“What if it is neither?”

A report on the historic seminar on intersex persons’ issues in India
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Executive Summary

Gender ambiguity at the time of a child’s birth has often pushed many parents—under the ‘advice’ of their doctor—to immediately seek surgery to ‘fix’ the ‘defect’. This need to fit their child under gender binary has caused issues related to sense of self, psychological problems, mental trauma, and detachment from family and issues with finding a partner, along with general mistrust over the medical fraternity.

To bring out the issues faced by the less visible ‘I’ among LGBTQIA+ persons, Solidarity Foundation, along with the National Institute of Mental Health and Neurosciences (NIMHANS), organised a public consultation on intersex persons’ rights, on October 23, 2017. The objective of the discussion was to provide a platform and voice to intersex persons who can discuss their issues and chart a way forward.

The key issues discussed were:

**What is a ‘normal’ body?**
While parents and doctors may believe that corrective surgeries are in the best interest of the child, they have caused deep psychological problems as the child grows. The general lack of awareness about intersexuality exacerbates the situation. The medical intervention or surgery, unless it is imperative to the child’s life or to prevent discomfort, should be avoided. There should also be awareness of a world larger than the one that defines a “normal” body in narrow terms and thereby excludes intersex people. Educating parents, teachers, child rights activists and paediatric healthcare professionals about intersex children’s issues is crucial.

**A need for sensitised medical community**
Aside from medical interventions, there are anecdotes of intersex foetuses being aborted and babies being killed in different parts of India. Moreover, many people in India prey on insecurities arising from standard notions of “male” and “female,” offering to ‘treat’ intersex persons. Intersex persons suffer due to the ignorance of healthcare providers and medical professionals must understand the non-binary spectrum of sexuality and gender. Intersex persons, along with their families need comprehensive counselling and open conversations about the diagnosis and treatment options (if treatment is necessary) with risks and benefits.

**The practical issues**
Intersex persons are often ostracised and compelled to discontinue their education and social life. They are often denied a livelihood and sometimes even basics like accommodation. Many face issues while updating their identity documents. Their social and physical identities are questioned or rejected especially by educational institutions, prospective employers, immigration officers and other places where proof of identity is mandatory.

**The hidden ‘I’: Lack of visibility**
Intersex and transgender persons are incorrectly considered identical and lumped together, which unfairly affects both groups. For a host of reasons intersex persons are often unable/unwilling to identify as an intersex person/intersexual. Some of them choose to identify as transgender persons. This is also
partially because that is the only way they can currently avail the government provisions meant for transpersons. Many hide their intersexuality after leaving their families. They struggle to fit into the gender stereotypes roles and also fear being discovered or “outed.”

The following recommendations emerged from the discussion:

- Intersex children, adults, their families, partners and others involved with intersex persons need sensitization, counselling and support beyond medical assistance
- The medical community should continue learning, collecting evidence, sharing opinions/interpretations about intersexuality and strive for correct diagnosis
- A need to distinguish between sexual differences and life-threatening medical conditions
- Like Germany and Australia, India can also start issuing birth certificates without gender specifications, which can be included later when the child grows up
- Recognising that the NALSA judgement of 2014, which upheld the right to self-identified gender, includes issues related to birth certificates, changing legal documents, etc. also applies to intersex persons
- The Juvenile Justice Act 2016 and the state-level rules could be expanded to include intersex and gender non-conforming children
- A fellowship programme to empower intersex people, along with continued documentation of their stories and experiences
- Create a support network of sensitized researchers, lawyers, medical professionals, activists and media persons to give voice to the issues of the intersex community
- Initiate a learning process, encourage intersex persons to openly identify themselves and expand work with the community
- Work with the LGBTQ movement to ensure inclusion of Intersex persons’ issues
“What if it is neither?” Intersex Persons’ Issues in India

Agenda for the Day

Date: 23rd October 2017
Venue: Seminar Hall, Child Psychiatry Centre, NIMHANS, Bangalore

Organizers: Solidarity Foundation and Child and Adolescent Psychiatry Department, NIMHANS

9.30 -10.00 AM Registration Tea and Snacks

10.00 - 11.30 AM Listening to Intersex Persons/Family Members
   Moderator: Pushpa Achanta (SF)
   Intersex Speakers, names withheld due to confidentiality concerns

11.30 AM – 1.00 PM Health Components
   Moderator: Dr. Shekhar Seshadri (NIMHANS)
   What is Intersex: Dr. Shekhar Seshadri
   Treating Intersex Children: Dr. P. Raghupathy (IGICH)
   Overlaps in Transpersons’ and Intersex Persons’ Health Issues
   Amrita Sarkar (SAATHI, Delhi)

1.00 - 1.45 PM Lunch Break

2.00 - 3.30 PM Laws and Policies
   Moderator: Shubha Chacko (SF)
   Law and Intersex Persons: Siddharth Narrain (AUD)
   Policies for Transpersons and Intersex Persons: Delfina (Nirangal, Chennai)
   Research on Intersex Persons’ Issues
   Neeraja Sajan, Research Scholar (TISS, Mumbai)

4.00 - 5.30 PM Group Discussion on LGBTIQA+ Movements
   Moderator 1: Lavanya Narayan
   Moderator 2: Basanti Kadayat (Blue Diamond Society, Nepal)
   Moderator 3: Santa Khurai (AMANA, Imphal)
   Moderator 4: Sunil Mohan (ALF/LesBiT)
Acknowledgements

This report is the product of many minds, hearts and hands. The first seeds were sown by Manjesh Shivagangaiah, who identified as an intersex person. He was a brave man who followed his dream to establish a home for children of sex workers. Though he passed away in Dec 2015, he continues to inspire us.

We have many people to thank for making this report possible. The participants, especially those who identify as intersexual or intersex persons, who courageously and generously shared their experiences, knowledge and ideas. To other friends and strangers who attended the one day seminar- Thank you.

The annotated bibliography was shaped by the hard work of our wonderful volunteers Sharada Kalyanam, Arushi Mohan, besides the Solidarity Foundation team. A big thank you to them. Prerna Subramanian and Ayushi Sharma helped us access some of the documents. Sharada and Nishtha Sabharwal did an impressive job in editing the document.

The seminar was also a result of a fruitful partnership between the Child and Adolescent Psychiatry Department of National Institute of Mental Health and Neurosciences (NIMHANS), Heinrich Boll Foundation (HBF), India and Solidarity Foundation. Our deep gratitude to Dr. Shekhar P. Seshadri of NIMHANS and Dr. Axel Harneit-Sievers, Shalini Yog and Shikha Gulati of HBF.

We also acknowledge, with appreciation, the support of Derek Hooper through this journey.

This intersex seminar, the bibliography and all of the other related tasks were ably anchored and led by Pushpa Achanta from Solidarity Foundation. She made it possible.

Solidarity Foundation team
Nilima Dutta, Sajeev Kumar, Samrit Podwal, Parimala and Shubha Chacko
On the birth of their child, the first thing parents usually hear from their doctor or nurse is, “Congratulations. It’s a girl,” or “It’s a boy.” And this pronouncement is normally on the basis of the baby’s external genitalia. But when doctors think they cannot decide on the sex of the child as it’s ambiguous, the advice to parents is for an immediate surgery to “correct” this “defect.” Thinking into the future, fearing shame and repercussions of raising a child that may not fit into the gender binary (i.e. of either being a girl/woman or a boy/man), parents hurriedly consent to the surgery to either feminise or masculinise the child. All of this happens quickly, often without an idea of what it would mean for the child and the child herself/himself is too young to consent or refuse.

The belief that gender ambiguity warrants an immediate fix, even if it means not allowing the child to grow up and choose its gender identity, has given rise to an undercurrent of secrecy and indignity surrounding intersexuality, which has been the case historically. Intersex individuals, who underwent surgery during their childhood without their consent, have recently generated powerful and important debates around traditional medical practices, lack of sensitivity from society and overarching ethical concerns surrounding such procedures. In addition to questioning the existing medical procedures and attitudes of the medical community, they have also raised important concerns surrounding societal rejection, problems navigating relationships and negotiating intimacy and simply getting a fair shot at a decent livelihood and access to resources to create and maintain their own identity and gender role in society.

Solidarity Foundation organised a public consultation on intersex persons’ issues, on October 23, 2017, in collaboration with the Child and Adolescent Psychiatry Department of National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore. Although parents and doctors believe that corrective surgeries are in the best interest of the child, choosing a sex for the child does not involve the child’s awareness, choice or decision whatsoever. It could give rise to larger implications, developmental problems and issues that will haunt the child, especially during adolescence and adulthood. When adult intersex people find out about the medical procedures performed on them, it most often results in psychological problems, detachment from their family, problems having partners or families and a general mistrust in the medical fraternity.

Solidarity’s intersex seminar was a platform for stakeholders to get together and analyse these issues, dilemmas and way forward. This report summarises the proceedings of the programme, which had around 80 participants, including intersex persons from India and Nepal working on healthcare, human rights, legal and policy issues of intersexuality and other relevant areas.

There is hardly any intersex persons’ movement currently that provides them with a voice and visibility.
Background
We have learned through community consultations and our other work that while we broadly mention the ‘LGBTQIA+’ community in India, there is very little known about the ‘I’ in the movement. We realised this even more through Manjesh, a fellow passionate activist and intersex person, who we sadly lost to cancer in December, 2015. Astraea also published a report “WE Are REAL: The Growing Movement Advancing the Human Rights of Intersex People” and recently launched the world’s first Intersex Human Rights fund.

Families, friends, teachers, employers and others rarely understand the psychosomatic realities of intersex children or adults. They are considered abnormal and are also pathologised and ostracised because heteronormativity often enforces and legitimises only the gender binary. This could compel them to discontinue their education and socialisation and reduce, or even deny them of their livelihood and decent housing options (if they leave their natal homes) causing severe mental health issues. Hence, it is vital to highlight the challenges intersex persons face and include them within the sexual/gender minorities (LGBTIQ+) movement. Awareness and sensitivity towards intersex persons is necessary. Some issues like updating identity documents, discrimination, education, housing and livelihood options, etc. overlap with those of other sexual/gender minority persons. But other issues intersex persons face like childhood medical interventions; AIS, CAH, etc. are unique to them. Nevertheless, if intersex persons prefer to form independent (i.e. not linked to the LGBTQ+ movement) networks, then those too would require support from a range of other actors – from policy makers, medical experts, activists and others. Currently there isn’t a strong intersex persons’ movement in India that provides them with a voice and visibility.

Educating child rights activists and paediatric healthcare professionals about intersex children’s issues is crucial, as intersex foetuses and infants are being murdered. The Intersex Genital Mutilation (IGM) of children is an issue of global importance and needs urgent attention. Intersex children could be subjected to unnecessary surgeries and other medical interventions due to social taboos, at an age when they cannot give informed consent. These were some facts and issues that motivated us toward organising this consultation.

Objectives
• Discuss what is considered a “normal body by birth”
• Increase the visibility of intersex persons, hoping this will enhance their acceptance
• Help participants understand that the medical fraternity sometimes forces genital mutilation on congenital intersex persons as their bodies rarely fit the boxed understanding of female and male anatomy
• Discuss the Malta Declaration, a statement of the Third International Intersex Forum affirming the existence of intersex persons, demanding the end of discrimination against intersex people and ensuring their right to bodily integrity, autonomy and self-determination

**Approach**

We contacted intersex persons from South Asia who were willing to discuss their experiences and contextualise other discussions. Touching upon issues like the intersex community wanting to reclaim their identity as ‘hermaphrodites’ versus being labelled intersex is considered beneficial. For the seminar, we also crowdsourced ideas and contacts with intersex persons, family members, human rights and civil liberties activists, legal/policy and healthcare professionals working with intersex persons who could participate in the discussions or contribute resources, ideas or other contacts on intersex persons’ issues.

**Proceedings**

The seminar consisted of four sessions - Intersex Persons Speak, Health Components, Legal and Policy Issues and LGBTIQA+ Movement

**Intersex Persons Speak**

During this session, intersex persons and rights activists from across India and Nepal shared their narratives (summarised below with names changed, as requested) and the status of intersex persons in their countries as well as in the rest of Asia and the world. This revealed how intersex persons across Nepal have formed support groups and held three national and a few district-level meetings to discuss their issues. This is unlike India where intersexuality is hardly known except to a few healthcare and legal professionals and sexual and gender minority rights defenders.

