enfold

GLOBAL COALITION

to Promote Comprehensive Sexuality and Personal Safety Education

11th QUARTERLY MEETING

22nd October, 2026

WHO DECIDES WHAT IS NORMAL:

INTERSEX BODIES AND MEDICAL PRACTICES

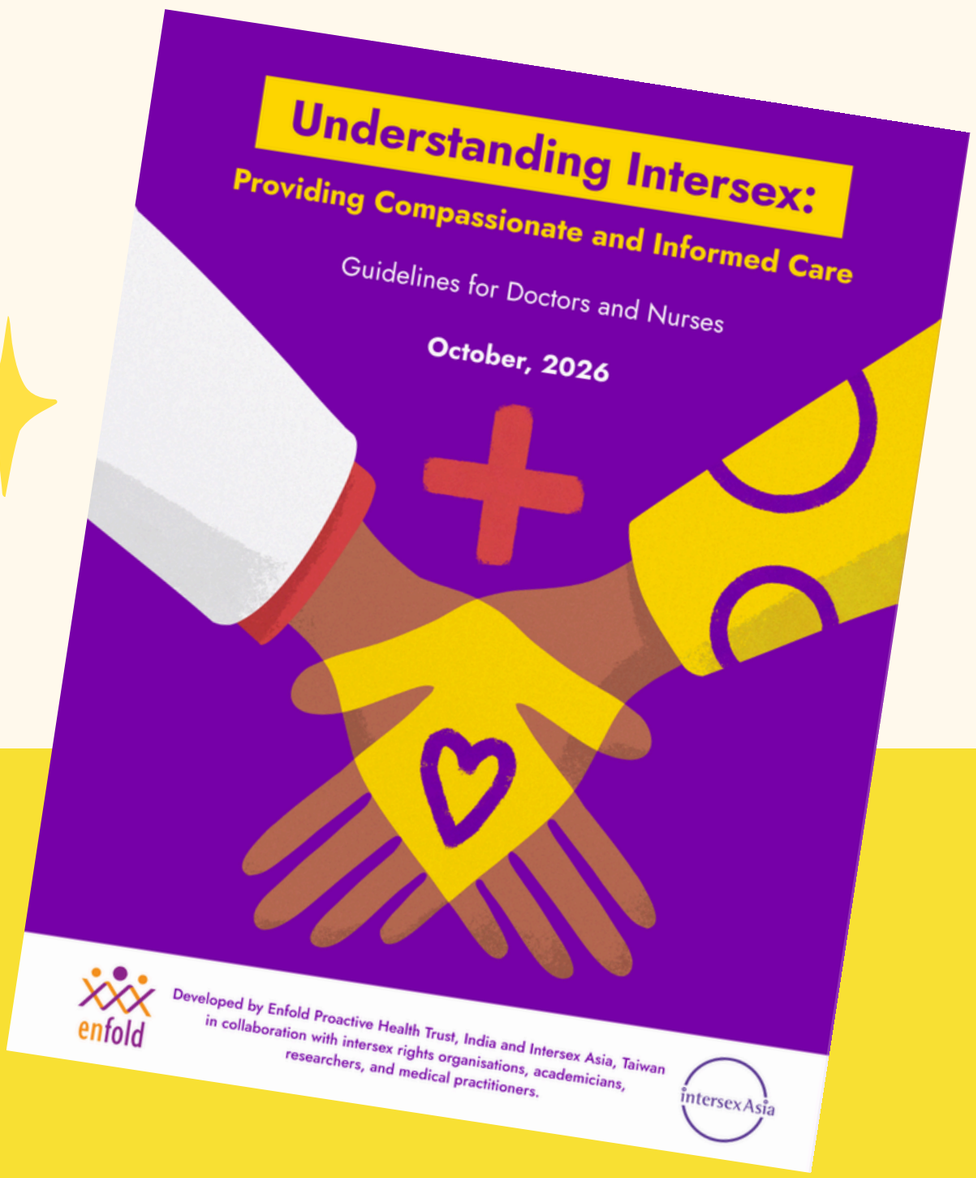
Overview

The 11th Global Coalition meeting explored the historical, medical, ethical and psychosocial dimensions of intersex variations, with a focus on bodily autonomy, informed decision-making and the distinction between medical necessity and interventions intended to make bodies conform to conventional expectations of male and female anatomy.

