be conducted by them on behalf of intersex people. ✨

Q6. Why do you claim that “normalisation” of intersexed infants is a crime against humanity when the official Human Rights organisations and their agencies do not denounce these practices as serious crimes?

As of 2008, this is not completely true.

On April 28, 2005 the Human Rights Commission of the City of San Francisco (USA) published a very long report on this subject.

The members of the Commission, comprised of intersexed individuals, doctors, sociologists and eminent scientists and legal experts in human rights, declared that “normalisation” is a very serious violation of an individual’s basic human rights.

This condemnation by an official organisation is an historic event.

However, it is true that most Human Rights organisations and other organisations which defend children have not yet done anything.

We do think that our cause will eventually be considered by these organisations.

In the meantime, what are the reasons for the lack of concern?

There are many:

- The “normalisation” of intersexed children is still considered a classic medical treatment necessary to correct abnormalities. Therefore these organisations have not been concerned because it basically seemed to be an issue specific to medical ethics.
- Human Rights organisations are not aware of intersex and the “normalisation” procedures that intersex infants are subjected to.

- These organisations, even when the information is available to them (this is our mission) cannot act rapidly because these organisations have an immense amount of work. They cannot do everything and there are an enormous amount of Human rights violations around the world.

- Intersex organisations are a very recent phenomenon.

- Having been misinformed, many intersexed individuals believe they are abnormal. The majority of intersexed persons are not aware that they are quite numerous because of the secrecy and taboos still prevalent in our societies

- Consciousness raising efforts on behalf of intersex issues will remain the work of progressive thinkers for many years to come. Such efforts are a challenge to our present societies and will have consequences far beyond the mere recognition of intersexed individuals and our concerns. They will have far-reaching effects, including the advancement of feminist and GLBT issues, the destabilisation of the present dogma of polarisation between just two sex categories. This will be a great step forward for humanity.

- Intersexed individuals have been subjected to traumatising procedures which have affected them very seriously and which often paralyse them with shame and fear. Many are ashamed of their intersexuality and do not have the energy required to become involved in the very recent intersex organisations. ❁

Q7 Presently, what happens when an intersex child is born? What depends on the parents and what is imposed on them?

1. In most Western countries, the parents are subjected to the pressure exerted by a committee of doctors. After a series of tests to determine the “true sex” of the infant, the committee will recommend what procedures are required in order to “normalise” the infant’s body to conform to that sex.
2. The parents have to make a decision very rapidly and usually within the guidelines set forth by the committee because they usually have no information about intersex. The parents are persuaded into believing their child is abnormal or suffering from a DSD (Disorder of Sex Development) and that it is suitable to correct the anomaly by means of surgery and hormone treatments.
3. In some (very rare) cases, when the parents refuse “normalisation” treatments, the doctors can not oppose them. However, this could change with the new medical protocols which clearly entrench intersex as a disorder or DSD.
4. While waiting for society to evolve, the sex to be officially registered on the birth certificate would be the one that most would agree on using a common sense approach, as was the case before 1950. Then later, the individual could decide which of the two official sexes seemed the most

appropriate for her/him. OII is of the opinion that the most logical approach would be to end all need for legal sex categories for intersexed people or anyone else.

5. Since intersex is not legally recognised as either normal or abnormal, there is no law or legislation in most jurisdictions for intersexed children or adults. As a result, the arbitrary nature of most decisions surrounding the issue seems to prevail. As the medical protocols for Disorders of Sex Development become more and more prevalent, intersex will most likely become a legal abnormality as well in most countries. Even though the law does forbid genital mutilation and other forms of mutilation which are not medically necessary to preserve the life of the child, this is not true for intersexed children and with DSD (Disorders of Sex Development) as the medically accepted term, medical intervention will most likely be a legal requirement for the “benefit” of the child. For this reason and many others, OII rejects the DSD terminology and the protocols of the DSD CONSORTIUM.

It is important to note that the appearance at birth is subject to change.

There can be a gradual biological shift either more to the male or female as the child matures. ❁

Q8. What are the sexual orientations of the intersexed?

Their sexual orientations are similar to everyone else's if you base them on the arbitrary criteria prevalent in our societies.

For many intersexed people, the issue of sexual orientation categories is not of utmost importance but homophobia is often very important because many intersexed adults have reported the same type of homophobic attacks and prejudice that many lesbians and gays are subjected to.

We are so used to the customary sexual orientation categories based on just two sexes that it will be necessary to radically change certain fundamental principles before being able to question the dogmatism implicit in these categories.

As a result of these fundamentalist binary principles, society is extremely reluctant to accept the reality of intersex.

For centuries, the existence of intersex has been hidden.

Society is afraid of this natural phenomenon.

Indeed, it does put into question the bipolarity of the sexes which are the foundations of such social institutions as marriage, gender identity of individuals and the sexual orientation categories based on the two official sexes.

In fact, what relevance do homosexuality, bisexuality and heterosexuality have in describing a person who is morphologically a blend of male and female?

Some intersex people might find some of these categories relevant to their personal identity but as a group, such categories based on male/female

dichotomies simply marginalise and erase intersex existence. ❁

Q9. What special methods can be used to raise the consciousness of intersex issues?

Modern medicine saves many lives and doctors are people dedicated to serving the health needs of others.

OII does not stand in opposition to the medical community but does oppose some historic practices and recent developments in terminology and an approach that seeks to exclude intersex people themselves from discussion about the future course of treatment.

Note: The DSD CONSORTIUM consulted almost no intersexed people before making the decision to change intersex to “Disorders of Sex Development.”

It is society which has produced rigid views on sex and sex assignment; this is what lies behind the inhumane treatment that intersexed children have been subjected to.

The medical profession, usually drawn from a particular stratum of this rigid society does not escape the cultural influence which demands only two sexes.

It is only natural that the medical profession would see one of its duties as being to correct what to them appears to be abnormal, because this is part of their professional training.

It is clear that the process of raising consciousness is a threefold task involving:

- Intersex people themselves.
- People who provide healthcare to intersex people.
- The wider society within which we all live.

Education is necessary, for all three above, and through self-help groups, condition-specific groups, internet groups, doctor- patient representative consultations, LGBT groups, the media and television documentaries this has started to happen.

There is still much to do in this area, particularly as much of this to date has been undertaken with a partisan approach which has tended to alienate some groups, and excluded others from representation.

Raising awareness of only a limited aspect of the full range of intersex issues is not raising consciousness, it is indoctrination.

The raising of consciousness of society, the medical profession, and intersex people themselves to the full range of intersex issues is paramount for all intersex people to achieve equality, dignity, respect, the most appropriate health care, and acceptance within society.

Human rights organisations and intersex human rights advocates offer the best prospect of informing and influencing people in society, politicians and the medical community. ✨