**Highlights**

• There is minimal social awareness regarding intersexuality and it is considered an abnormality or disease. Families fear that intersex children would become transgender persons or come under their influence

• Intersex children are typically compelled to socialise in the gender that their family members prefer, based on a heteronormative society that usually accepts only the gender binary and the associated individual physiology and anatomy. Often, this differs from the gender they later choose as adults

• Many intersex children are subjected to unnecessary medical treatment, procedures and surgeries without their consent. This mainly includes genital mutilation. Intersex children must not undergo surgery until they can decide or it is absolutely necessary to tackle or avert health complications

• Intersex foetuses are aborted and babies are killed across India

• Many intersex children and adults face familial and social discrimination and exclusion, forcing them...
Intersex children must not undergo surgery until they can decide or it is absolutely necessary to tackle or avert health complications.

Ayan D, Intersex Rights Activist, Nepal: When I was a child, my father took me to India to treat my presumed disease and my parents were distressed that my treatment was unaffordable. Studying privately, I lost various opportunities. While leaving home, my older brother who backed me up, requested a bus driver to leave me at a specific place. There, I lived with transwomen whose culture was different. I disclosed my intersexuality through news stories and started advocating for intersex persons’ rights. A non-profit organisation in Kathmandu invited me to join them, but the people there prioritised transgender and homosexual persons’ rights. While LGBTQIA+ groups include the “I,” intersex persons seem invisible across Asia. In fact, I have been termed a cheat sometimes due to my original documents - Ayan D, Intersex Rights Activist, Nepal

Justina, Kerala: I was raised as a girl for 26 years but consider myself intersex, owing to my ambiguous genitalia. I am unemployed despite a post-graduate degree in electronics as my prospective employers prioritise my gender identity over my skills. My parents are minimally educated and slightly backward economically. Hence, I am postponing corrective surgeries.
Being intersex is not my fault and I am useful. I am not seeking sympathy. I am requesting societal introspection. - Vishwas, Tamil Nadu

Vishwas, Tamil Nadu: I live in a rural area and have an ocular disorder. My parents do not understand my attraction towards women. They raised me as a girl and prayed for my puberty. I am unemployed despite a psychology degree and nursing diploma. Being intersex is not my fault and I am a useful member of society. A friend helped me get to where I am today and I can make progress with support. I am not seeking sympathy. I am requesting societal introspection.

Minal P, Karnataka: I was raised as a boy in a protective environment. Yet, I was a lady mentally and physically and underwent the necessary treatment. My family, friends and employers supported me. Studying life sciences helped me understand myself better. I updated my name and gender in most identification documents and am trying to streamline other documents. I wanted to be a woman but I feel like a superwoman and am keen on assisting intersex persons in whatever way I can.

Sameer K, child rights activist, Europe/India: Pre-natal tests determined that our child was intersex. However, we had a boy. Realising the minimal awareness that exists on intersex children, I advocate for their rights. Europe has support groups for intersex children and their families. Intersex persons want to be identified separately and not be clubbed with those whom we broadly call gender minorities.

Health Components
Healthcare professionals oriented the audience on what ‘intersex’ means physiologically and shared their experiences of working with intersex children and adults and their varied physical and emotional problems.

Highlights
• Two of the most common intersex conditions, are androgen insensitivity and Klinefelter’s syndrome. There are commonalities and differences between these syndromes and has implications for counselling and medical management.
• Globally, 1 in every 10,000 to 15,000 persons is intersex. India lacks reliable statistics on intersex persons.
• In India, many places offer “treatment” for intersex persons as though it is a disease. In fact it can denote a number of different variations in a person’s bodily characteristics that do not match strict medical definitions of male or female.
• Clinicians should consider the language that they are using to and certain words in their vocabulary.
Disconnecting children and youth from intersex persons’ support groups tends to impact their mental health. Like transgender people, intersex people also suffer due to ignorance of healthcare providers.

- Surgeries are necessary only if intersex persons desire or their conditions are life threatening. Realising that social acceptance requires surgery, when in reality they identify as intersex and are heterosexual but are presumed to be transgender and/or queer, affects their mental health.
- Sex, sexuality and gender are all spectrums. There are tensions between the binary view of these categories (male/female, man/woman, heterosexual/homosexual) versus those who adopt a non-binary stance. Transpersons and their allies had the gender binary notion but now we are aware of many more intermittent identities that prove sexual and gender diversity within the spectrum.
- Intersex people have many gender identities and non-heteronormative bodies that affect their perceived realness as men or women. They are born with atypical physical sex characteristics that could be genetic, hormonal or anatomical. This involves chromosomes or the responses of different tissues to hormones or different types of hormonal imbalances, which maybe apparent at birth or diagnosed prenatally, at puberty, when trying to conceive or through random choice. Sometimes, conditions may not be diagnosed correctly. Most intersex people are heterosexual and say they are different and question their relevance to the larger LGBTQIA+ community and people. While the former involves genitalia, the latter is a question of sexual orientation and therefore different.
- Hijras adopt intersex babies only if their parents request them to. This does not mean that all hijras are intersex.
- Differences in Sexual Development (DSD) are many. Genitals cannot be classified as male or female and chromosomal diversity exists. Today, “atypical” and “differences” are used instead of the terms “disorder” and “abnormal.” A transgender person is assigned a particular sex at birth but their gender role could be the opposite. Gender identity and sexual orientation do not mean the same thing and are different terminologies.
- Intersex, transgender and non-heterosexual persons have some overlaps. The gender identity of intersex persons may or may not match the gender identity they are assigned at birth. Some intersex persons may identify as transgender too while some may identify as transgender and later understand or discover their intersexuality. Some intersex persons who do not prefer an assigned sex or gender may desire to change their legal name and gender, or opt for surgical modifications and hormone therapy, like transgender persons.

Globally, 1 in every 10,000 to 15,000 persons is intersex. India lacks reliable statistics on intersex persons —

Dr P Raghupathy, Paediatric Endocrinologist, IGICH

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More transmen are invisible than transwomen as they lack resources and support.

• The Group for Advancement of Psychiatry’s Committee on Human Sexuality has recommended the following upon recognising an intersex condition:
  o Physicians should disclose to parents and children (in an age-appropriate way) the intersex diagnosis, treatment options and the risks and benefits of treatment.
  o Gender assignment and genital surgery must be differentiated.
  o Trained mental health professionals should work with parents and children when intersexuality is identified.
  o Parents should be educated about gender identity and gender role behaviours, emphasising the range of typical behaviours within each gender and the possible overlaps between them.

• The UN Commission on Economic Social and Cultural Rights, in its 2009 report, stated: “Gender identity is recognised among the prohibited grounds of discrimination as transgender or intersex persons often face serious human rights violation like harassment in schools or workplaces”

• In 2014, the National Legal Services Authority or NALSA judgement said that transgender persons are Indian citizens and can avail many facilities and medical surgery cannot be imposed on a transgender or intersex person. At the ICD 11 reform committee meeting in The Hague in 2011, we protested that transgender persons should not be considered disordered. The Transgender Persons (Protection of Rights) Bill 2016 incorrectly termed transgender, “ubhayalingi,” meaning bisexual.

• Transgender and intersex people have some overlapping issues. From issues around establishing their identity, to access to services, to exclusion and rejection by society, both groups faced similar issues. Like homosexual, bisexual and transgender persons, intersex people also often choose invisibility. LGBT issues as a whole, lack resources and support. There are very few organisations that are working with the intersex community or that are specifically handling their issues.

Dr. P Raghupathy, Paediatric Endocrinologist, Indira Gandhi Institute of Child Health, Bangalore:
We must continue collecting evidence about intersexuality and strive for correct diagnosis. In a multi-disciplinary approach, doctors take all evidence available from all subjects via all investigations and then conclude. I dislike the word intersex. Many intersex persons are being broadly called transgender.

Dr. Shekhar Seshadri, Child and Adolescent Psychiatrist, NIMHANS: Terminology or nomenclature in LGBTIQA+ communities and their narratives have commonalities and uniqueness.

The reductionist approaches to sexuality and the penetration-ejaculation paradigm problematises it. - Dr Shekhar Seshadri, Child and Adolescent Psychiatrist, NIMHANS
Equality implies recognising differences. Narratives could be medical or experiential on exclusion, marginalisation, confusion and availability or non-availability of assistance. Historically, surgeries have been heteronormative and have prepared people for heterosexual intercourse. Anne Fausto Sterling describes this as; “penetration in the absence of pleasure takes precedence over pleasure in the absence of penetration.” The reductionist approach to sexuality and the penetration-ejaculation paradigm problematises it. It has many human experiences emotionally, in thoughts and sensations, physically and metaphysically.

Amrita Sarkar, Technical Consultant, SAATHII, New Delhi: I know intersex activists who are comfortable with genitalia inside and outside. Intersex persons need not undergo surgery to be male or female. How can LGBT people be allies? There are many transpersons and MSM’s CBOs but where are the intersex CBOs? Since 2016, SAATHII has included intersex persons’ issues in its dialogues with healthcare providers including paediatricians. The dialogues include the issue of medically unnecessary intersex genital surgeries and highlight issues gender non-conforming children.

Dr. Ranjita Biswas, Psychiatrist, Kolkata: I am disturbed by the usage of words like ‘normal’ and ‘disorders’ and prefer “difference” or “diversity”. Globally, various people are demanding DSD to mean Differences in Sexual Development instead of Disorders of Sexual Development. We can discuss a spectrum of sexual differences without pathologising people. We must distinguish between sexual differences and life-threatening medical conditions and resolve the problem of sexual binaries.

Santa Khurai, Transgender Activist, AMANA, Imphal: I do not classify people as “normal” as it divides people from mainstream like LGBTIQA+ identities, although nomenclature matters. It lets us build solidarity and mobilise to start asserting for rights. If intersex is a loose term, we can find a more appropriate one. As a transperson, if my family had accepted me and society gave me respect, I would not be here. This matters because it is petty on the part of society to reject and negate us from the mainstream. We must collectivise and respect all terms and identities given in different ways.

Lavanya Narayan, Journalist and Queer Activist, Bangalore: I agree with Santa that we must adopt the nomenclature and acknowledge non-binary genders. I dislike being misgendered.

Legal and Policy Issues

Law and policy professionals and researchers shared perspectives on legal platforms for intersex persons to claim an identity and initiate discussions on The Transgender Persons (Protection of Rights) Bill 2016 and its implications for the intersex community.
If we want larger social change we must consider the whole framework of recognising individual choice and autonomy, social justice and human rights. - Delfina, Transgender Activist, Nirangal, Chennai

Highlights

• Misunderstanding the differences between different groups of people harms those facing hardships and demanding their rights because they are considered ‘abnormal.’ Many people mistake intersex persons for hijras, a socio-cultural identity among transpersons
• Intersex people lack visibility. Many hide their intersexuality from affiliated people after leaving their families. They struggle to fit into gender stereotypes and fear being discovered
• Dr. Raghupathy suggested issuing birth certificates later than at birth. Germany and Australia do not need sex or gender specification at birth in birth certificates. It can be included after the grown child chooses their own gender identity. India could have this too. Around 1.7% of humans are intersex.
• Expectant parents are told that their child is abnormal if intersexuality is suspected. Some parents kill such babies and foetuses - this is sex-selective abortion, a silent genocide.
• The state appoints a committee with a medical expert to testify if the person is transgender, intersex or other. This considers intersexuality a disorder and pathologises intersex people
• The Justice K. S. Puttaswamy judgement impacts privacy, consent and autonomy. Should we use that for policy change or intersex persons’ rights?
• The NALSA Judgement 2014 where an Indian court (SC) first recognised transpersons’ rights and the Transgender Persons (Protection of Rights) Bill 2016 (despite its flaws) includes intersex persons whose rights are not addressed elsewhere. Legal gains for transpersons’ rights apply to intersex persons. The NALSA judgement, which upheld the right to self-identified gender, includes issues related to birth certificates, changing legal documents, etc. which also applies to intersex persons

Neeraja Sajan, Researcher, Intersex persons’ issues, TISS, Mumbai: The intersex people I met were struggling to understand themselves and trying to become what others wanted them to be. One of them said that she needed to prove herself as a woman and it affected her mental health. An intersex child who was abandoned in a dumpster was raised as a girl by commercial sex workers in a brothel. She felt safe there. People examining intersex people or people with DSD are medical professionals, especially in maternal and child-care hospitals. I offended many of them by questioning why they called intersexuality a disorder. In a maternal and child-care hospital in Trivandrum, I heard that parents of intersex children were forcing doctors to convert children into male because sterile males are socially more accepted than infertile females.

