



UKIA

UK Intersex Association

Misogynistic attitudes underlying the surgical reassignment of intersex infants.

An overview by the UK intersex Association.

UKIA was founded in 2000 as a research, education and campaign organisation to serve the needs of intersex people and their families, not as a condition support group, but to campaign politically and to further research and education relating to the causes of intersex conditions and subsequent treatment. The founders of UKIA all have personal experience of intersex conditions.

UKIA is the oldest and one of the largest organisations of its kind in Europe. Our Associates (individuals and organisations) representing intersex people, their families or working in the field of intersex research and care have now extended from the UK to many other countries around the world. The Director of UKIA comes from a background of specialising in child mental health with considerable experience of disability rights campaigning. UKIA's Advisory Associates represent a wide range of expertise and background experience including a number who were born with an intersex condition.

PRINCIPLES ON WHICH WE WERE FOUNDED:

- * Total opposition to cosmetic surgery on intersex infants in an attempt to 'normalise' their appearance.
- * Rejection of the concept that the human species exists as a binary (male & female) model and contends that anything which deviates from this stereotype is "abnormal";
- * Accept that all individuals, whatever their identification (male, female, other etc.) are to be respected and have the right to equal opportunities both socially and occupationally;
- * Support for the campaign to secure the rights of intersex people to change their birth registration to match their personal identification, rather than that which was chosen for them;
- * Rejection of the pathologisation of intersex conditions (such as the use of demeaning terminology e.g. "Hermaphrodite", "Disorders of Sex Development (DSD)" etc.

The WHO statement on sexual dimorphism says:

"Developmental biology suggests that a strict belief in absolute sexual dimorphism is incorrect. (1) Instead, Blackless et al. suggest two overlapping bell-shaped curves to conceptualise sexual variations across populations. Qualitative variation in chromosome complement, genital morphology and hormonal activity falls under the area of overlap. (1) Such an opinion challenges the need for medical intervention in cases of intersexuality".

In UK society and most of Europe, it is now unlawful to discriminate, slander or libel others on grounds of race, sexuality, faith or gender, but in the West, including the UK it can still be 'open season' on intersex people. UKIA and other intersex groups are investigating issues relating to the difficulties faced by intersex applicants for a change to their birth registration. Despite assurances, both before and after the Gender Recognition Act became law (2004) it appears that the experiences of some intersex people have been somewhat less successful than that of transsexual applicants. In furtherance of the campaign to allow intersex people to change their birth registration without administrative hinderance, UKIA has been working with staff at the Home Office to prepare guidance for MPs and Government Ministers with a view to drafting legislation that will aid in simplifying the procedure.

One, major underlying problem is the UK 'Equalities Act' 2010 which is legislation designed to apply UK law to the rights of minorities, including those who fall under a list of headings defining their minority status. Unfortunately, the 2010 Equalities Act does not include intersex people specifically and those intersex people seeking advice and support do not qualify unless they also identify with one of the 'protected' categories. The Equality Advisory Support Service (EASS) provides individuals with information about the Equality Act 2010 and the Human Rights Act 1998.

However, 'intersex' is not considered one of the Act's protected areas. Any form of discrimination would also depend on the circumstances. For instances where an 'intersex' person could potentially be perceived as a 'transgender'. In other words, requests for support must come from those whose rights are related to Age discrimination / Religion and belief / Sexual orientation / Disability discrimination / Gender equality - sex discrimination / Race discrimination / Transgender discrimination.

One only has to recall the recent hysteria surrounding the South African athlete Caster Semenya to realise that intersex is regarded as an international curiosity rather than an integral part of the continuum under the heading 'male to female'. Unfortunately, in Semenya's case, this superbly fit and hugely talented young woman was pilloried (mainly outside South Africa) by those who could barely spell the word 'intersex' and who understand even less about the statistics of just how many of our species are born with an intersex condition. A woman who excels is often regarded with suspicion or labelled 'unfeminine'. When it was revealed that Semenya is intersex, she was labelled by some as a 'freak', which again, echoes a paternal attitude towards women, especially those who dare to outperform men.

In some parts of the world, intersex people are isolated and rejected by their community and on occasions, their lives are placed in danger when they are labelled 'homosexual'. UKIA has Associates in several countries, including four nations in Africa and we have evidence that in some countries, children born with unusual genitalia are taken away and discarded on the local rubbish tip. This echoes the way in which non-intersex female infants have been left to die in countries where male offspring are more highly valued.

