

An Intersex Mynifesto

I. Grievances

1. The use of the DSD (Disorder of Sex Development) terminology is rejected; the authority of those groups who have historically appointed themselves to speak on behalf of intersex persons and dictate intersex policy is rejected.

The imposition of terminology and treatment protocols by medical consortia in ways that have deliberately excluded some groups of intersex people is rejected.

The historical situation where some individuals who seek to live outside gender norms, and/or who have rejected their gender assignment, have been excluded from support and activist groups on that basis, and been denied access to medical care for their intersex health issues on that basis must be redressed.

2. The Chicago Consensus Statement on Management of Intersex Disorders is seen as of little value and is repudiated.

Those involved in it should not assume to speak on these issues again.

Medical practitioners who do not conform to the requests and demands laid out in this manifesto stand in notice that they are seen in opposition to intersex people's human rights, and as such anti-humanitarian; these crimes against humanity must be redressed.

3. Being diagnosed as having GID (Gender Identity Disorder) and treated as transsexual means for some

individuals their being intersex can be overlooked or ignored, especially when there has been a failure to disclose and medical records have been edited.

In the full light of knowledge about being intersex an individual might want to review their options differently than on the assumption they were not intersex.

For those who know that something is not right in their lives connected with their gender identity, what has tended to be available in the public domain until recently has promoted the idea that transsexualism is the problem, and surgery the solution.

4. Many trying to find out information have often found themselves dealing with irresponsible intersex organisations, activists and health care providers who have dismissed their enquiries on the basis of their gender issues; this has left many with little option than to turn to transsexual groups for support and Gender Identity Clinics for treatment.

These cannot always provide the optimum health care or support for people with intersex conditions.

Those organisations, clinics, and activists who have operated in a way that has deliberately sought to exclude people with gender issues from accessing health care and support structures also stand in notice that their active negligence is as culpable a breach of intersex people's human rights as those carried out against the same people and others in childhood.

This malpractice
must be redressed.

**5. Transsexual and trans groups
and activists have no authority
to speak on behalf of or make
recommendations for intersex people,
whether they have gender issues or not.**

There has been a tendency
amongst some transsexual
and trans community leaders
to assimilate intersex people
with gender issues within the
trans community and thereby
reinforcing the problems
highlighted in section I.4.

This has taken the form
of laying claim to intersex
people's life-histories as trans/
transsexual life histories.

When challenges repudiating
this abuse of other people's issues,
narratives, in order to enhance their
ability to pursue trans activism
have occurred, this has been met
by active negligence in ignoring
intersex people's issues completely,
and ignoring groups and activists
seeking to speak to those needs.

The effect of this is that trans
and transsexual activists have
pursued their objectives for
trans and transsexual people
at the cost of denying intersex
people a place at the table.

It is imperative that more
equitable arrangements are made
by trans and transsexual activists
and intersex activists be consulted
on any matter that affect them,
especially those that pertain to
gender identity issues, medical
care and legal frameworks.

This abuse of power
must be redressed. ❁

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Manifesto*, by
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II. What Intersex Is Not, & What It Can Be

1. Intersex is not the same as DSD.

DSD covers a number of medical conditions which only have in common that they can give rise to intersex, but not all presentations of these conditions can be described as intersex.

2. The terminology of disorder when used to describe intersex conditions and variations is rejected.

3. Intersex can mean many things, and includes many aspects, such as anatomical sex characteristics, diagnosed medical conditions, identity, appearance and community.

It is not possible to exhaustively define what makes somebody intersex, nor limit who is or is not intersex through definition. Being intersex involves having an intersex history and identity.

4. Being labelled as having a DSD does not make somebody intersex.

5. Being labelled as having a GID does not make somebody intersex.

6. Having genital surgery does not make somebody intersex.

7. Intersex is not about sexual orientation.

8. Intersex is not about gender identity.

9. Intersex is about intersex identity.

10. Intersex people can be men, women, or not fit either category.

11. Intersex people can have issues about their gender identity and social role.

12. Intersex people can be heterosexual, lesbian, gay, bisexual, or not fit any of these categories.

13. Intersex people can be feminists.

14. Intersex is not an LGB issue, nor an issue pertaining to any one part of LGB.

15. Intersex is not queer, and it is not a queer or genderqueer issue.

16. Intersex is not trans, and is not a transgender or transsexual issue.

17. Intersex is not a feminist issue.

18. Gender variance is not to be confused with intersex, although some intersex individuals may live in some way at variance from the norms associated with a binary gender system, and some have rejected their original gender assignment.

19. It is not possible to demarcate between issues of gender (neurological/social/role/identity) and sex (chromosomes/gonads/hormones/genitalia), and thus these are not clearly defined.

Gender identity is not the same as physical sex, sex and gender are different, but what constitutes these is beyond the scope of this document. ❁

III. Identity

IV. Points of Opposition

1. Identifying as intersex is a personal choice based upon having intersex experience, features or conditions; this does not mean somebody can 'become' intersex in some way, or include themselves as intersex because of a perception of hypothetical advantage in doing so as a means to justifying some other form of behaviour, characteristic, identity or condition.

Intersex people are born, not made.

People with intersex identity are made, not born. ❁

1. Universal and systematic approaches to all these issues are opposed; instead individual approaches determined by what seems most appropriate to the individual concerned are promoted.

2. Surgical intervention is not acceptable until an individual is able to make fully informed consent.

Non-consensual surgery should only take place if there are clear medical reasons that surgery is absolutely necessary for physical health and survival.