Siddharth Narrain, Visiting Faculty, School of Law, Ambedkar University Delhi: Citing the NALSA 2014 verdict, the Madras High Court recognised Nangai, a woman police candidate disqualified, as her gender identity was deemed intersex (after her medical examination during recruitment) and
ordered her to be reinstated. Although an urologist from the Medical Board of the Government Medical College Hospital, Vellore, wrongly termed her partial AIS as “transgender by birth,” the court upheld the principle of self-determining gender identity for intersex people. It stated, “If this person declared that she is female, the state cannot deny her the opportunity to work and must reinstate her. The petitioner’s self-declaration of gender outweighs any contravening medical declaration. You cannot compel a person to undergo a medical examination as it is not done for all.”

Intersexuality and fairness in sports has been a much-debated topic. Asian Games and Asian Youth Championships athletics medallists (respectively) from India, Santhi Soundarajan and Dutee Chand and Olympic athletics medallist Caster Semenya from South Africa, were disqualified because they failed gender testing for women. Dutee and Payonshi Mitra, a gender rights researcher and activist from Kolkata challenged the decision and approached the Court of Arbitration for Sport (CAS), which stayed the case for two years as it needed to establish if the “unfairness” had a scientific basis. Pinki Pramanik, another athlete from India, was accused of sexually assaulting her partner. The court ruling favoured Pinki, arguing that she was intersex and could not have raped, as it required penetration. The lawyer used common stereotypes to Pinki’s advantage. When Pinki was imprisoned, she was placed in a male cell. Secondly, her medical examination video was leaked on social media. In Santhi’s case, she received some support from the state government (after a long, lonely struggle) and was appointed to the state Sports Development Authority.

The Colombian constitutional court has handled surgeries on intersex children thrice since 1999. While it acknowledges the family’s role in deciding a child’s sex, with intersexuality, the family cannot sometimes respect the best interests of the child. It mandates “qualified, persistent and informed consent,” i.e., parents may choose surgery only if they have accurate information about risks and alternative treatment paradigms that reject early surgery. Consent must be written and given multiple times over extended periods, ensuring that parents understand all the details with respect to choosing or not choosing surgery. How do we import these principles to India, which has ratified the UN Child Rights Convention?

Private companies talking diversity must demonstrate it by implementing inclusive recruitment and retention policies: Pushpa Achanta, Consultant, Solidarity Foundation

Delfina, Transgender Activist, Nirangal, Chennai: Intersex persons can demand their rights through their own movement. Interestingly, intersex people are culturally recognised within the transgender community and called “Mapaytikhusli.” If gender demarcates personal authenticity, it is useless because it merely ensures you are not pretending or impersonating. If my name and/or gender do not match with my appearance, I am not considered to be the person that I say I am. While identity politics
Expectant parents are told that their child is abnormal if intersexuality is suspected. Some parents destroy such babies and foetuses - this is sex-selective abortion, a silent genocide.

Participant: Can we attribute IGM and intersex foeticide to mere ignorance? There are people who are turning to methods that they think will result in the “perfect” child and therefore the attitude towards intersex children (and adults) will be one of non-acceptance. There was also a belief that the use of surrogacy to bear babies leads to a greater chance of intersex children. This has to be verified as these myths feed into the existing prejudice against intersex people.

Participant: We must secure children, not consider them a burden. We must raise them with independence and agency so they can choose their sex. Avoid unnecessary surgeries as that could increase the child’s burden. Justina spoke about attempting suicide thrice and lacking support. As doctors may not know enough, you are unaware where to seek answers. All prejudices and malpractices multiply because of lack of information. Children learn only about binary human sexuality in school. Can we include intersexuality in our education system? We can change children quicker than adults.

Advocacy and Activism
We also discussed the minimal social support system available for ‘I’ persons in the movement when little is known about them. Issues overlapping with and unique to intersex and transgender persons were identified to see if policies and facilities offered to transpersons apply to intersex people. The following questions/suggestions emerged:

Monisha Murali, Centre for Child and Law, National Law School, Bangalore: The Juvenile Justice Act 2016 and/or state-level rules could be expanded to include intersex and gender non-conforming children. Do they need separate facilities to ensure their dignity? What health norms and principles can they avail? Are there state experts and institutions servicing and supporting these children and educating them and their families? How can we handle intersex children and ensure child-friendly behaviour and attitudes?
Pushpa Achanta, Consultant, Solidarity Foundation: Diversity and Inclusion is a favoured topic of discussion in the IT industry, particularly in large global companies even in 2009 when I left. Executives claimed to understand LGBTQ (I, A, P or other identities were barely mentioned) persons but denied their existence. They must demonstrate diversity by implementing inclusive recruitment and retention policies. Similarly, sensitisation of and through media regarding sexual/gender minority persons can continue. Instead of writing “their story” we must enable sexual/gender minority persons and groups to express themselves through various forms like audio-visual media.

Resources
The consultation screened a short video where Manjesh shared his life story briefly. A short slideshow on intersex persons from South Africa, United States and Europe by queer artist Del La Grace was also displayed. The consultation mentioned two documentaries namely, ‘I am Bonnie’ from India and ‘Intersexion’ from New Zealand. The former traces the life of Bany Paul, a talented footballer from West Bengal socialized as a girl. Paul is forced to live incognito after choosing to be a man in a relationship with a woman. The latter is an hour-long production directed by Grant Lahood, following Mani Bruce Mitchell, an intersex person travelling globally talking to other intersex people. The film explores the lives of intersex individuals whose bodies are between male and female and tries to address the question, “Why is this relatively common condition so unknown?”
The way forward
Shubha Chacko, Executive Director, Solidarity Foundation: We are planning fellowship programmes to empower intersex people. A dialogue between different stakeholders and groups will help identify, strengthen and connect issues. They can document their stories and experiences and benefit from support as well as a network to meet doctors, counsellors, researchers, lawyers, activists and journalists, thus enriching themselves.

The consultation, which Dr Seshadri termed “historic,” was an information-sharing forum and helped intersex individuals network among themselves, and with human rights defenders, human rights organisations and professionals in healthcare and legal fields. It laid the brickwork for further efforts that are required to highlight intersex persons’ issues and encouraged intersex persons to openly identify themselves. We plan to initiate a learning process for ourselves and improve and expand our work with the community while also entering unexplored areas.

This report summarises learning’s culminating from the panel discussions, and lines of thought that individuals interested in intersex persons’ issues can circulate and refer at a later point.

The one-day seminar underlined the gaps in our understanding of issues related to intersex people and demonstrated the potential of dialogue across sections. The seminar provided a platform for intersex people, medical professionals, legal and policy experts, social science researchers, journalists and activists to have fruitful conversations. The conversation also brought out that these issues have implications for a host of other questions. It calls us to relook at fundamental principles such as “best interest of the child” and “informed consent”. It has implications for those engaging with a variety of activists and scholars – feminists, child rights groups, queer, as well as human rights and legal scholars and activists, the health movement, among others.

Intersex people force us to rethink our assumptions around the body, the idea of “normal” and the binary idea of sex. They challenge our understanding of notions of “privacy” as well as “health” and “family”. These are some of the areas that need further exploration. This seminar was one step in the direction of giving spotlight to a rather invisible minority.
Intersex Persons’ Rights Seminar

Presentation 1

Introduction to Intersex persons’ issues

Dr. Shekhar Seshadri
Head of The Department
Child and Adolescent Psychiatrist Department,
NIMHANS

Understanding the term Intersex

• “Intersex” refers to congenital conditions in which genetic, gonadal, or genital sex is atypical.
• A consensus group of experts of the Lawson Wilkins Pediatric Endocrine Society and the European Society for Paediatric Endocrinology, in conjunction with intersex activists, recommended a new term “Disorders of Sex Development” (DSD)
• However the term is new and controversial, so the more familiar term “intersex” will be used here.
• People are born with atypical physical sex characteristics, including genetic, hormonal and anatomical differences.
• Many forms of intersex exist; it is a spectrum or umbrella term, rather than a single category.
• It can include differences in the number of sex chromosomes, different tissue responses to sex hormones, or a different hormone balance.
• Differences may be apparent at birth.
• Some common intersex variations are diagnosed prenatally.
• Some intersex traits become apparent at puberty, or when trying to conceive, or through random chance.
What is Intersex about?
- Is not about gender identity; intersex people have a broad range of gender identities.
- There are intersex men and women, and probably most non-binary people are not intersex.
- Is a lived experience of the body.
- Intersex people have non-heteronormative bodies, bodies that affect perceptions of our realness
- Bodies do not meet societal expectations. Cultural, familial and medical attitudes govern to which sex we are assigned. Surgical and other medical interventions are made to ensure we conform to those norm, to erase intersex differences.
- This has profound consequences for our physical and mental health.

Intersex and LGBT: what is the connection?
- Most intersex people are heterosexual, most are not trans, we’re a different community, so what’s the relevance for LGBT people?
- Historically, surgeries are heteronormative – preparing people for heterosexual intercourse. Biologist Anne Fausto-Stirling describes this as how “penetration in the absence of pleasure takes precedence over pleasure in the absence of penetration”

Intersex and Mental Health
Consider, what does it mean for your mental health:
- when you’re subjected to reparative therapy, in infancy?
- when your parents are told to keep it quiet, and tell no-one.
- when the limited data on long term outcomes of therapy identifies particular concern regarding sexual function and sensation.
- when clinicians change the language used, in a way that disconnects youth from intersex-led support groups.
- when you realise that your body had to be surgically modified to be socially acceptable?
- and when you do disclose that you’re intersex, people assume you’re trans even when most are not.
- most intersex people are heterosexual and not trans, but you’re automatically queered.
- your common issues aren’t about your gender, but about responses to your body.

Caring for Intersex People
- In 2006, the Consortium on Disorders of Sex Development (DSD) offered a set of detailed care guidelines and a handbook for parents of children with DSD.
- The Group for the Advancement of Psychiatry’s Committee on Human Sexuality has made the following general recommendations upon recognition of an intersex condition:
  - Physicians should make full disclosure to parents regarding the nature of the intersex diagnosis, treatment options and the risks and benefits of treatment vs. non-treatment. There should be ongoing process of disclosure of intersex status to the child in an age appropriate way.
  - Distinctions should be made between gender assignment and genital surgery. In most cases, gender assignment can be made without surgery and should be based on the nature of the diagnosis, rather than on genital morphology alone.
  - No surgery should be performed for cosmetic reasons alone.
  - Parents should be educated concerning gender identity and gender role behaviours, emphasizing the broad range of typical behaviours within each gender and the overlap between them.
  - Trained mental health professionals should have ongoing involvement with parents and children as soon as an intersex condition is identified.
Intersex Persons’ Rights Seminar

Presentation 2

Overlaps in Transpersons’ and Intersex Persons’ Health Issues

Amrita Sarkar
Senior Program Officer (Gender and Sexuality) SAATHII Delhi

SAATHII Overview

- Works towards universal access to healthcare, justice, and social welfare for populations marginalized on account of HIV, gender and/or sexuality in India
- Headquartered in Chennai, with operations in 19 states of India and offices in twelve (Assam, Delhi, Gujarat, Jharkhand, Kerala, Maharashtra, Manipur, Odisha, Rajasthan, Tamil Nadu, Telangana, West Bengal)
- Ultimate beneficiaries: people living with HIV/AIDS, pregnant women, children, sexual minority populations (LGBT+)
- Strategies: community strengthening (program, admin, MandE), training and sensitisation of health, legal, edu and social service providers, operations research and technical support for health-system strengthening

Working Definition: Intersex conditions arise due to Differences in Sex Development (DSD)

- A variety of conditions that lead to atypical development of sex characteristics, including one or more of the following: external genitals, internal reproductive organs, x chromosomes, or sex-related hormones.
- Some examples include:
  - External genitals that cannot be easily classified as male or female
  - Incomplete or atypical development of the internal reproductive organs
  - Inconsistency between the external genitals and the internal reproductive organs
  - Sex chromosome syndromes (e.g. XXY, XO)
  - Over- or underproduction of sex-related hormones, or Insensitivity to sex related hormones
  - Terminology: ‘Differences’ and ‘Atypical’ preferred to ‘Disorders’ and ‘Abnormal’

Transgender Persons

- Persons whose gender identity differs from that assigned based on anatomy at birth
- May be of any sexual orientation
- Self-determined gender identity is valid (and legally recognized, through Supreme Court NALSA verdict), independent of surgery or hormonal therapy
- May be binary (transman/transwoman) or non-binary/third-gender

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consistent gender dysphoria (DSM-5) or gender incongruence (ICD-11, formerly gender identity disorder) as criterion for gender-affirming procedures.

- May not have any anatomic markers of ambiguous genitalia

### Intersex-specific Issues

- Forced genital modification/mutilation of intersex infants even if there is no medical necessity
- Children reared in roles mostly imposed by doctors/families
- Need to address the issue of medically necessary interventions. e.g. removal of internal testes because of their potential for becoming cancerous. Need clear guidelines.

