The notion of “genital mutilation” evokes an image of the traditional, ritualistic cutting of young women’s bodies in Africa, but its equally ritualistic high-tech version is widely practiced in the U.S. and other Western countries in relative secrecy. Since 1950s, children born with intersex conditions, or physiological anomalies of the reproductive and sexual organs, have been “treated” with “normalizing” surgeries that many survivors say are damaging to their sexual and emotional well-being.

Contrary to the popular mythology, intersex people do not have “both sets of genitals”; they simply have body parts that are different from what is considered “normal”—large clitoris, penis with a urethra on its underside, missing vagina, mixed gonads, etc. Even though it has been practiced for many decades, there has been no long-term study that shows that “corrective” surgery is safe, effective, nor necessary.

One of the biggest problems with this “treatment” is that it sets in motion a lifelong pattern of secrecy, isolation, shame, and confusion. Adult intersex people’s stories often resemble that of those who survived childhood sexual abuse: trust violation, lack of honest communication, punishment for asking questions or telling the truth, etc. In some cases, intersex people’s experiences are exactly like those of child sexual abuse survivors: when they surgically “create” a vagina on a child, the parent—usually the mother—is required to “dilate” the vagina with hard instruments every day for months in order to ensure that the vagina won’t close off again.

Even so, many intersex adults report that it was not necessarily the surgery that was most devastating for their self-esteem: for many, it is the repeated exposure to what we call “medical display,” or the rampant practice where a child is stripped down to nude and placed on the bed while many doctors, nurses, medical students, and others come in and out of the room, touching and prodding and laughing to each other. Children who experience this get the distinct sense that there is something terribly wrong with who they are and are deeply traumatized.

In the past decade, the movement to challenge these medical abuses of intersex children grew from complete obscurity into an international network of intersex individuals, scholars, supporters, and some sympathetic medical professionals. Still, it is estimated that five children per day continue to undergo the medically unnecessary and irreversible surgeries in the United States. As people who know the most about the devastating impact of childhood sexual traumas, the movement against sexual violence needs to work closely with the intersex movement in order to end the ritualistic sexual abuse of children in our own society, not just in other continents.

For more information about intersex, visit:

Intersex Society of North America: http://www.isna.org
Intersex Initiative Portland: http://www.ipdx.org

or read Intersex in the Age of Ethics ed. by Alice Dreger