



# Your Beautiful Child: Information for Parents of Intersex Newborns

## Congratulations on the Birth of your Baby!

This information addresses common questions and concerns regarding variations in sex characteristics, also known as intersex conditions or differences in sex development, to help you welcome your baby and promote their optimal health and well-being.

## Announcing the Birth: Boy, Girl... Healthy Baby

The first thing people ask about a newborn is their sex, and you may find it difficult if you are unable to immediately answer, “boy” or “girl.” This occurs when babies are born with certain variations in sex characteristics, such as genital variance, aka “ambiguous genitalia,” or ovo-testis, a combination of ovarian and testicular tissue.

Variations in sex characteristics are found in an estimated 1.7% of the population, as common as having green eyes or red hair, and there are many types. Each variation has its own medical name (Congenital Adrenal Hyperplasia, Hypospadias, Androgen Insensitivity Syndrome, etc...) and each results in different body types, from those that look typically, or near typically, male or female, to those that look mixed or in between.

You may feel uncomfortable sharing that your baby was born with a variation in sex characteristics given the lack of awareness about them. If this is the case, please remember that parents often delay speaking with those not present at the birth for days. You can send text and email updates such as, “We are/I am thrilled to announce the arrival of our beautiful baby (name), who was born at 8:40am, at 7 lbs! Will call when we are/I am rested,” to postpone having to address questions until you’re ready. Also, some parents pick gender-neutral names to immediately enable referring to their baby by name.

## Explaining your Child’s Variation to Friends and Family

Below are some basic tips for talking about your child’s variation, when the time comes, and for answering commonly asked questions.

1. Naming your child’s variation (for ex. “Our baby has Congenital Adrenal Hyperplasia”) conveys that it is a naturally occurring physical condition, and avoids using negative sounding labels such as, “Disorders of Sex Development,” which is still the current medical label for intersex variations.
2. Question: But is the baby a boy or a girl? (answer A or B depending on type)
  - A. My/our baby has a mix of traits that are considered male and female.  
-- optional, if applicable: But they are a (girl or boy) as their body is more (F or M).  
-- or: We’re getting all the information to decide which sex to assign them.
  - B. My/our baby is a (boy or girl), they just have some differences from typical (boys or girls).
3. Question: Does this mean your baby is a hermaphrodite?  
Answer: That’s the old label to refer to babies with mixed sex traits. Today most people use and prefer “intersex.”
4. Question: But how will they turn out as adults?  
Answer: Most intersex kids grow up to live as boys/men or girls/ women. Many also grow up to be gender non-conforming, non-binary or androgynous, like Tony Briffa of Australia, who was elected and re-elected while openly intersex.  
[http://www.huffingtonpost.com/2011/12/10/tony-briffa-intersex-mayor\\_n\\_1140840.html](http://www.huffingtonpost.com/2011/12/10/tony-briffa-intersex-mayor_n_1140840.html)
5. Question: Does this mean your child will be gay?  
Answer: We don’t know. Just like all children, some intersex babies grow up to be straight, while some grow up to be lesbian, gay, bi, queer, etceteras.

## Personal Consultation

If you would like to speak with someone over the phone, and/or be connected with other parents of children with your child’s variation, or adults who share your child’s variation, please do not hesitate to email us at: [info@intersexequality.com](mailto:info@intersexequality.com)

## Resources

### Websites

A list of links to intersex organizations is available on IC4E’s website: <http://intersexequality.com>

### Books by Intersex Authors

*Contesting Intersex: The Dubious Diagnosis.*

Georgiann Davis

*For Lack of A Better Word.* Thea Hillman

*Nobody Needs to Know.* Pidgeon Pagonis

*The Spectrum of Sex: The Science of Male, Female,*

*and Intersex.* Maria Nieto and Hida Vilorio

*Born Both: An Intersex Life.* Hida Vilorio

### Books by Intersex Allies

*Fixing Sex.* Katrina Karkazis

*Bodies in Doubt: An American History of Intersex.*

Elisabeth Reis

*Intersex and Identity.* Sharon Preeves

### Documentaries

*Stories of Intersex and Faith*

*Intersexion*

*Orchids: My Intersex Adventure*

### About the Intersex Campaign for Equality (IC4E)

IC4E was originally founded in 2011 as OII-USA, the American branch of OII (see below). In 2015, we became IC4E, co-founded by Dr. Dani Lee Harris, OII Global Chairperson Hida Vilorio, and Dana Zzym, Our mission is to promote human rights and equality for all intersex people through art, education, and action. Our aim is to build a society where intersex people are included equally in all spheres, such as education, medicine, in the workplace, and under the law, and are granted self-determination over our bodies and identities. We advocate for intersex people via lecturing, publishing, lobbying, legal action, and consultation.

### About the Organisation Intersex International (OII)

OII is the world’s only global intersex organization, with branches on six continents. Founded in 2003, OII’s mission is to attain human rights for intersex infants, children and adults, particularly the right to bodily integrity and self-determination.

## Getting the Balanced Medical Facts

Many primary care providers are unfamiliar with variations in sex characteristics, as they are somewhat uncommon. Thus it's crucial for you to be fully informed, as common cosmetic surgical protocols are controversial. These surgeries are irreversible and condemned by various medical associations as they have been found to cause physical and psychological harm. Yet they are still recommended. While some providers liken them to cleft lip surgeries, cleft lips, unlike genitals or gonads, are highly visible, and they don't impact long-term health. Also, while doctors sometimes warn that children will grow up to be gay without medical interventions, intersex children grow up to be straight or gay regardless of being subjected to infant surgeries.