### Intersex, Transgender and Non-Heterosexual

- The gender identity of intersex persons may or may not conform with that assigned at birth.
- Some intersex persons may additionally identify as transgender
- Some individuals first identify as transgender (ex. transmen) and only later find out that they are also intersex.
- Some, but not all, intersex persons, who do not identify with assigned sex/gen may desire processes similar to transgender persons (name and gender legal change, surgical modifications, hormone therapy)
- Some intersex infants are handed over by their families to the hijra community. This does not mean all hijras are intersex: the majority are probably not. General conflation of transgender with intersex, reflected in TG Rights Bill definitions and in Lok Sabha official Hindi translation of transgender as ‘ubhayalingi’
- Like transgender people, intersex people also face ignorance from healthcare providers
- Like transgender persons, intersex persons may identify anywhere on the sexu orientation spectrum (lesbian, gay, bi, pansexual, asexual)
- Some individuals who identify as (cis) gay, lesbian or bisexual and NOT as transgender, are intersex
- For e.g. Some lesbian/bi-identified women with AIS (Androgen Insensitivity Syndrome) or CAS (Congenital Adrenal Hyperplasia). Some gay-or bi-identifie men with Klinefelter syndrome
- Like cis-LGB+ people, intersex people may also face the issue of invisibility
- Others, who know their status, may also choose to be invisible / closeted about their intersex status

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Law: Gender identities of Intersex People included in concept of self-determination

- One of the first rulings to cite NALSA ruling was Madras High Court on April 17, 2014, two days after NALSA. Honorable Justice Nagamuthu ruled that Nangai, a woman police constable who was terminated based on an intersex condition, had the right to be recognized in her gender identity, and get her job back.

- Some errors in technical terminology in the ruling: Partial Androgen Insensitivity Syndrome (PAIS) was wrongly referred to as ‘Transgender by Birth’ by the urologist of Medical Board, Government Vellore Medical College Hospital in his report dated 26.08.2011. Justice Nagamuthu wrongly identified the person as an FTM.

- Regardless of these errors, the principle of self-determination of gender identity holds for those intersex people who need to assert it.


- “Gender identity is recognized as among the prohibited grounds of discrimination, for example, persons who are transgender, transsexual or intersex, often face serious human rights violations, such as harassment in schools or in the workplace.”

Thoughts: Intersex Inclusion in LGBTIQ+ 

- Some people who are part of existing lesbian/bi/gay and transgender communities and spaces are intersex:
  - How can we ensure non-discrimination within our communities?
  - LGBT+ identities:
    - How can LGBT+ people be allies of intersex people?
    - How can we make sure intersex persons’ issues are addressed in advocacy for gender justice and inclusive healthcare/education, etc?

Since 2016, SAATHII has included intersex persons’ issues in its dialogues with healthcare providers

- **Pediatricians**: dialogue on medically unnecessary intersex genital surgeries, along with other LGBTQ+ issues such as gender-nonconforming children
- **Psychiatrists**: Current ICD-10 requires that GID diagnosis rule out intersex (esp chromosomal) conditions. The two can coexist. DSM-5 does not have this exclusion criterion.
- **Endocrinologists**: challenging physiology/anatomy-based construction of gender. E.g. Endocrinologist told male-identified intersex person (assigned female at birth) that if his internal testes were to be removed, he could never be male
Malta Declaration

1. December 2013

Between 29 November and 1 December 2013, the Third International Intersex Forum, supported by ILGA and ILGA-Europe, took place in Valletta, Malta. This event brought together 34 activists representing 30 intersex organisations from all continents.

Preamble

We affirm that intersex people are real, and we exist in all regions and all countries around the world. Thus, intersex people must be supported to be the drivers of social, political and legislative changes that concern them.

We reaffirm the principles of the First and Second International Intersex Fora and extend the demands aiming to end discrimination against intersex people and to ensure the right of bodily integrity, physical autonomy and self-determination.

Demands

- To put an end to mutilating and “normalising”™ practices such as genital surgeries, psychological and other medical treatments through legislative and other means. Intersex people must be empowered to make their own decisions affecting own bodily integrity, physical autonomy and self-determination.

- To put an end to preimplantation genetic diagnosis, pre-natal screening and treatment, and selective abortion of intersex foetuses.

- To put an end to infanticide and killings of intersex people.

- To put an end to non-consensual sterilisation of intersex people.

- To depathologise variations in sex characteristics in medical guidelines, protocols and classifications, such as the World Health Organization™s International Classification of Diseases.

- To register intersex children as females or males, with the awareness that, like all people, they may grow up to identify with a different sex or gender.

- To ensure that sex or gender classifications are amendable through a simple administrative procedure at the request of the individuals concerned. All adults and capable minors should be able to choose between female (F), male (M), non-binary or multiple options. In the future, as with race or religion, sex or gender should not be a category on birth certificates or identification documents for anybody.

- To raise awareness around intersex persons’ issues and the rights of intersex people in society at large.
• To create and facilitate supportive, safe and celebratory environments for intersex people, their families and surroundings.

• To ensure that intersex people have the right to full information and access to their own medical records and history.

• To ensure that all professionals and healthcare providers that have a specific role to play in intersex people’s wellbeing are adequately trained to provide quality services.

• To provide adequate acknowledgement of the suffering and injustice caused to intersex people in the past, and provide adequate redress, reparation, access to justice and the right to truth.

• To build intersex anti-discrimination legislation in addition to other grounds, and to ensure protection against intersectional discrimination.

• To ensure the provision of all human rights and citizenship rights to intersex people, including the right to marry and form a family.

• To ensure that intersex people are able to participate in competitive sport, at all levels, in accordance with their legal sex. Intersex athletes who have been humiliated or stripped of their titles should receive reparation and reinstatement.

• Recognition that medicalization and stigmatisation of intersex people result in significant trauma and mental health concerns.

• In view of ensuring the bodily integrity and well-being of intersex people, autonomous non-pathologising psycho-social and peer support be available to intersex people throughout their life (as self-required), as well as to parents and/or care providers.

In view of the above the Forum calls on:

1. International, regional and national human rights institutions to take on board, and provide visibility to intersex persons’ issues in their work.

2. National governments to address the concerns raised by the Intersex Forum and draw adequate solutions in direct collaboration with intersex representatives and organisations.

3. Media agencies and sources to ensure intersex people’s right to privacy, dignity, accurate and ethical representation.

4. Funders to engage with intersex organisations and support them in the struggle for visibility, increase their capacity, the building of knowledge and the affirmation of their human rights.

5. Human rights organisations to contribute to build bridges with intersex organisations and build a basis for mutual support. This should be done in a spirit of collaboration and no-one should instrumentalise intersex persons’ issues as a means for other ends.
**Invitation to Seminar: Rights of Intersex Persons**

**23rd Oct Monday 2017, NIMHANS**

We are pleased to invite you to a public consultation as below, on intersex persons’ issues, that we are organizing in collaboration with NIMHANS, on October-23-2017, in Bangalore.

**Venue:** Seminar Hall, 2nd Floor, Child Psychiatry Center(CPC), NIMHANS, Bangalore

**Background:**
We have learnt through community consultations and our other work, that while broadly mentioning the ‘LGBTQIA’ community in India, very little is known about the ‘I’ in the movement. We realized this further, through one of our fellows, Manjesh, a passionate activist and intersex person, whom we sadly lost to cancer in December, 2015. Also, Astraea published a report We Are Real; The Growing Movement Advancing the Rights of Intersex People and recently launched the world’s first Intersex Human Rights fund. All these enthused us about this consultation.

**Objectives:**
- Discuss what is considered a ‘normal body by birth’
- Increase the visibility of intersex persons, hoping that this will enhance their acceptance
- Help participants understand that the medical fraternity sometimes forces genital mutilation on congenital intersex persons as their bodies rarely fit the boxed understanding of female and male anatomy
- Discuss the Malta Declaration, a statement of the Third International Intersex Forum affirming intersex persons’ existence, demanding ending discrimination against intersex people and ensuring the right to bodily integrity, autonomy and self-determination.

**Plan:**
We have contacted intersex persons from some South Asian countries willing to discuss their experiences and contextualize other discussions. Touching issues of the community wanting to reclaim their identity, would be beneficial. We will try understanding the social support system available for the ‘I’ persons of the movement when little is known about them. At the consultation, health professionals will also orient the audience on what ‘intersex’ means, physiologically and share experiences of working with intersex individuals and their varied physical and emotional problems. Law and policy professionals will share perspectives on legal platforms for intersex persons to claim an identity and initiate discussions on ‘The Transgender Persons (Protection of Rights) Bill 2016’ and its implications for the intersex community. We hope to discuss separating intersex persons from transgender people, to ensure they benefit from facilities offered to the latter.

The consultation will screen the documentary ‘Intersexion’, directed by Grant Lahood, that follows Mani Bruce Mitchell, an intersexual person, travelling globally talking to other intersexual people. The film explores the lives of intersexual individuals whose bodies are between male and female, answering “why is this relatively common condition so unknown?”

**Way forward:**
This consultation will be an information sharing forum and help intersex individuals network with organizations and healthcare and legal professionals. It could lay the brickwork for a larger national meet on intersex persons’ issues and encourage intersex persons to openly identify themselves. We will initiate a learning process for ourselves and improve and expand our work with the community, entering unexplored areas. To document learnings culminating from the panel discussions, we will release a report that individuals interested in intersex persons’ issues across India can circulate and refer.
Press Release: Seminar on the rights of intersex persons

Solidarity Foundation (www.solidarityfoundation.in) and Child and Adolescent Psychiatry Department, NIMHANS, are holding a pathbreaking seminar on the Rights of Intersex People on 23rd Oct 2017 between 10 a.m. to 5.30 p.m. and Seminar Hall, 2nd Floor, Child Psychiatry Center (CPC), NIMHANS, Bangalore

What does it mean to be intersex?
Although being intersex is relatively common, there remains a startling lack of awareness among the general population. Even as our society has made strides toward greater understanding and acceptance of transgender and gay rights, intersexuality remains under-recognized and taboo.

Understanding ‘intersex’:
According to the UN for LGBT Equality fact sheet, “intersex people are born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies. Intersex is an umbrella term used to describe a wide range of natural bodily variations. In some cases, intersex traits are visible at birth while in others, they are not apparent until puberty. Some chromosomal intersex variations may not be physically apparent at all. According to experts, between 0.05% and 1.7% of the population is born with intersex traits. An intersex person may be straight, gay, lesbian, bisexual or asexual, and may identify as female, male, both or neither.”

Issues faced by intersex persons:
Since discourse around intersex persons’ issues is still new in India, individuals who are intersex are either bracketed with transwomen or transmen or are forced to hide their identity as intersex people. They are deprived of the appropriate help and resources that should be directed towards them; and many of them feel lonely and uncomfortable about their identity. Since not many organizations touch upon the ‘I’ in the LGBTQI movement, intersex persons are often left without a social support system within the community. They are often subjected to non-consenting genital mutilation when the family and doctors try to determine their sex in the early stages. There are, perhaps, scores of other issues that they have not received adequate space to articulate.

This seminar: This is a unique seminar as it focuses on issues of rights of intersex people – an issue that has received next to no attention (or only negative attention) It will bring together medical professionals (psychiatrists, paediatricians, counsellors) legal and policy experts, activists and most importantly intersex people themselves to talk about the challenges they face and their fight for their rights.

Objectives of the consultation: With this consultation, we aim to respond to the following areas:
• Engage in discussions around the question of what is considered to be a ‘normal body’ at birth.
• Deepen the understanding among participants on the issues faced by intersex people
• Increase the visibility of intersex persons, with the hope that this will encourage greater acceptance of intersex persons
• Help unpack some of the institutional biases against intersex people – especially in the legal, medical and educational spheres
• Participants will also discuss the Malta Declaration, a statement that emerged from the Third International Intersex Forum that affirms the existence of intersex people, demands an end to discrimination against intersex people and ensures the right to bodily integrity, physical autonomy and self-determination.

The consultation will screen the documentary ‘Intersexion’, directed by Grant Lahood, that follows Mani Bruce Mitchell, an intersexual person, travelling globally talking to other intersexual people. The film explores the lives of intersexual individuals whose bodies are between male and female, answering “why is this relatively common condition so unknown?”
Concept Note on the Intersex Persons’ Rights Seminar

Solidarity Foundation is a young India-based foundation, set up to provide support to sex workers and sexual minority groups by offering fellowships and grants and working around issues that, as yet, few funders focus on; sexuality. We reach out to activist organizations and grassroots groups in South India and offer close support to them to develop their campaigns and projects. As a trust registered in March 2013, we serve as a bridge between resources, ideas and knowledge. In the past one year, we have conducted four community consultations in the cities of Bangalore, Mumbai, Delhi and Kolkata to understand the nature and extent of the overwhelming work being done by activists with sexual minority organisations and individuals in India. We have also co-hosted and supported three events in that were geared to bring to forefront Jogappas, a marginalized and lesser known traditional community of transwomen who are also known for the music they produce. In the coming year, along with our other work, we wish to continue our efforts to create a platform to disseminate and collate information from several sources regarding issues focusing on sexuality and sexual minority groups, this time by conducting a conference for initiating information sharing on Intersex persons’ issues.

