

# Recommendations for Infants and Children

## With regard to Intersexuality

Reviewed July 1<sup>st</sup> 2008

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### Why this document?

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The current model of treatment for intersexual infants and children, established in the 1950's, asserts that since the human species is sexually dimorphic, all humans must appear to be either exclusively male or female, and that children with visibly intersexual anatomy cannot develop into healthy adults. The model therefore recommends emergency sex assignment and reinforcement in the sex of assignment with early genital surgery. It also encourages care providers to be less than honest with parents and with intersexuals about their true status.

As a growing number of us who are intersexual have shared our experiences with each other, we have reached the conclusion that, for most of us, this management model has led to profoundly harmful sorts of medical intervention and to neglect of badly needed emotional support. Our intersexuality—our status as individuals who are neither typical males nor typical females is not beneficially altered by such treatment. Instead, it is pushed out of the view of parents and care providers. This "conspiracy of silence" – the policy of pretending that our intersexuality has been medically eliminated – in fact simply exacerbates the predicament of the intersexual adolescent or young adult who knows that s/he is different, whose genitals have often been mutilated by "reconstructive" surgery, whose sexual functioning has been severely impaired, and whose treatment history has made clear that acknowledgment or discussion of our intersexuality violates a cultural and a family taboo.

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### A new model of treatment

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Based on discussions with dozens of adult intersexuals, we are prepared to recommend a new paradigm for the management of intersexual children. Our model is based upon avoidance of harmful or unnecessary surgery, qualified professional mental health care for the intersexual child and his/her family, and empowering the intersexual to understand his/her own status and to choose (or reject) any medical intervention.

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### Avoid Surgery

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First and foremost, we recommend avoidance of harmful or unnecessary genital surgery on infants and children. No surgery should be performed unless it is absolutely necessary for the physical health and comfort of the intersexual child. We believe any surgery that does not meet these criteria to be essentially elective cosmetic surgery which should be deferred until the intersexual child is able to understand the risks and benefits of the proposed surgery and is able to provide appropriately informed consent.

Examples of such cosmetic surgery to be avoided are plastic repair of first degree epispadias or hypospadias (minor displacement of urethral meatus), vaginoplasty, clitoral reduction or recession, and clitorectomy. Examples of conditions which would appear to justify early surgery

are severe second or third degree hypospadias (with extensive exposed mucosal tissue vulnerable to infection), chordee (extensive enough to cause pain), bladder exstrophy, and imperforate anus.

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