

# WHAT IS INTERSEX?

**INTERSEX** is congenital difference in anatomical sex. That is, physical differences in reproductive parts like the testicles, penis, vulva, clitoris, ovaries and so on.

Intersex is also physical differences in secondary sexual characteristics such as muscle mass, hair distribution, breast development and stature.

Intersex can include things that are invisible to the eye such as chromosomal and hormonal differences. Those kinds of differences usually have a manifestation in primary or secondary sexual anatomy that is visible either externally or internally.

Brain differences may account for both homosexuality and transsexualism, but intersex isn't brain sex alone.

We are intersex because it is thought the kinds of differences in our anatomy seem to be either male and female at the same time or not quite male or female or neither male or female.

So we have physical differences that confuse medicine's anatomical ideal of male and female.

Intersex is not always immediately apparent because in our society we do not commonly look at each other's genitals or internal organs.

## WHAT ISN'T INTERSEX?

**INTERSEX** is not a sexual orientation. Although nearly all intersex have a sexual orientation, we are no different to other people in this.

It is unknown if our intersex influences our sexual orientation and intersex resist efforts by researchers who seek to link the two. We do this because we hold the view that it is a back door way to find the gay gene. We hold the view that this effort is essentially homophobic.

**INTERSEX** is not a gender nor a gender identity. Gender is social sex role. Our sex is generally male and female and our social roles are generally man and woman.

Our sex is about our anatomy – however naturally constructed and medically reinvented that might be – and our gender is how we act out social expectations given our anatomy. Intersex individuals have genders of all kinds including no gender. Gender is generally an identity issue.

**INTERSEX** is not an identity issue. Intersex is differences in anatomy.

Most people with intersex differences do not know they have them. Such people have no way of identifying as intersex or any reason to do so. They have intersex differences nonetheless.

**YOU** might think intersex must have at least something to do with identity and you would be right.

So imagine a person with one blue eye and one brown eye. Such a person might seek out other like people and form an association. They might do this for any number of reasons including marginalization and discrimination. They might do it just to meet some one else with the same kinds of differences they have. They might even go so far as to make that a significant part of how they identify themselves.

Whatever they do, if they make it a part of their identity or not, if they are marked out by society or not, if they form an association or not, they have one blue eye and one brown eye and only eye removal will change that.

Even if they have their eyes removed the reasons for them having one brown eye and one blue eye remaining will be written in their bodies, in their genes.

**INTERSEX** is not a medical condition or a disorder or a disability or a pathology or a condition of any sort. Intersex is differences in the same way height, weight, hair colour and so on are differences.

Only a very few ways of being intersex have links to differences that might cause illness. CAH is the most common. Strangely very few CAH individuals are intersex despite it being classified by medicine as a way of being intersex.

We know of no XY CAH individuals who are intersex. We know most XX CAH individuals are females capable of having a child, and have very few anatomical differences of sex.

Some intersex people have very striking differences in anatomical presentation but they are usually very healthy and able people.

**THERE** are lots of things intersex is not.

If you keep it in the forefront of your mind that intersex is a physical difference then you can easily dismiss those nonphysical things that some might suppose are a part of intersex.

## WHAT DO INTERSEX PEOPLE WANT?

**RECOGNITION** of intersex differences – that the ideal of the sex binary is flawed, that male and female are not absolute terms and that insistence on sex binaries stigmatizes and marginalizes those who do not fit.

**INTERSEX** people want equal rights at law. We want protection in human rights against discrimination and vilification.

We want laws to reflect the reality of our bodies so that an intersex person can have access to marriage, superannuation, insurance and all the things available to males and females. Intersex people want equal rights without having to pretend our bodies are really male or female.

**INTERSEX** people want an end to nonconsensual infant surgery. Infant genital surgery is conducted to “cure” the infant of intersex differences. The aim of this surgery is cosmetic.

Very few infants have health problems because of their intersex anatomical differences.

Intersex surgery seeks to make the child a penetrator or penetratee with the aim of heterosexual intercourse as an adult.