Background to this consultation

Solidarity Foundation, over the course of the community consultations and our years of work, has learnt that while we broadly speak of the ‘LGBTQI’ community in the country, very little is known about the ‘I’ in the movement. We became acutely aware of this during our close interactions with one our fellows, Manjesh, a passionate activist who was an intersex person. Sadly we lost Manjesh to cancer in December, 2015. The regional consultations that we held in 2016 saw the presence and participation of individuals belonging to many of the categories under the sexual minorities umbrella, however we were unable to secure the participation of an intersex person, nor were issues faced by intersex persons discussed. Since the groups were inclusive of a range of identities, this silence stems largely from a lack of information and access to the community of intersex persons in India. We are also enthused to conduct this proposed consultation on intersex persons’ issues after reading We Are Real; The Growing Movement Advancing the Rights of Intersex Peoplea report issued by Astraea who recently launched the world’s first Intersex Human Rights fund and some of the intersex activists that we met at the ILGA 2016 conference.

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Objectives of the consultation:

With this consultation, Solidarity Foundation aims to respond to the following areas:

- Engage in discussions around the question of what is considered to be a ‘normal body’ at birth.
- Deepen the understanding among participants on the issues faced by intersex people.
- Increase the visibility of intersex persons, with the hope that this will encourage greater acceptance of intersex persons.
- Help unpack some of the institutional biases against intersex people – especially in the legal, medical and educational spheres.
- Participants will also discuss the Malta Declaration, a statement that emerged from the Third International Intersex Forum that affirms the existence of intersex people, demands an end to discrimination against intersex people and ensures the right to bodily integrity, physical autonomy and self-determination.

Participants

We are already in the process of getting in touch with intersex persons from India and neighbouring countries who would be willing to talk about their own personal experiences as intersex individuals, and also their activism.

The consultation will also bring together health (including mental health) and legal professionals, human rights activists, researchers, students, journalists and others. It will be limited to people from Karnataka, Andhra Pradesh and Telangana. Participants from other states would be invited to attend but we will clarify that we cannot support their travel. The reason to limit it to the three states is to limit the bud.

Programme

The consultation will start with

- A session of listening to the voices of intersex people as they present some of the challenges and issues that they face. They will focus on issues around their identity and specially highlight the attitudes and problems that they encounter when they deal with the health system, access their rights and entitlements and their space (or lack of) within the LGBTQI movement.
Three different panels then will respond to these issues

- The first will have experts and activists from the field of health: They will outline how the medical professionals (including mental health) understand the idea of “intersex”, the progress made as well as the limitations of the current frameworks. They also outline the systemic causes that exclude intersex people.

- The second will be from the field of policy and legal activism: They will underline the spaces with the legal framework that can be utilised to further the rights of intersex people as well as the inherent biases in law. This will include looking at the new policy spaces that have opened up for trans people – including the Supreme Court judgement of 2014 on the issue of transpeople and the proposed “Transgender Persons (Protection of Rights) Bill” and the issues and challenges of clubbing trans and intersex people together.

- The third will be human rights activists and researchers who work with sexual minorities: They would critically reflect on the movement(s) ability to take cognisance of intersex people and the issues that they face.

It will end with the screening of a documentary ‘Intersexion’, directed by Grant Lahood. It follows the journey of Mani Bruce Mitchell who travelled to many parts of the world talking to other intersexuals. The documentary explores the lives of intersexuals whose bodies fall somewhere between male and female, answering the question “why is this relatively common condition so unknown?”

The one day consultation will be documented (video and written) and disseminated.

Next steps:

This consultation will aim at serving as an information sharing forum and a source of adding to the existing knowledge pool on issues concerning the intersex community. It will also help give a voice to intersex individuals who may be able to get in touch with organizations and health care and legal professionals who they could approach to seek help or assistance. A platform such as this one could lay the brickwork for a larger meet on a national level, to discuss intersex persons’ issues. This will encourage intersexual members of the community to come out and identify as intersex, keeping in mind the idea that a dialogue is being initiated on these issues.

Solidarity Foundation, as an organization that works with sexual minority groups, will be able to initiate a learning process for its own self and improve and expand its work with the community, treading into areas it has not explored before. To document learnings culminating from the panel discussions, Solidarity Foundation will also be releasing a report that can be circulated and referred to by individuals interested in intersex persons’ issues across the country.
# List of Participants

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Press Coverage

DECCAN HERALD

Seminar on Sexual Minorities Tomorrow

Oct. 22, 2017: NIMHANS and Solidarity Foundation, an NGO that supports sex workers and sexual minorities, will conduct a seminar on the “Rights of Intersex People,” on Monday.

Shubha Chacko, executive director of the foundation, said that although there have been many seminars by doctors on the medical perspective of the aspect, this is the first time the topic is being picked up to discuss the sociological as well as the psychological aspects.

She added that intersex people will talk about issues such as employment, education, and institutional biases among others. The one-day seminar, which will be conducted at NIMHANS, will also have legal experts, policymakers, activists, and doctors talking on various issues.
A report on the historic seminar on intersex persons’ issues in India

L-R: Siddharth, Shubha, Neeraja and Delfina discuss legal and policy issues of sexual/gender minorities

Monisha talks about gender non-conforming children’s rights

Santa Khurai highlights challenges of trans and other gender/sexual minority persons from North East India
Brief Bibliography on Intersex persons’ issues

Searches on the word “LGBTI” on the Internet, yields mostly articles that would come up deal with LGBT issues--marriage, discrimination, hate crimes, etc.--with little mention of any issues that actually apply to intersex people. Inter sex people and their issues are among the most marginalized in society today.

Rationale
The term Intersex is relevant to the sexual and gender identity of a person and could be associated with different terms such as ambiguous genitalia, differences of sexual development (DSD), etc. The interpretation of intersexuality varies based on whether it is from a healthcare, anthropology, sociology, human rights, legal, media, culture or other perspective. Much of the literature available on the topic, however, projects it as merely a medical issue. This is beginning to change and there is an increase in scholarship around other facets of an intersex person’s life. Therefore Solidarity Foundation made a decision to search for articles and books that discuss different experiences and perspectives on intersex children and adults in addition to health aspects.

Content and Classification
This bibliography emerged from the above efforts undertaken over the last year. It contains a list of articles (with annotations) on intersex persons and healthcare components, legal and policy issues, human rights aspects, issues in the news and entertainment media and sports arena that concern intersex persons. These articles are in the form of personal stories, research papers, scholarly literature, books and publications and news reports on intersex persons and their realities. There are also reviews of films, videos and television series on intersex persons. The readings are categorized under distinct subjects such as health, law and policy, sports, media et al.

In this bibliography, there is a separate section on the inhuman act of Intersex Genital Mutilation (IGM – forcible cutting of the genitalia of intersex persons) as it has been found to be prevalent in countries such as France, Germany and Nepal. This part also summarizes the different UN Conventions that have recognized IGM as a violation of human and child rights and an act of torture.

This bibliography is not aimed at being a comprehensive one; rather it is an attempt to sketch some of the themes that have emerged. We sourced material mainly via the internet. They include articles in peer reviewed journals, books from the more established publishers, declarations and guidelines from bodies such as the World Health Organisation. There also some conference papers. We also did explore sites of intersex organisation like Intersex Association of North America. We made special efforts to find material that was about intersex people in India or the Global South, with limited success. We have also not been able to find documents that are not available electronically.

What we hope this bibliography will do is deepen our understanding of intersexual people and increase our commitment to their struggle for their identity, respect and rights.

Personal Narratives
These audio visual and textual resources document the physiological, emotional realities and activism of intersex persons worldwide. Emphasising that intersex persons need safe and sensitised healthcare from birth, they reiterate that intersex persons must be able to choose their gender rather than be imposed the sexual choice of their parents and doctors. While Gilmour, Huntington and Mackenzie state that nurses unaware of intersex persons can learn to handle them sensitively; intersex persons and rights activists Esan Regmi and Gopi Shankar discuss their lives and the few support systems available for intersex persons. Intersex person and writer Claudia Astorino urges mediapersons to depict intersex persons realistically.

1. The movie ‘Intersexion’, directed by Grant Lahood.

In this hour long documentary, Bruce Mitchell, an intersex person from New Zealand meets intersex persons from various countries hearing poignant stories of their childhood, adult relationships, struggles and aspirations. The film also highlights the growing support
groups for intersex rights and the physiological and emotional realities of intersex persons and relevant medical issues including the controversial work of John Money, psychologist at Johns Hopkins University, Baltimore (Maryland, USA).


   Researching silence management, coping with difference and acceptance development highlights the negative impact of societal ignorance, lacking acceptance of body difference and journeying from silence to disclosure and accepting individuality and choice in gender identification. Intersex persons require age-appropriate information and support to live without shame in a normalising society and need sensitive healthcare. Nurses will not know intersex persons and their challenges yet could be their caregivers can provide appropriate, supportive and ‘safe’ care if they learn. (From abstract)

3. Regmi, Esan. “I am man or woman.” pahichan.com, -. Available at: http://pahichan.com/i-am-man-or-woman/


   Articles 3 and 4 above narrate how Esan Regmi, an intersex person and rights activist from Nepal was raised as a girl named Parbati Regmi and the challenges of choosing to identify himself as a man. It also mentions the few support organisations for intersex persons and the Kathmandu intersex rights conference held in 2016.


   This profile of intersex person Gopi Shankar from Madurai describes how ze helps other intersex persons and champions their rights through the organisation Srishti.


   Claudia Astorino, an intersex person critiques the dehumanising and sensationalist news reports on the supposed intersexuality of the girlfriend of swimmer Michael Phelps. She points out in the story that the use of certain words to describe and talk about the situation were inappropriate, and that most of the coverage incorrectly uses the word intersex synonymously with transgender and also refers to intersex as a gender identity. She suggests that media persons must highlight the human rights struggles of intersex persons and question the erroneous and unacceptable medical procedures performed on intersexual infants and children.


   (The videos are available at: http://gendertalents.info/portraits/ )

   These videos are interviews with transgender and intersex persons’ rights activists. It is a collection of 34 interviews held between February 2011 and August 2013 in the United States, India, Guatemala and Colombia.


   An intersex person in Canada narrates her psychosomatic and social struggles in understanding herself and coming out as an intersex person. This is repeated under the section Intersex Genital Mutilation as it is relevant.
Identity and Labelling
This section illustrates how medical terms and gender binary societal norms influence gender identity and can cause gender dysphoria among intersex persons as they suppress their realities. Sarah Topp specifically recommends replacing the term Disorders of Sexual Development with Differences of Sex Development.


   This paper examines how individuals with ambiguous genitalia and assigned a biological sex at birth develop a gender identity. It discusses cross-cultural sex assignment of intersex infants, maintaining it lifelong and how that and society’s expectations for that particular sex may influence a person’s gender identity development. Due to minimal research on the topic, no direct conclusions are made and suggestions for future research are discussed.


   This paper discusses how labels and terms the medical fraternity and other institutions use for intersex people (like “Disorders of Sexual Development”), could marginalise them. It suggests replacing Disorders of Sexual Development with Differences of Sex Development, because “differences” sounds dignified whereas “disorder” seems derogatory and could perpetuate unnecessary medical interventions.


   This paper discusses how the Diagnostic and Statistical Manual of Mental Disorders or DSM (used by psychologists, psychiatrists and other health professionals to understand and diagnose mental illness) labels intersex people; and the links between gender non-conformity and diagnosing mental illness.

Health Issues
This section discusses the nearly lifelong fallout of operating intersex infants/children, intersex activists opposing surgery and demanding understanding sex and gender diversity and the need to sensitise healthcare professionals while assisting intersex persons and their families to handle realities. Additionally, Dana Ovadia highlights that medical professionals must practice ethics while treating intersex persons; Ursula Kuhnle and Wolfgang Krahl highlight socio-cultural impacts on choosing sex and gender. Azeen Ghorayashi also mentions the landmark settlement of a lawsuit involving an intersex child’s genital surgery.