The West is now becoming more aware of the widespread genital modification done abroad, with attention especially centring on the highly controversial practice of "female circumcision," which involves mutilation of the labia majora and/or labia minora and clitoris. Far less publicity however is given to the practice in Western medicine of surgically reassigning an intersex infant to be an anatomical match with (what is regarded as standard) male or female, irrespective of the child's true sex or gender identity. One part of this process involves reconstructive surgery of the genitalia of male infants which also requires the removal of the gonads and potential fertility. Inherent in his procedure is the attitude that an infertile, surgically constructed 'female' is preferable to a fertile, underdeveloped male. This underlines the attitude that

“female” is the best option for a “failed” male.

Despite the contention that gender identity is learned behaviour, reassigned male-to-female children often report overwhelming confusion during childhood and adolescence, including issues relating to their sexuality, or avoidance of sexual activity altogether. Most are angry at the surgeries they endured without their consent or understanding.

Reassignment of female-to-male is less prevalent, but some children born female are subjected to surgical remodelling of their genitalia if the size and proportion of the clitoris is deemed larger than average. Research into this type of surgery reveals that cosmetic appearance is generally poor, with reports varying from 28 to 46% having an unsatisfactory appearance after clitoral surgery : Ref: (S.M. Creighton: “Long-term outcome of feminization surgery: the London experience”).

Discussion with women who have undergone feminizing genitoplasty reveals widespread dissatisfaction with the results of such surgeries and in extreme cases the patient is left with little or no sensitivity in their genitalia. Understandably, this serves to undermine or even destroy her sexual experience and enjoyment.

Some, working in the field of research into the reassignment of intersex infants question the assumptions fuelling the intentions of reassignment. The first erroneous assumption is that sexual intercourse is the most important activity that human beings undertake, which is quite untrue. Secondly, reassignment of male infants with an undersized penis implies is that the penis is the most important sexual characteristic. Failure to develop a penis large enough for full penetration of a vagina carries a heavy price and devalues both male and female human victims. “Sex reassignment surgery as performed in the 1960s retrospectively hit all the buttons--paternalism, informed consent, the doctor-

patient relationship, and the Hippocratic oath to "do no harm." (Alice Dreger).

Despite the years which have passed since Dreger wrote these words, intersex infants are still being surgically reassigned or re-modelled to fit a narrow socio-medical concept of what constitutes a male and female phenotype. Even a brief overview of the rationale behind this rush to 'normalise' intersex infants reveals the same patriarchal attitude that regards the female of our species as of secondary importance to the male. In other words, the best option for an 'imperfect' male is 'female'.

In their paper from "Pediatric Ethics and the Surgical Assignment of Sex (1998)" Kenneth Kipnis & Professor Milton Diamond recommended:

- * That there be a general moratorium on such surgery when it is done without the consent of the patient.

- *That this moratorium not be lifted unless and until the medical profession completes comprehensive look-back studies and finds that the outcomes of past interventions have been positive. Three Recommendations to the medical community

- *That efforts be made to undo the effects of past physician deception.

Intersex conditions can occur on a phenotypic continuum ranging from male to female. Likewise, the gender identity (irrespective of anatomy) of most intersex people can range from male to female, although a growing number identify as intersex only. The dependent variable of this range of gender identity is an individual's sexuality. which again, as with non-intersex people ranges from homosexual to heterosexual to bisexual with a number who are asexual.

Despite a legacy of mythology which regarded intersex as a characteristic of ancient gods such as hermaphroditus, intersex people are real. However, society has steered medicine into a position whereby the calling to heal has, in some instances been hijacked in the service of conformity and a sex orientated hierarchy. This need to regulate runs deep in the human instinct for survival and also owes a great deal to the concept that male is the true default for humanity (in-fact, at this “biopotential stage,” females and males are structurally the same until the presence or absence of a Y chromosome determines which pathway is followed. In males this usually triggers the secretion of testosterone which in-turn is converted into the more potent DHT. This begins the process of virilisation of an embryo which, under favourable conditions, develops along a male pathway. However, incomplete males are often deemed ‘unviable’. In some societies a child who does not achieve the required standard will simply be discarded. To those who live in what we like to regard as more ‘civilised’ nations, a different approach is deployed: that of consigning non-standard males to female. The message here is obvious - the less than perfect infant is surgically reassigned to a sex for which the standards of perfection are less. This process echoes the comparative, hierarchical value that society places on females as opposed to males.