

Misinformation and disinformation: tropes and narratives

These pages list competing tropes and ideological beliefs about who people with innate variations of sex characteristics are, who we should be, and how we should be treated.

They typically originate in silos without attending to other perspectives (or without awareness of other perspectives). They are often consequential to broader narratives or beliefs about sex, gender, morality, normality and abnormality; and they are often held as unquestioned, manifest or self-evident. They fail to account for the history and diversity of the population, and in particular the diversity of values and preferences of individuals within the population.

These tropes and narratives give rise to experiences of incomprehension, maltreatment, inaction, shame and stigmatisation.

LGBT settings (including media, government and other institutions):

- Intersex people are non-heterosexual (are adults with a marginalised identity) (“LGBTI or heterosexual”)
- Intersex people are queer (are adults with a marginalised identity) (“the queer movement”, many usages of “queer people”)
- Intersex is a third sex/gender (passport applications, more)
- Sex is a spectrum, described by three biological categories: M, F and intersex
- Intersex people are identified (classified) intersex at birth
- Assigning intersex people to a third sex will solve the problem of surgeries on babies (Australian governments, media and more)
- Intersex people are/should be assigned to a third sex category because of their biological sex
- A third category of sex/gender for intersex people is/would be all inclusive of individuals with intersex traits
- Intersex people may choose to remain as intersex rather than identify as M or F (e.g. RCPA)
- Intersex people are transgender because they were reassigned M/F at birth
- Intersex people are transgender when they identify as M/F because they have non-binary bodies
- Intersex people are transgender when they reject their gender of rearing
- Intersex is a form of gender diversity (intersex = transgender) (e.g. Headspace, many government reports)
- The existence of intersex people justifies the existence of gender diversity
- Intersex is an appropriate term to use to legally recognise non-binary people (intersex = non-binary) (High Court Norrie case)
- Being transsexual or transgender is an intersex variation or a DSD (transgender = intersex) (e.g. WPATH committee member)
- Trans people should have the same access to early surgeries as other intersex people (trans = intersex; preemptive medical treatment of intersex people justifies access to surgery for trans people) (e.g. WPATH committee member)
- Trans people become intersex through gender affirmation treatments
- We have consulted with our reference group of people who identify as gay men, lesbians and trans people, and we have a good understanding of intersex as a result (some government depts)

- We have consulted the LGBTI organisations that we fund and here is our survey for/report on people who identify as LGBTI
- We have consulted our trans and gender diverse working group and here are our recommendations for intersex people (e.g. RCPA)
- Our LGBTI research had no/negligible respondents who identify as intersex, but here are our LGBTI results and recommendations
- Our research included all sources that referred to LGBTI people (and excluded all intersex specific sources/sources using different language)
- We support people who identify as LGBTI, but atypical bodies are ugly or disordered
- Our LGBTI policies and practices help our staff find people who identify as LGBTI
- Sexuality and gender diversity = LGBTI
- Sex = sex characteristics
- Sex characteristics = sex
- Intersex people know they are intersex

Anti-LGBT settings:

- Women with DSDs with a Y chromosome/SRY gene/who would produce small gametes if they produced gametes were assigned the wrong sex and should be excluded from women's spaces (anti-trans/anti-gender movement)
- It's not fair having biological women compete against biological males in sport (XY, testosterone, muscle development, etc)
- People with DSDs are disordered and should be treated to fit their biological sex (the gametes they would produce if their bodies produced gametes/their chromosomes/SRY gene) (anti-trans/anti-gender movement)
- People with DSDs are an insignificant population whose needs do not need to be considered (education, anti-trans/anti-gender movement)
- Intersex people are a product of the fall/past lives/incense/dioxins/pollution and should be treated/prevented (religion, literature, green)
- Intersex people are the real trans people
- Intersex people and people with DSDs are two separate populations; people with DSDs should have urgent medical treatment and intersex people are mentally ill
- Intersex is a vague/manufactured term, unlike disorders of sex development/differences of sex development/disorders of sexual differentiation/defects of gender differentiation/congenital conditions affecting sex development
- Intersex people are only those who have atypical characteristics observed at birth; population statistics are exaggerated for political clout
- Information presented to school children about intersex (under the guise of any LGBTIQA+ education) is presented to confuse children and groom them into sexual relationships
- Intersex bodies are shameful/complex/exotic/pornographic and should not be included in school curricula/art/public information
- Intersex histories are traumatic and so should not be discussed

Clinical settings:

- Unspecified medical practices on people with disorders of sex development are in an unspecified past (clinicians)

- Surgical techniques are better now (than they were when anyone old enough to express an opinion can speak independently)
- Stopping surgeries on children with DSDs would be an experiment (paediatric clinicians)
- Clinical care is not based on issues of social and familial integration and gender stereotypes (specialist clinicians)
- Parental distress and social stigma (social and familial integration) and gender conformity are valid justifications for preemptive treatment in infants and children (specialist clinicians)
- Parents should decide all aspects of medical treatment on their children with DSDs (clinicians)
- Parents push for normalising interventions (specialist clinicians)
- Clinicians do not provide adequate time, information or support (parents)
- Parents of an 11 year old child with a DSD have a choice between consenting to surgery on their child or letting them go through the wrong puberty (current disinformation)
- Parents should terminate a foetus with a DSD
- Siblings of people with DSDs should undergo assisted reproductive treatments to ensure the birth of an infant without a DSD
- Informing parents of the impacts of DSDs, comorbid health issues or non-consensual medical interventions gives parents more impetus to terminate embryos with DSDs through prenatal screening (clinicians)
- People with DSDs and parents of children with DSDs only need ongoing psychosocial support when there is a gender issue (specialist clinicians)
- People with DSDs should have bodies that can engage in heterosexual cisgender sex (treatment paradigm objectives)
- Children with DSDs need their bodies to look normal so they won't be stigmatised
- DSDs should be fixed in childhood so that they present no issues later in life (treatment paradigm objectives)
- We have the best intentions/best interests of these children
- We don't think about ethical or human rights considerations, we aim to give parents what they want
- My patients don't identify as intersex/a third sex/a third gender/disgruntled
- We considered referring the non-binary kid to the intersex org
- You need a medical degree/to be my clinical apprentice in order to understand these disorders
- Intersex advocates want to stop all medical treatment (including emergency treatment and treatment with personal consent) (clinicians)
- We have consulted our preferred group of parents/adults where our staff member is on their committee (clinicians)
- Clinical self-regulation (e.g. through guidelines) will solve concerns about medical practices (the status quo)
- Criminal penalties are intended to punish clinicians for doing the right thing