   The paper explores ethical considerations behind sex assignment surgery for intersex infants. Diagnosing an intersex infant presents unfamiliar questions and unexpected decision-making before the family. Immediate surgical intervention to alter genitalia is common but not the only option. Whether choosing the sex of a child is the responsibility of parent(s), or the child, as he or she ages, is ethically debatable. Sexual incongruence impacts childhood and adolescence. So, healthcare professionals need sensitization while assisting intersex children, adults and their families that are handling relevant challenges.


   This editorial piece represents a few doctors supporting intersex people, particularly Indian athletes. It speaks for Pinki, Santhi and Anamika, i.e. the countless, nameless people, living with DSD, facing discrimination, especially when achieving sporting success. It requests endocrinologists to engage in public awareness and patient advocacy regarding DSD and involve people from sports
administration, sports medicine, exercise physiology, gynecology, urology, and medical ethics in formulating a humane and sensitive, yet rational and scientific policy toward athletes with DSD.


This paper discusses and explores the role of cultural bias in the existing medical approach to intersexuality and also looks at some socio-economic and historical factors impacting conceptions of intersexuality. It also contains three case studies. External genitalia determine the social sex that is announced at or shortly after birth. When external genitalia are 'abnormally' developed, definitive gender assignment and its announcement must be postponed. While over the past 20 years the pathogenesis of most disorders causing abnormal genital development was elucidated, our knowledge regarding their impact upon the psychosexual development is rudimentary. This information establishes correct sex assignment criteria and helps design relevant outcome studies. Culture constitutes the context where sex assignment of patients with abnormal external genitalia is decided. Cultural differences in handling intersexuality and intersex individuals, influences the patient's own psychosexual development as well as medical decisions regarding sex assignment and consecutive management. Attitudes concerning gender and sexuality, including accepting intersexuality differ significantly between cultures. Thus cross-cultural studies might allow a new approach in handling intersex persons, their families and also their social background, which is a key aspect considering the recent discussions and criticisms of intersex patients and individuals.


This very influential document resulted from a meeting of many American paediatric groups and guides how medical professionals treat intersex people. The consensus identifies a shortfall in information about longer-term outcome. The study highlights that future studies should use appropriate instruments that assess outcomes in a standard manner and recognise guidelines relevant to all chronic conditions (see www.who.int/classifications/icf/en). These studies would be prospective and avoid selection bias. Many countries already have registers of DSD cases, but pooling such resources to enable prospective, multicentre studies on more cases that are clearly defined could help. Allied to this should be an educational programme to ensure that professionals caring for families with a child with DSD are suitably trained.


An intersex activist critiques the medical community supporting harmful gender ‘correction’ surgeries on intersex children. Doctors’ refusal to support banning Intersex Genital Mutilation(IGM) is due to their own preconceived, aka “prejudiced” opinions about its necessity to uphold sex and gender norms over our basic right to self-determination.


This article discusses a recent court case where an intersex child's parents sued the hospital that operated on the child. The Crawfords alleged that M.C. who underwent surgery to resemble a girl, but grew to identify as a boy — has incurred medical bills, pain and suffering, psychological damage and impairment due to the surgery. MUSC “denied all negligence claims and liability for the alleged claims but accepted this compromise of a vigorously disputed claim to avoid litigation costs,” according to the settlement.

“Nobody can say this was uncontroversial standard practice,” said Bo Laurent ISNA founder and testifier. M.C., now 12 years old, had a congenital condition called “ovotesticular disorder of sexual development,” which at birth included a 2-centimeter penis, a small vaginal opening, both ovarian and testicular tissue and high blood testosterone levels. Although doctors initially said that “either sex of rearing” would be possible, they eventually operated on the baby to make the genitalia appear more female, removing the penis and testicular tissue. The Crawfords adopted M.C. when he was almost 2. By age 7, he identified as a boy. His parents sued the surgeons who operated on him, alleging that they insufficiently conveyed the risks of the surgery and other options to his then legal guardians.

“Treating intersexuality prioritising a coherent, consistent physical and psychological gender using a normative understanding is shortsighted. Clinicians rarely appreciate how repeated genital exams, medical photography, withholding critical information about one’s own body, and stigmas of supposedly gender-atypical bodies affect those treated. Intersexuality and any treatment varies chronologically, geographically and socio-culturally.” (from conclusion)


This paper reveals some problematic practices and positions on intersex children and gender."Clinical, laboratory and management strategies of thirty-five children with ambiguous genitalia, aged between 1 month and 2 years barring 2 newborns admitted to a private hospital in Kerala between January 1986 and December 1991, were analysed. Sixteen were female pseudohermaphrodites, eighteen were assigned female sex, one genetic female with congenital adrenal hyperplasia was assigned male sex. Parents prefer intersex children to be reared as male possibly because of less social stigma of an impotent male than a sterile female and because males are socially independent unlike females." (from abstract)

Human Rights and Legal Issues

These resources highlight how heteronormativity, gender duality, ignorance and misrepresentation compel laws to exclude intersex persons worldwide, denying them sexual and gender self-determination rights in healthcare, sports, etc. Nadzeya Husakouskaya, Julie A Greenberg and the Sampoorna Working Group recommend extending policies governing transgender persons to include intersex persons.


The South African Constitution has entrenched gender, sex and sexual orientation into the Bill of Rights. Nevertheless, in 2004, transgender and intersex rights were secured by legally adjusting their sex description. In January 2006, the term ‘sex’ in the Bill of Rights included and secured intersex peoples’ rights in South Africa. The South African medical system challenges transgender and intersex people due to minimal knowledge, rigid understanding of gender and sexuality, and discrimination on the basis of gender identity and biological variation. As no statistics exist, more research is necessary with transgender and intersex individuals in South Africa to understand their particular sexual and human rights. This article rethinks the meaning of gender and human rights through transgender and intersex individuals’ narratives in South Africa. The article results from medical service providers, researchers, LGBTI activists, and transgender and intersex people investigating governmental practices concerning transgender and intersex individuals within a biologically dual gender frame. In the article, governmental practices are understood within the Foucauldian theoretical framework (Foucault, 1978b) as diverse heterogeneous ways and discursive techniques through which specific individuals and groups are constructed as ‘problematic’ and governed. These governmental practices are scrutinised by analysing routine, repetitive acts of ‘doing gender’ and the possibility of undoing the gendered norm. Two practices are discussed: naming and gendering biology.


This paper analyses how Australian media outlets (mis)represented Kathleen Worrall’s murder of her sister Susan in 2010 and tend to minimally report intersex issues. Worrall supposedly had a mood disorder associated with non-compliance with medication for treating her congenital adrenal hyperplasia (CAH), a significant configuration of ‘intersex’ bodies. This mirrors the cornerstone of the medicalisation and legalisation of intersex persons; i.e., institutionalised silence. Misrepresentation hugely impacts intersex people fighting institutionalised silence.

This article discusses how gender binary and heteronormativity are embedded within human rights law and considers how the intersex rights movement can learn from the women’s rights movement. The author fears that if intersex people are increasingly included in the law, it will other or victimise them, emulating women’s human rights’ enshrining in international law relative to men. The author also examines the implications of the law beyond the gender binary.


In this response by the Sampoorna Working Group to the Social Justice and Empowerment Ministry’s Transgender Persons (Protection of Rights) Bill 2016, the group seeks expansion of the bill to include intersex persons along with legal recognition of both transgender and intersex persons. The group also wants transgender and intersex individuals to be diagnosed by a medical professional and given certification. Along with this, the group seeks issuance of identity cards as well as affirmative action in education and employment after providing transgender and intersex persons with the status of being socially backward.


The response points out that the bill would curtail the rights granted by the Supreme Court in its NALSA verdict. It states that there are several issues in the bill, including the lack of proper guidelines for trans health care, the fact that intersex persons have been lumped together with transgender people and unnecessary medicalisation of a person’s sense of self.


People with Difference of Sex Development (DSD) need healthcare professionals for critical treatment. Many intersex activists assert that some current medical practices do not suit intersex persons and suggest that greater safeguards be adopted to ensure rights to liberty and autonomy of people with DSD. This article examines whether the intersex movement could effectively use legal frameworks by feminists, LGBT movements, and disability activists to modify current medical procedures prioritising sex, gender, sexual orientation and disability stereotypes.


This fact sheet by the United Nations Human Rights Campaign describes the term intersex as “an umbrella term used to describe a wide range of natural bodily variations.” The document also outlines many human rights issues intersex people face, including forced sterilization and gender assignment surgery. It describes the kinds of discrimination intersex people face, along with a list of recommended actions for governments and the media.


Poverty, culture and ethics influence intersex children’s growth, awareness, support and empowerment in Asia and the West. This paper attempts a trans-cultural look at outcomes for intersexed patients, based on the authors’ experiences in India, Vietnam and Australia. (The article has some generalisations and stereotyping. A few with late surgery felt that earlier interventions may have helped.)

This book confines examining intersex to conditions signaled by ambiguous infant genitalia and/or discreetly hidden internally, at tissue, hormonal, cellular and chromosomal levels. It recommends stopping non-consensual cosmetic sex assignment until comprehensive, qualitative research on past treatments reveals that its benefits outweigh the pain. It suggests considering ways to amend deceitful practices and secrecy and evaluate humans not as monsters, symbols, archetypes, 'phallic females' or 'failed males' but as people capable of love, intimate relationships, sexual function and mutual pleasure.


This anthology includes transgender and intersex persons’ positions about commonalities and strategic alliances in knowledge, theory, philosophy, art and experience. It tries balancing literature, film, photography, law, sports and general theory, uniting humanistic and social science approaches toward gender. It attempts a non-hierarchical, multi-perspective approach overcoming sex and gender research limitations within the media and above studies questioning how transgender and intersex persons’ issues are negotiated and conceptualised from various viewpoints, outcomes and how far artistic and creative discourses offer relevant knowledge and expression. Space and coherence constrain this book to an US/European focus, supplemented by a “Transgender in Global Frame” chapter. Apart from political, social, ethical, legal, biopolitical and philosophical dimensions, this volume focuses on how art could improve the understanding of transgender and intersex persons.


This collection with occasional inputs from intersex people presents a mixed picture, significant to Church members, scholars, students and researchers. It talks to those interested in religious norms that interact with the broader social and cultural norms surrounding sex, gender and sexuality; medical ethicists and others interrogating how religious and textual normativities continue feeding doctors’, families’ and intersex people’s concerns about normality and health. Non-intersex people must expand their conceptions of “normal,” “healthy,” or “good embodiment.” (from Introduction and Conclusion)


This book considers how Americans have understood and handled ambiguous bodies and the criteria and authority for judging such bodies changed, how the binary gender ideal and anxiety over uncertainty persisted and how sex and gender norms evolved. Intersex medical treatment is ambiguous and difficult despite the ongoing progress. Clinicians and parents’ righteous intentions toward their patients and children do not simplify their deliberations. Physicians must know that their medical views about doubtful bodies are contextual and admit their biases and uncertainty to alleviate damage and encourage caution and judiciousness. (from Introduction and Conclusion)


This article traces a genealogy of intersexuality’s underrecognised but historically pivotal role in developing the gender concept in twentieth-century American biomedicine, feminism and their globalising circuits. Critiquing Money’s heteronormative masculinist approach to intersex, it examines his lasting yet underinterrogated legacy in feminist scholarship.


This paper examines how debates surrounding track star Caster Semenya affected two prominent organisations (Intersex South Africa and Gender Dynamix) prioritising racism and gender subjectivity, political misconduct, the plight of intersexed athletes and more, in South Africa. It argues that Semenya’s case paradoxically facilitates important education about intersexuality and potential gains in legal rights, while fostering violence and discrimination.


Teaching about intersex enables teachers to address issues of identity, gender, embodiment, and trauma. Empowering subjects
can be life-saving and central to teenagers, particularly at-risk (including intersex) ones. This essay prompts teachers to consider teaching intersex issues and provides them with reasons for teaching such challenging material.


This paper says that today’s feminist scholars are morally and scholastically obliged to support intersex people’s struggles to regain their voices and narratives by bringing them into the classroom, while critically interrogating feminist and medical perspectives on intersexuality. There is apparently a growing interest in intersex issues in women’s studies, encouraging education and activism. While feminist scholars deconstruct gender using intersex peoples’ existence, medical professionals reconstruct intersex bodies through unnecessary and often damaging surgeries fitting binary norms that feminists are attempting to dismantle. Feminist scholarship and pedagogy must engage activist strategies addressing real-life issues of intersex individuals.


