



What does it mean to be an ally? [Guide to Allyship](#) is a fantastic starting point for understanding the concept. This document offers intersex-specific allyship tips.

Tips #4intersex Allies:

Do...

Your own research. You can set the groundwork for your own understanding. After reading everything in the #4intersex toolkit, seek out even more media, books, and films created by intersex people. Here's a small selection:

- The documentary [Intersexion](#)
- *Contesting Intersex* by Georgiann Davis
- *Raising Rosie* by Eric, Stephani Lohman
- Video stories via [The Interface Project](#)
- New film projects such as [Ponyboi](#)

And dive deeper on the web:

- [Intersex in Washington Post Magazine](#)
- [Rewire.News on the Intersex Movement](#)
- [Confronting Those Who Do Surgeries](#)
- On [intersex isolation in queer spaces](#)

Adjust your language. Call things what they are instead of gendering them, e.g. "XX/XY chromosomes," instead of "fe/male chromosomes." Acknowledge sex and gender as diverse spectrums. Always ask individuals what they prefer. For more language tips, see our [Talking About Intersex](#) document.

Use your voice. Promote intersex causes on social media. Ask your friends, family, doctors what they know. Call out that "hermaphrodite" joke.

Educate others. Use #4intersex toolkit materials to spread the word about what you've learned. We encourage allies to include intersex information in their presentations!

Don't...

Suggest that intersex people aren't "normal." Who defines "normal?" For us, that's often surgeons. We have healthy bodies that may just happen to look or function a bit differently.

Share private information. If an intersex friend confides in you, respect them. Ask what is okay to mention to others and what is not.

Expect to be educated. Intersex is still not commonly heard of, so we spend a *lot* of our time explaining our basic existence, especially to doctors and caregivers..

Assume similarities about all intersex people. We're all different. Not all of us have had surgery, identify with a particular gender, or even view being intersex as an identity.

Assume similarities about your experience as a non-intersex person. Many people, when first introduced to the topic, compare intersex surgeries to circumcision. While we support all movements for bodily autonomy, this common practice is quite different than the forced sterilizations, clitoral cutting, genital reconstructions, and other intensely invasive procedures that systematically erase intersex existence to create "normal," heterosexual bodies.

Speak over us. By doing this, you risk contributing to our invisibility. Recruit *and compensate* intersex people to tell intersex stories. If you are writing an intersex character, consult with intersex people from the beginning. Intersex representation, even from LGBTQ outlets, has been historically botched and medicalized. Nothing about us without us.

Tips #4 Intersex Allies in the Medical Profession:

Do...

Identify and reframe defensiveness. The intersex community is not anti-medicine. We are traumatized by medicine. Trauma causes intense feelings. Try your best to identify and halt feelings of defensiveness. If you're feeling defensive, try to slow down and listen to those who have been harmed. It's about a system, not you personally. Channel discomfort into [changing the system](#). True allies listen and push on when it gets harder.

Research support resources. Only half of intersex people reported that their doctors connected them to resources such as support groups.^[1] Many of us are told we're the only ones. You can help stop the lie of loneliness.

Ask what matters to us. For years, medicine assumed outcomes such as peeing standing up, looking "normal" for an assigned sex, or having penetrative intercourse mattered most. Reframe outcomes based on what patients say matters most to them. They'll need to be old enough to speak in order to tell you.

Recognize medical trauma. Young children may not know the difference between medical attention on their genitals and sexual assault. Many of us have been abused by providers, and thus avoid all care as adults. Know this. Take careful steps to center consent at all times.

Bother your colleagues. Become *that person* at cocktail parties. Nothing will change until intersex knowledge becomes common knowledge.

Remember your authority. You are the first touchpoint for someone who is learning potentially traumatic and life-altering information. Your sensitivity will make or break psychological outcomes.

Be open to challenging what you knew. For example, some female-identified intersex people feel significantly more comfortable on testosterone. Not all of us want the same things.

Use your power within the system to help make positive change. Share this with your colleagues. Join us in the fight to make sure every intersex person gets the bodily autonomy they deserve, just like everyone else.

Don't...

Center your own discomfort. How would *any* person feel if their most intimate parts were stared at, or implied to be shameful and different?

Suggest that intersex people aren't "normal." Normal is a function of how you are treated in the world. Model an authority figure treating us with respect, and we'll grow up with self confidence. Rebrand intersex traits as natural variations, instead of problems to be fixed.

Use outdated terminology. Only 3% of adult intersex people self-identify with the term "Disorder of Sex Development," but 21% feel they have to use it, 'disordering' themselves to access care.^[2] Avoid gendered language like "(fe)male chromosomes," and always avoid the stigmatizing term "hermaphrodite," even though it still appears in medical literature. Read all language tips [here](#).

Assume anything about our sexuality. Remember that treatment models were often developed decades ago, inspired by strict ideas about gender roles. We may be LGBTQ and/or asexual. Don't assume we all want penetrative sex. Ask what is important to us once we are old enough.

Think chromosomes mean anything about gender identity. Plenty of XY folks ID as female, plenty of XX ID as male. It's also possible to be XXY, XXXY, XO, etc. Chromosomes are not a reliable indicator of how a child will self identify. Research the history of medicine looking for a "marker" of true sex. Much like the quest for a "gay gene," this ideology harms marginalized patients.

Wait for patients to educate. How would you feel if you went to see a doctor for help and they told you they'd never heard of your reason for visiting?

Use us as a teachable moment. Be aware that intersex patients often carry trauma related to exams and student observation without our consent. Be extremely careful when asking us if others can observe. Respect our right to say no.

Prioritize expertise over consent. Treatment teams reflect careful thought, but ultimately cannot be patient-centered if informed consent is missing. If a procedure is to change appearance and/or future sexual function, it is cosmetic, and for an individual to choose.