Intersex who go on to live in what appear to be same sex relationships are thought to be a failure of assignment. The underlying paradigm of such surgery is homophobic. The alarm created when an intersex child is born centres around whether the child will grow up to be a man or a woman and if they are neither then what kind of sexual role would they play?

In more ancient times intersex were often consigned to monasteries and convents where celibacy resolved the issue.

**INTERSEX** people want client-centred medicine. Current medical protocols centre around binary ideals of male and female.

Intersex differences are very often ignored or overlooked. Where intersex differences are taken into account very often the protocols are one size-fits-all with very poorly researched outcomes.

Some examples of wrong-headed diagnostic paradigms are:

- All XX CAH individuals are female.
- All XXY individuals are male.
- All AIS individuals are female.
- All 5-ARD individuals are male.

All of those statements are untrue. Consequently when an XXY individual is treated they will be offered testosterone “to make a man of them” causing great distress and often dreadful medical consequences.

**INTERSEX** people want financial assistance from governments to establish peer support networks to help achieve our needs.

## WHAT IS THE DIFFERENCE BETWEEN A TRANS, TRANSEXUAL OR TRANSGENDER PERSON & AN INTERSEX PERSON?

**INTERSEX** is not a part of transgender because intersex is not about gender. Intersex is about anatomical differences in sex.

Below are some of the differences in the experience of trans and intersex individuals.

### TRANS:

- Self-identified gender does not match apparent sex at birth.

- Some human rights protection. In NSW this is limited to “recognised transgender” or people thought to be “transgendered” - 36B Anti-Discrimination Act 1977.

- Can change cardinal documents, but usually requires irreversible surgeries usually involving sterilization and applicants must not be married.

- The right to marry someone of the opposite legal gender.

- A full and functional reproductive system.

- Physical differences limited to brain anatomy.

- Transsexual people have an effective medical protocol that produces a 98% effective outcome with long-term studies and follow-ups.

- Good medication readily available through the PBS (Pharmaceutical Benefits Scheme) that is both effective and adequate.

- The right to choose the time of surgery with extensive peer support.

- The ability to participate fully and in an informed manner in their surgical and hormonal options.

- Transsexual people generally have a strongly defined sense of gender – man or woman.

- Can compete in sport up to and including Olympic level through established protocols.

- Many effective and extensive organizations worldwide with some NGOs attracting government funding (e.g. NSW Gender Centre).

### INTERSEX:

- Natural variation in biological sex does not match social expectations of normality.

- No recognition in human rights or other law. No inclusion in workplace programs like **Pride in Diversity**.

- If desired, can change cardinal documents in New South Wales, Victoria and Queensland on evidence of intersex status, due to error on birth certificate.

- Physical differences affect the whole of the body including brain anatomy and especially sex anatomy.

- Apart from extremely rare circumstances, unable to reproduce because of physical differences in reproductive parts.

- No right to marriage as intersex. The right to marry someone of the opposite legal gender.

- A jumble of medical protocols with mixed outcomes that are poorly understood with nearly no long-term follow up.

- Only some medication available through PBS.

- Very little research, and nearly no access to well-studied and appropriate medications.

- Insistence on inappropriate and harmful medication when individuals do not conform with diagnosis expectations.

- Administration of harmful drugs to pregnant women in an effort to prevent intersex births with a possible outcome of brain damage to the unborn.
- Only some medication available through PBS.
- Enforced surgery with little information available, without peer support and with scant knowledge in respect of outcomes.
- Often surgery is conducted without consent.
- Protocols for competition in sport are just being established, due to the treatment of Caster Semenya.
- Weak sense of gender – man or woman.
- Very few intersex organizations worldwide, with none receiving any government funding. 🏠

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**Organisation Intersex International  
 Australia Limited**  
 Auburn NSW 2144  
 Australia  
 ACN: 143 506 594

**Website: [oiiaustralia.com](http://oiiaustralia.com)**