This book explores social construction of gender in North America by analysing contemporary and historical responses to intersexed infants. Sexually ambiguous bodies challenge prevailing binary sex and gender understanding but most children require no medical intervention. Yet, gender binarism, homophobia and fearing difference and stigma force surgery and hormone treatments to “control intersexual deviance tendencies.” Limited empirical evidence demonstrates this and recent research and activism contradict this. No mandatory or legislative care standards exist for intersex conditions, only individual scholars and researchers’ work guides physicians on medical protocol. In some medical models, intersexes and their bodies are treated as passive objects needing medical action to correct “pathologies,” devaluing intersexual experiences with the phenomenon or condition under consideration. Rather than hear intersexuals’ critical perspectives, clinicians prioritise developing new technologies and techniques for performing genital surgeries and administering exogenous hormone.

Contemporary intersex activism emerged due to broad societal marginalisation of intersex individuals, specifically critiquing disempowering medical interventions. Before intersexes’ support and advocacy organisations existed, intersexes approached their physicians to access resources. Despite being disappointed with information from their physicians, intersex individuals approach medical authorities for assistance with their medicalised condition rather than social support avenues. Autonomy is critical to one’s self-concept: “the self-esteem of stigmatised individuals will increase that the individuals view themselves as other than helpless, dependent and worthless. Several individuals and groups have already proposed new clinical guidelines to protect the rights and autonomy of intersex individuals. By understanding intersex persons alternately and compassionately, prioritising genitals or gender less, its pejorative meanings associated may disappear. To transform social discourse thus, considering small-scale social movements and social support networks’ impact as vital social change agents is key.


This paper reports socio-medical management of intersexuality in a teaching hospital in southern Brazil. Findings reveal that the bodily ‘search for sex’ treats it as a medical-diagnostic category constructed during decisive negotiations. With various bodily ‘regulations’ and ‘corrections’ imposed, a model categorising a sexual dichotomy is revealed insufficient. Questioning this dichotomy enables examining theoretical and ethical limits circumscribing bioethics and sexual rights as human rights. The paper also explores tensions that arise from applying sexual rights to health issues and the medical sphere.


Carl Elliott’s article (“Why Can’t We Go On as Three?” HCR, May–June 1998) discussing the ethics of genital surgery and deception in treating intersexuality might imply that changing the existing medical model requires intersex infants to be publicly labeled as neither male nor female, but as hermaphrodite. No one is advocating that, although uninformed surgical practitioners have often attributed it to intersex activists and our current atmosphere of intolerance. Americans dividing the world of sexual identity is not built into, but is the product of cultural attitudes and arrangements that can be hopefully changed.

Through Mary’s (Pinki Pramanik) story, this paper illustrates how our intolerant society and the state often humiliate individuals having sexual anomalies, violating fundamental rights.


The book challenges the primarily North American and liberal humanist paradigm of intersex identity politics and clinical practices by explicitly adopting 'queer interventions' to discuss an ontological phenomenon that can never be a pure, embodied state, nor a simple cultural rendering in which 'intersex' is whatever we want it to be. Instead, this collection understands that 'intersex' is many sites of contested being, temporally sutured to biomedical, political and social imperatives. Specific and competing interests hail 'intersex' which is constantly under erasure and whose significance carries an agenda from elsewhere. These writers critique where we have been or where some variants of intersex theory and activism are moving. Simultaneously, this volume presents progressive thinkers and activists with critically necessary essays for alliances and coalitions they dare imagine, unforeseeable freedoms beyond binary assurances they envision and for the intersex futures they welcome.


This paper discusses various realities of intersex persons worldwide.


This article highlights that after generations, the intersex rights movement is saying: We are not disordered or ashamed. Instead of discussing intersex people medically, they are discussing identity, human rights and pride. They want doctors, parents and society to reconsider that identifying as a woman or man needs matching gonads, genitals and chromosomes. Intersex identity politics is being prioritised as per longtime activist Hida Viloria, a chair of Organisation Intersex International and author of new memoir, “Born Both.” To Viloria, surgeries making children more conventionally male or female are “a gendercide, an institutional effort to erase us from society.”

In 2011, the United Nations’ Committee Against Torture released a statement criticising nonconsensual intersex surgeries; two years later, the panel declared surgeries often “arguably meet torture criteria.” Intersex rights are growing culturally and politically. In July, Human Rights Watch released a report with InterACT, urging “a moratorium on all surgical procedures seeking to alter gonads, genitals, or internal sex organs of children with atypical sex characteristics too young to participate in deciding.” When society is revisiting identities considered taboo, is the intersex community reaching its revolutionary moment — transforming a disorder into another way to live?


The author says: As an intersex woman and a doctor, I have seen the dangerous stigma the US medical establishment attaches to our community. My physician parents took me to a specialist (their former professor) who recommended my condition be hidden from me as intersex people discovering themselves might commit suicide (as per the now-discredited “blank-slate” gender theory from the 1960s). As an intersex person, I know that “correcting” and concealing intersex bodies causes harm. Our community, including caregivers and medical-care providers, developing good care standards must respect bodily diversity. Doctors must stop avoiding harm by trying to fix or hide our bodies, shame and pain as often urine leakage, bladder infections, sexual sensation loss, painful intercourse, hot flashes, osteoporosis, absent sexual desire, arousal and orgasm follow. Hence, intersex people have
depression, anxiety, suicidal thoughts, PTSD and difficult intimate relationships. Of course we are angry at our doctors and medical treatment with very few showing clear and consistent benefits. These surgeries are medically unnecessary and can be deferred. Fortunately, treatment models are changing, thanks to intersex-advocacy groups and allied physicians. Withholding medical information from a child is no longer standard and benefits young people growing in our support group. They are bright and brave, celebrating their diverse bodies and posting educational material on their social media pages. Human Rights Watch, UN, WHO, Amnesty International, every major LGBT legal organization in the US, three former US surgeons general and nearly all the intersex-led organizations worldwide advocate ending medically unnecessary non-consensual surgeries on intersex kids.

Last year, the American Medical Association Board of Trustees recommended that except when life-threatening circumstances require emergency intervention, doctors should defer medical or surgical intervention until the child can participate in deciding and provide psychosocial support for patient and family well-being. Such recommendations must be the official stance of organisations like the American Medical Association and American Academy of Pediatrics. This builds trust, which helps a care model that prioritises healing.


With the help of experts, Katie Couric explores the meaning of the term "intersex" and how the medical world responds to intersex births.


This article summarises the growing national intersex movement and the first national intersex workshop in Nepal. At the workshop, doctors, intersex persons and rights activists discussed the lives of intersex persons, their challenges and psychosomatic realities. The workshop also requested the government and human rights bodies to safeguard their interests through laws and policies.


The above narratives reveal socio-cultural, psychosomatic and economic challenges of a few intersex children and adults in Nepal. This is repeated under the section Intersex Genital Mutilation as it is relevant.

Intersex Genital Mutilation


The UN Committee against Torture sitting (October 31 to November 25 2011) considered a German report on torture and other abuses of intersex persons and stated that the Ethical Council will review routine surgical alterations in intersex children to evaluate and possibly change present practice. The Committee remains concerned that gonads were removed and cosmetic surgeries of reproductive organs were performed, implying lifelong hormonal medication, without effective, informed consent, where neither investigation nor redressal measures were introduced and legal provisions for redress and compensation are absent. It also recommends educating children, parents/guardians, healthcare, legal and government personnel about intersexuality.


Though the 1st Intersex National Workshop identified “Intersex genital mutilation growing in Nepal” and recommended Prohibiting medically unnecessary surgery and procedures without informed consent”, seconded by the 2016 NGO Report to CRC, no research or documentation on IGM in Nepal were found. While far from exhaustive, this section thus collects evidence, so far substantiating:

- IGM1 “Masculinising Genital Corrections” regularly practiced in at least 2 Nepali children’s clinics in Kathmandu and Basundhara and possibly in non-paediatric clinics elsewhere

- the recently achieved capability for IGM3 Sterilising Procedures in at least 1 children’s clinic in Kathmandu

- doctors and clinics openly advertising IGM1 as beneficient and safe and aiming to expand the practice within the (positive) overall drive to allow more children access to (necessary) paediatric treatments


Denying health care is among the 17 most common IGM practices described in the 2014 CRC Swiss Thematic Intersex NGO Report (PDF, p. 75) and substantiated in personal stories (collected during the 1st Intersex National Workshop and published e-book) illustrating how it compounds stigma and exclusion (see below 4). Lack of health insurance compounds this issue in Nepal increasing difficulties for intersex children accessing healthcare. “Almost no health insurance exists in Nepal. Patients and their families bear medical treatment, travel and supplies cost, often meaning they sell land or borrow money.”


The public in Nepal does not understand intersex issues, think it a curse and are unaware of intersex people. There is no organisation advocating for Intersex issues in Nepal. “(Source: 2016 CRC Nepal Intersex NGO Report (p. 2). As the Nepali Intersex NGO Report says, intersex as a natural biological variation in human and animals is taboo and perpetuates social discrimination and stigma in Nepal. Lastly, as the personal stories collected during the 1st Intersex National Workshop and published as e-book substantiate, Nepali intersex children and adolescents are bullied and isolated in school, and often prevented from finishing school.


7. “Growing up in the Surgical Maelstrom | Intersex Society of North America.” Available at: http://www.isna.org/books/chrysalis/mcclintock


Tiger Howard Devore, a US based clinical psychologist, sex therapist, relationship counselor and intersex persons’ rights advocate describes a childhood with unnecessary, expensive and painful surgeries by incompetent doctors.

9. “UN Committee against Torture (CAT) Reprimands Austria, Denmark, Hong Kong and China over Intersex Genital Mutilations.” 2015. Available at: http://stop.genitalmutilation.org/post/UN-Committee-against-Torture-reprimands-Austria-Denmark-Hong-Kong-China-over-Intersex-Genital-Mutilations

On Dec-10-2015, the UN Committee against Torture published its binding “Concluding Observations” on the >>>CAT 56th Session Homepage. As intersex human rights defenders testifying in Geneva to the lifelong consequences of IGM practices had hoped for, the Committee issued strong recommendations on intersex and IGM practices for Austria, Denmark, Hong Kong and China, typically urging states to:

(a) Take the necessary legislative, administrative and other measures to guarantee the respect for the physical integrity and autonomy of intersex persons and ensure that no infants or children undergo unnecessary medical or surgical procedures;
(b) Guarantee counselling services for all intersex children and their parents, to inform them of the consequences of unnecessary surgery and other medical treatment;

(c) Ensure that full, free and informed consent is respected for medical and surgical treatments of intersex persons and that non-urgent, irreversible medical interventions are postponed until a child can maturely participate in deciding and give full, free and informed consent;

(d) Adequately redress the physical and psychological suffering caused by such practices to intersex persons.


“Concluding Observations” of the UN Committee on the Rights of the Child (CRC) for Switzerland on intersex and IGM practices (p. 8-9, paras. 42-43):

Violence against children(arts. 19, 24, para. 3, 28, para. 2, 34, 37 (a) and 39) - Harmful practices

While welcoming the adoption of a new provision of criminal law prohibiting genital mutilation, the Committee is deeply concerned at:

(b) Cases of medically unnecessary surgical and other procedures on intersex children, which often entail irreversible consequences and can cause severe physical and psychological suffering, without their informed consent, and the lack of redress and compensation in such cases.

The Committee draws the attention of the State party to the Joint General Comment No. 18 on harmful practices (2014), together with the Committee on the Elimination of Discrimination against Women, and urges the State party to:

(c) In line with the recommendations on ethical issues relating to intersexuality by the National Advisory Commission on Biomedical Ethics, ensure that no-one is subjected to unnecessary medical or surgical treatment during infancy or childhood, guarantee bodily integrity, autonomy and self-determination to children concerned, and provide families with intersex children with adequate counselling and support.


During its 13th session, the UN-Committee on the Rights of Persons with Disabilities (CRPD) published Concluding Recommendations on Intersex for the first time, explicitly criticising Germany for allowing IGM Practices to continue unhindered (DOC --> p. 6–7, paras 37-38), after questioning the state delegation on this earlier (see below).

2011 CAT recommendations for Germany (CAT/C/DEU/CO/5 PDF, p. 6–7, para 20) referred to by CRPD include a call for the state party to:

“Investigate incidents of surgical and other medical treatment of intersex people without effective consent and adopt legal provisions in order to provide redressal to the victims of such treatment, including adequate compensation.”

The following are the binding 2015 recommendations for Germany regarding intersex by the UN Committee on the Rights of Persons with Disabilities:

(CRPD/C/DEU/CO/1 DOC --> p. 6–7, paras 37-38) Protecting the integrity of the person (art. 17)

The Committee is concerned about: the lack of implementation of the 2011 recommendations CAT/C/DEU/CO/5, para. 20, regarding upholding bodily integrity of intersex children.

The Committee recommends that the State party take the necessary measures, including of a legislative nature to Implement all the recommendations of CAT/C/DEU/CO/5, para. 20 relevant to intersex children.