### 1. Reasons for medical treatment

*Note: In a small number of instances immediate medical attention is required for the child's health, which is not what we are referring to below.*

Parents want their children to be as happy and successful as possible, and having a child who is different may appear to be a challenge to these goals. The intention behind cosmetic medical treatments is to help your child fit in.

### 2. No proven benefit

A study titled, "Long-term outcome of feminization surgery: the London experience," evaluated all existing studies and found that, "...there are no publications of evidence of the association between genital surgery and an improved psychosocial outcome. ...also no evidence that surgery promotes a stable gender identity development or that gender will develop as assigned." <https://bjui-journals.onlinelibrary.wiley.com/doi/10.1111/j.1464-410X.2004.04708.x>

### 3. Possible harm

In 2013, the UN issued a report condemning "normalizing" surgeries, stating: "These procedures are rarely medically necessary, can cause scarring, loss of sexual sensation, pain, incontinence and lifelong depression."

[https://lawprofessors.typepad.com/reproductive\\_rights/2013/02/un-issues-condemnations-of-surgeries-on-intersex-children.html](https://lawprofessors.typepad.com/reproductive_rights/2013/02/un-issues-condemnations-of-surgeries-on-intersex-children.html)

- a. The study cited in #2, above, found that, "It is now unacceptable to claim that clitoral surgery does not affect sexual function... In the absence of firm evidence that infant feminizing genital surgery benefits psychological outcome, then the option of no infant genital surgery must be discussed with the family."
- b. The study also found that fewer operations are required if vaginal surgery is postponed until adulthood: "If vaginal surgery were deferred it would limit the total number of operations..."
- c. A study of women who had clitoral reduction surgeries as adults found that, "Of the 39 individuals enrolled... The 18 women who had undergone clitoral surgery had higher rates of nonsensuality (78%) and of inability to achieve orgasm (39%) than did those who had not had surgery (20% and 0%, respectively)". It concluded that: "Infants and young children are powerless to oppose any procedures, so genital surgery for them is not just a medical issue but also a moral one." [https://www.academia.edu/87347944/The\\_effect\\_of\\_clitoral\\_surgery\\_on\\_sexual\\_outcome\\_in\\_individuals\\_who\\_have\\_intersex\\_conditions\\_with\\_ambiguous\\_genitalia\\_a\\_cross\\_sectional\\_study](https://www.academia.edu/87347944/The_effect_of_clitoral_surgery_on_sexual_outcome_in_individuals_who_have_intersex_conditions_with_ambiguous_genitalia_a_cross_sectional_study)
- d. Internal testes in girls with AIS are sometimes removed due to a small risk of cancer, but recipients require estrogen replacement therapy for their entire lives afterward, and report "depression, [and] mood swings" as a result. Cancer risk is post-pubertal and can easily be monitored, thus many affected adults and some doctors now recommend leaving testes intact. [http://www.aissg.org/32\\_gdctomy.html](http://www.aissg.org/32_gdctomy.html)
- e. Academic research on intersex adults subjected childhood interventions found that, "because they received extensive and prolonged reflections of themselves as pathological, many had internalized feelings of inadequacy and shame." In contrast, one adult who did not undergo medical intervention described playing show and tell as a child, "... it wasn't a big deal at all. Everybody was like, 'Wow! That's cool. Hey, you look like this, I look like this... fine, whatever.'" <http://www.amazon.com/Intersex-Identity-Contested-Sharon-Preves/dp/0813532299> (Preves, p. 65).

## Avoiding the Pitfalls of Surgical Interventions

Cosmetic surgeries may be recommended to make your baby's body more typical of the sex they are assigned. However, due to the frequent need for follow up procedures and visits, and their invasive nature, these protocols often create the very feeling of "abnormality" that doctors and parents are trying to avoid, in addition to posing serious medical risks.

In contrast, those not subjected to interventions report being happy, and having relationships that are not impacted by their differences, or by trauma from nonconsensual, invasive medical procedures.

Surgical interventions can also create additional difficulties if your child grows up to feel like the opposite sex than the one they were surgically assigned. For example, if they were given clitoral reduction surgery in order to be assigned female, but grow up to identify as a man.

Many parents who rushed into cosmetic genital surgeries to affirm the sex assignment have reported later that they regret it because the surgeries harmed their child, and/or created difficulties in their relationship with them, particularly if they grow up to feel the changes made were not right for them.

## Conclusions/Recommendations

Given the serious, long-term medical and psychological risks associated with non-consensual surgical and hormonal treatments, we urge you to love your beautiful intersex child and raise them without making irreversible changes to their body. Diversity is natural, and, just like other minorities, intersex people can and do thrive when supported to develop naturally into who they are.

There is currently only one state in the US, Colorado, that allows babies to be assigned intersex. Thus, we recommend assigning your child the male or female sex that seems most dominant, and recognizing and supporting the gender they grow up to express.

While some fear that intersex children will be teased if left as is, we note this is speculative. Children get teased for many reasons, and sex organs are typically covered, so it's quite possible your child's difference will not even be noticed, as many have reported. If the locker room is a concern, arrangements for your child's privacy can usually be made without difficulty.

We suggest teaching your child about their intersex traits in an age appropriate manner, such as when you teach them about "girl and boy parts." This will help them formulate positive views about their bodies and themselves, and also ensure they are educated about themselves if/when their differences are noticed. We have found that when presented in a matter-of-fact, shame-free manner, your child will perceive their body's variation this way.