People under 16 must be dealt with sensitively and cautiously.

In these situations the consequences of making the wrong decisions are potentially life-threatening or damaging for the rest of that individual's life. ❁

V. Diagnosis & Treatment

1. Intersex people may have a specific diagnosis of an underlying medical condition that gives rise to their being intersex.

Some may not.

Being intersex is not conditional on having a specific diagnosis and having a specific diagnosis does not mean one is intersex.

2. Intersex people have the right to know what it is that leads to them being intersex, whether they have a diagnosis, and access to their historic medical records.

Where the underlying condition and history is unknown or records lost, it is the responsibility of health-care providers to make every effort to establish an underlying medical condition if the intersex person wishes this.

3. Treatment for any underlying medical condition needs to be carried out in a way that it accords with the intersex person's own wishes and life choices.

4. Intersex people must not be denied access to treatment they feel is appropriate for them, nor coerced into undergoing treatment they feel is inappropriate.

5. What constitutes 'appropriate' and 'inappropriate' depends on individual situations.

The intention is to minimise the intervention and medical trauma experienced by intersex people from before birth through to an age when the individual can start making their own decisions, and recognise that the decision as to appropriateness

belongs to the individual, and those responsible for health care and parenting are custodians of their right to choose, not proxy decision-makers on their behalf.

6. Sex steroids have life long consequences therefore: Where hormone blockers or sex-steroids are prescribed, fully aware, informed consent of a parent or guardian must be established, and assurance sought that this accords with the will of the child being treated, before commencing treatment.

Every effort must be made to inform the individual being treated as soon as that person is deemed able to understand the treatment and its consequences, and that their consent is given in continuing the treatment.

7. No child should be made to go through a puberty he/she/zie does not want to go through.

If the child is undecided, then hormone blockers should be given.

If the child's gender is not that which was assigned, then that needs to be addressed and respected whether that means hormone blockers or the appropriate puberty for the child's gender identity.

8. Intersex people who have gender issues need to be dealt with as individuals, just as do those who do not.

Universal and systematic treatments do not always work well in cases of intersex, and this is true for those who have gender issues as well.

Life experience, gender fluidity or stability, and mental health all need to be taken into account.

9. Any standard relating to adult reassignment must be the same for both intersex and transsexual people – whether in relation to any sex-assignment or reassignment; this includes adequate counselling, fully informed consent and a time to test out life in the gender role being pursued.

As with children, this needs to be approached sensitively in adults.

It is not within the remit of this manifesto to discuss what treatments are appropriate for trans or transsexual people.

10. Pathologising gender behaviour is unacceptable, especially in children.

What is called ‘gender dysphoria’ being labelled a disorder (as in GID) as intersex is as much an anathema as labelling intersex a disorder (as in DSD).

These are not disorders, but human variations - intersex variations and gender variations.

For some intersex people, this includes complete sex-reversal (and an acceptance of that), for some it includes genital ambiguity, for some it involves rejecting earlier assignment (and the early surgery that accompanied that); some accept their earlier assignment and surgery and interventions, some accept the assignment and take issue with the early surgery and other interventions, some take issue with both the assignment and early surgery and other interventions, & c.

Some people find they have a complete dissonance between sex-assignment at birth and their own sense of gender, some reject that assignment, others find it involves gender ambiguity.

The majority of intersex people do not have issues about their sex assignment, but in some people both these variations are present and overlap; having one of these variations does not override or erase the other.

11. Intervention focussed on enforcing conformity to any specific social gender role without consent is opposed, and such intervention should only be available when it is clear the individual is in a position to be able to give informed consent, fully aware of all the life-long consequences of that intervention.

This includes gender reinforcement using hormone blockers and steroid hormones, any form of therapy to reinforce the assigned gender, reparative therapy, and the treatment of childhood GID.

Treatment should be informed by the adolescent and approached cautiously and sensitively. ❁

VI. Ancillary Demands

1. The right to self determination free from ideological interference by people with other agendas and issues.

2. Intersex-only safe spaces.

Spaces where intersex people are safe to discuss things relevant to them without interference from non-intersex people (such as parents, health care workers, non-intersex intersex activists).

Intersex-separate spaces, to complement the spaces occupied in conjunction with non-intersex people.

3. Gender-neutral toilets in public spaces to be available for any who need or wish to make use of them (as are available for people with disabilities).

4. An option to have neutral gender-markers on official documents: ID cards, Driver's Licences, Tax Returns, Census forms, Passports, & c.

5. A 'third gender', is not required, but locations and identifiers that are gender-neutral, options not to declare gender for any who wish to make use of it, available to anybody who does not want to be identified as one of two legal genders regardless of whether they are intersex or not.

6. Places of safe refuge, either at appropriate rape and crisis centres when we are physically, verbally or sexually abused, harassed, assaulted, attacked or beaten by friends, family, partners, neighbours and strangers, with support in establishing the training of counsellors specifically for these purposes – or assistance

from existing centres in developing refuges and crisis centres ourselves.

Either it is acceptable for intersex people to have access to existing facilities, or it is not.

If it is acceptable, then we would need counsellors capable of dealing with issues around these situations who understand the specific problems intersex face in that context.

If it is not acceptable, then we need help establishing centres for intersex people, possibly in conjunction with other groups who have difficulties accessing these facilities (trans-men, trans-women, & c.). ❄

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