In their List of Issues Prior to Reporting (LoIPR), the Human Rights Committee (HRCttee) addressed IGM Practices for the first time, referring to art. 7 (prevention of torture) and art. 24 (protection of the child) of the Covenant on Civil and Political Rights (CCPR) (in line with the 2015 ground-breaking recommendations by the Committee on the Rights of the Child and the Committee against Torture, although the CCPR LoIPR predates those recommendations):

Human Rights Committee: List of issues prior to submission of the fourth periodic report of Switzerland (25 November 2014, CCPR/C/CHE/QPR/4, para 22, p. 5 >>> Download Rights of the child (arts. 7 and 24).


The Committee against Torture (CAT) has repeatedly considered Intersex Genital Mutilations as constituting at least inhuman treatment in breach of the Convention against Torture, and since 2011 reprimanded Germany, Switzerland, Austria, Denmark, Hong Kong and France.

The Committee in the Rights of the Child (CRC) considers IGM as violence and a harmful practice (like FGM) and since 2015 reprimanded Switzerland, Chile, France and Ireland.

The Committee on the Rights of Persons with Disabilities (CRPD) also considers IGM as inhuman treatment and reprimanded Germany and Chile.

In all above 10 verdicts, the Committees issued binding recommendations to take legislative action to end the practice and/or to ensure access to redress and justice for IGM survivors. In addition, the Human Rights Committee (HRCttee) as the governing body of the International Covenant on Civil and Political Rights (CCPR) is currently investigating IGM and called on Switzerland to disclose statistics.


The two reports call attention to the need for more global attention and funding to make sure that the issues faced by trans and intersex people are no longer on the margins of the global movement for human rights.


This is a personal narrative of IGM from Canada.

This report acknowledges that recently there has been a lot of documentation and understanding of the nature of inequality and discrimination in connection with sexuality and sexual health. The report has a separate section on intersex people, and talk about the genital surgeries that take place in infancy or childhood so that they fit into the gender binary.

20. “First, Do No Harm: Ensuring the Rights of Children Born Intersex.” Available at: https://www.amnesty.org/en/latest/campaigns/2017/05/intersex-rights/

The article presents the moving stories of people who underwent forced genital surgery when they were children, but found out about it only after growing up. It also talks about how there is a lack of support for parents, in the sense that they do not have enough information on their hands based on which they can make an informed decision on whether their child should or should not undergo surgery.


The Helsinki declaration states that every human being has a fundamental right, which is a Right of Genital Autonomy, which is the right to:

- personal control of their own genital and reproductive organs; and
- protection from medically unnecessary genital modification and other irreversible reproductive interventions.


This article outlines some basic differences between a trans person and an intersex person. It also provides personal accounts of people who identify as both trans and intersex.

23. “ISNA’s Amicus Brief on Intersex Genital Surgery.” Available at: http://www.isna.org/node/97

In this amicus brief by the ISNA, the organization addresses the case of a six-year-old boy’s genital surgery and the question of whether to approve the surgery or wait and let the child make a decision herself. The ISNA argues that only the child has the right to make a decision about her sexual identity and cosmetic genital surgery, and that conducting a forced surgery would be a human rights violation, and could cause irreversible harms. The organization also specifies the risks the child faces and why the surgery is unnecessary.

Sports

These resources discuss the challenges that intersex and transgender sportspersons face and how international bodies and policies must be sensitive and include their specific needs. These aspects matter as sport is an important socio-cultural activity that has marginalised sexual and gender minority sportspersons immensely for nearly a century. Ruth Padawer, Suzanne Raga, Gopi Shankar and Payoshni Mitra criticise the discriminatory testing that humiliated and impacted talented sportspersons like Dutee Chand, Stanisława Walasiewicz, Caster Semenya, Santhi Soundararajan, Bany Pal and Pinki Pramanik. They also recommend repealing heteronormative regulations.


This paper presents an argument to include intersex people in sports by changing our understanding of sport and move beyond fairness. Sporting communities continue debating whether and how to include transgender and intersex athletes with cisgender athletes because transgender and intersex athletes may have unfair physiological advantages over cisgender opponents. Arguments for including transgender and intersex athletes in sport try demonstrating that this inclusion does not threaten the presumed physiological
equivalence among competitors and is fair to everyone. This article argues that the physiological equivalency rationale is limited, emphasizing sport as a comparative test. Instead, this article contends that arguments for narrativity rather than physiological equivalence show that exclusion is misguided, undesirable and harms athletes and sport. The paper also recommends revising policies on transgender and intersex athletes.


This document contains the rules governing participation of intersex athletes in the Olympic Games and talks about the circumstances under which an athlete may not be eligible to participate in the games under the category of female, in which case the athlete may be allowed to compete as male.


This article analyses the results of new research (a paper by Bermon and Garnier published in the British Journal of Sports Medicine in June-July 2017, called “Serum androgen levels and their relation to performance in track and field: mass spectrometry results from 2127 observations in male and female elite athletes”) that the International Association of Athletics Federations (IAAF) will use to challenge the Court of Arbitration for Sport (CAS) verdict favouring sportsperson Dutee Chand. Amidst some problematic opinions about gender in sports, the article discusses the IAAF’s hyperandrogenism (high testosterone) policy, which CAS suspended for two years in 2015. Many are familiar with that policy because it affected Olympic champion Caster Semenya’s performance. CAS will acknowledge that this evidence helps understand the issues only partly and will continue the current situation.


This article follows the life and career of Olympic athlete Stanisława Walasiewicz, whose intersexuality was disclosed after her death, leading to a slew of relevant debates. Other athletes questioned if they lost medals and competitions to an athlete with male genitalia and, presumably more testosterone. People wondered if Stella started the rumor about her Olympics competitor Helen Stephens’ gender to sidetrack her nebulous gender. Would Walsh have run as she had and broken world records if she was not intersex? Should the IOC rescind her medals?


This is intersex persons’ rights activist Gopi Shankar’s account of sportsperson Santhi Soundarajan’s story. The story says, “Santhi’s fight is neither for sympathy nor for herself. It is for the nation and human dignity. The fight will have the ultimate victory when Santhi will have the medals she won returned to India”. (It is uncertain if these are Santhi’s views/words considering Gopi Shankar’s right wing politics)


This article discusses sportsperson Dutee Chand’s story and how gender testing developed in athletics. In 1966, international sports officials decided they couldn’t trust individual nations to certify femininity and implemented mandatory genital checking of every woman competing at international games. Sometimes, this involved each woman appearing underpants down before doctors, or lying on their backs and pulling their knees to their chest for closer inspection. Amid complaints about the genital checks and to evaluate effects of high testosterone, the international athletic association’s protocol involves measuring and palpating the clitoris, vagina and labia, and evaluating breast size and pubic hair scored on an illustrated five-grade scale. The tests were meant to identify competitors whose chromosomes, hormones, genitalia, reproductive organs or secondary sex characteristics do not develop or align typically. The IAAF and
IOC introduced a “gender verification” chromosome test in the late 1960s as a more dignified, objective way to eliminate impostors and intersex athletes to ensure fairness. In 2011, IAAF announced abandoning all references to “gender verification” or “gender policy” and instituted a “hyperandrogenism” (high testosterone) test if a woman has it. Women with testosterone level in “the male range” would be barred with two exceptions - if a woman (like Maria Patiño) was resistant to testosterone’s effects or reduced her testosterone by having her undescended testes surgically removed or taking hormone-suppressing drugs.


This paper discusses the history of intersex athletes in the Olympics, reviews the IAAF regulations on gender and issues related to sex and gender. It also discusses the problem with defining gender and the cases of athletes with Disorders of Sex Development (DSD), and existing policies followed in Olympic sports and how they relate to new IAAF and IOC policies.

8. Payoshni Mitra. “Male/Female or Other: The untold stories of female athletes with intersex variations in India.”(p.384-394) in Routledge Handbook of Sport, Gender and Sexuality, Edited by Jennifer Hargreaves and Eric Anderson(Book)

This chapter critiques the heteronormative mindsets of international sports bodies and some governments based on their handling of the cases of talented sportspersons like Caster Semenya, Santhi Soundararajan, Bany Pal and Pinki Pramanik. Mitra urges these agencies to review their policies to safeguard the dignity and accept the diverse socio-cultural identities of sportspersons.


Advances in medicine, biochemistry and genetics benefit future policy drafters (Gooren, 2008). With genetic inconsistencies, differentiating between male and female becomes increasingly difficult. This research studies gender, investigating methods and problems in gender identification and examines recent cases of Therapeutic Use Exemptions (TUEs) (Wagman, 2009), hormone treatment for gender reassignment (Gooren & Behre, 2008; Handelsman & Gooren, 2008), risks and pitfalls of chromosome karyotyping, medical conditions, i.e. Klinefelter’s Syndrome, Turner’s Syndrome, complete Androgen Insensitivity Syndrome and difficulty in applying universally accepted hormone levels (Shy, 2007).

An overview of scientific developments, emboldened by legal theory and policy analysis, leads to important conclusions toward necessary amendments in IOC and sport federations’ policies. The legal research portion handles applicable discrimination theory, privacy rights, and case law from the US, UK and other jurisdictions, i.e. cases like Richards v. United States Tennis Association and Smith v. City of Salem. Sport policy, which tries maintaining competitive balance and treating athletes fairly, could benefit through deregulation for these athletes. Consequently, NCAA policy modeling IOC policy may need to encompass inclusion principles currently missing from intercollegiate athletics. Intercollegiate athletics policy-drafting entities probably anticipated related developments in international sport. However, NCAA stakeholders could lead contemporary inclusion policies and provide benchmarks for other governing bodies to consider.

Media Representations

These resources include news stories and reviews of television series and a documentary film on intersex persons. While the Urdu television drama series portrays a mother demanding her intersex child’s rights, the Hindi one depicts its transgender or intersex character insensitively.


This reviews the Urdu television drama series (from Pakistan) that poignantly portrays a mother championing the social acceptance of
The series talks specifically about intersex people’s right to education and how they don’t necessarily need to conceal their identity as they try to carve their own space in society.


This article briefly profiles Gopi Shankar from Madurai, Tamil Nadu, the first intersex person to contest an election in India. It also highlights that neither the state nor society try understanding the vital differences between intersex and transgender persons, and that forced surgeries on intersexual infants and children are also rampant, completely sidelining the psychological impact of such surgeries once the individuals grow up. Shankar points out in the story that children should be allowed to choose their gender once they grow up.


This article critiques how a Hindi television soap opera (from India) portrays an intersex or transgender person in a grossly insensitive and incorrect manner. It is unclear if the character is an intersex or transgender person. The article highlights that the nomenclature used to describe the evidently gender-variant character in the series is problematic.


These resources highlight the gradual and recent evolution of intersex persons’ rights activism and its relationship with the sexual/gender minorities/LGBTIQAP+ movement. While the first one is about the overarching issues of the intersex rights movement, the next three are about intercultural art-based activism, key objectives of intersexual rights activists worldwide and identity politics, strategies, and language used by the Intersex Society of North America and their relationship with the work of LGBTQA+ movements.


This discusses the psychosomatic and physiological realities and challenges of intersex persons, the minimal awareness about them, the violation of their rights, the few resources about and for them, their invisibility in the global sexual/gender minorities/LGBTIQ movement and the emerging discourses and campaigns for their rights et al. It includes the Malta Declaration from the Third International Intersex Forum, on pages 34 and 35.

“Through analysing the collaborative works of trans* and intersex activists for human rights in the global South with artist for social justice Gabrielle Le Roux, this article explores effective/affective horizontal engagements through artivism working methods and enquires if such situated interactions may lead toward processes of social awareness, intercultural dialogue and cultural ex/change. It will also analyse the effects of these works in challenging dominant narratives as well as mainstream stereotyped media representations of trans* and intersex populations from the global South”. (extract from abstract)


The Indian health and family welfare ministry has refused to act against Sexual Reassignment Surgeries (SRS) that are performed on intersexual infants. Intersex persons and rights activists oppose SRS on intersexual infants and children and one of them has written to the NHRC stating that it violates their rights and could impact them lifelong. Importantly, a ban on SRS is among the key goals of the intersex movement worldwide. The story also points out that intersex persons have been lumped with transpersons in the recent Rights of Transgender Persons (Protection of Rights) Bill 2016 tabled in the parliament.


This paper discusses the identity politics, strategies and language of the Intersex Society of North America and its relationship with LGBT movements. It points out that the case of intersexuality does not end contradictions in sex and gender binary but instead shows that there is a need for more critical analysis in the context of intersexuality’s relationship with other categories of sexual identity.
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