Bringing together intersex advocacy, medical expertise, psychotherapy and lived experience, the discussion examined how medical terminology, social stigma and binary understandings of sex can shape clinical practices and family decisions. The panel highlighted the importance of respectful language, comprehensive information, compassionate healthcare and meaningful psychosocial support for intersex people and their families.

The conversation also examined the role of doctors, nurses, caregivers, schools and communities in fostering environments where bodily diversity is understood and respected. Audience questions extended the discussion to the experiences of intersex children in traditional communities, the autonomy of intersex people with disabilities, age-appropriate conversations with children, and the responsibilities of allies and healthcare professionals.

The meeting also marked the launch of Enfold's **Guidelines for Psychosocial Care of Intersex People for Medical Professionals**, which seek to strengthen compassionate, rights-based and holistic approaches to intersex healthcare.



International Panelists and Moderator

Morgan Carpenter

Executive Director, Interaction for Health and Human Rights; Bioethicist and Associate Professor, Sydney Health Ethics, University of Sydney School of Public Health, Australia.

Dr. Satendra Singh

Director Professor of Physiology, University College of Medical Sciences and GTB Hospital, Delhi; recognised for advancing disability rights and influencing medical education and policy.

Dr. Bonnie Scranton

Psychotherapist, sex educator, researcher and Assistant Professor of Social Work at Central Connecticut State University; family support clinician and parent of an intersex adult.

Mohammed Ali Khan (Momo)

(Moderator)

Intersex and queer human rights advocate, molecular and cellular biologist, youth movement builder, and founder of the Intersex Advocacy Consortium.

KEY TAKEAWAYS

“Every intersex person deserves the opportunity to understand their own body on their own terms.”

— Mohammed Ali Khan (Momo)

1. UNDERSTANDING INTERSEX BEYOND MEDICAL CATEGORIES

Associate Professor Morgan Carpenter traced the history of terminology used to describe intersex people, highlighting how cultural beliefs, legal frameworks, colonial medicine and changing scientific understandings have shaped the language surrounding sex characteristics.

Terms such as *hermaphrodite, disorders of sex development, differences of sex development* and *variations of sex characteristics* have emerged in different historical and professional contexts. No single term is universally accepted, making it important to understand the language people use for themselves and to respect individual preferences.

Morgan also emphasised that terminology can either connect people to information, healthcare and peer support or create confusion and division. Access to language that describes one's body can be an important step towards understanding, belonging and community.

Dr. Satendra Singh challenged the narrow medical lens through which bodily differences are often understood. Drawing parallels with disability rights, he explained how medical education can frame bodies that do not conform to conventional norms as defective or in need of correction. He called for medical curricula that recognise bodily diversity through a human rights lens and incorporate the narratives of people with lived experience.

The discussion highlighted the need to distinguish between variations in sex characteristics and gender identity, while recognising that both deserve respectful and informed engagement.

Intersex variations are part of human bodily diversity. Medical terminology should support understanding, access to care and connection, not reinforce stigma or prescribe what a person's body should look like.

"The first thing they need to know is that they're loved."

– Dr. Bonnie, on supporting intersex children

2. BODILY AUTONOMY, MEDICAL NECESSITY AND ETHICAL DECISION-MAKING

A central question of the meeting was who decides what is normal and whether a body that differs from conventional expectations necessarily presents a medical problem.

Dr. Satendra Singh explained how binary thinking can influence diagnosis, sex assignment and judgements about successful treatment. Interventions may be recommended because families or clinicians fear future stigma, bullying or social exclusion, even when the concern is not an immediate health risk.

He cautioned that irreversible interventions can have long-term implications for sensation, sexual function, fertility and psychological well-being. Decisions should therefore be grounded in the child's health and overall well-being rather than assumptions that every body must conform to typical male or female anatomy.

The discussion stressed the importance of distinguishing medically necessary interventions from procedures intended primarily to normalise or assign sex. Participants acknowledged that interventions required to address urgent or life-threatening health concerns are distinct from non-emergency, irreversible procedures undertaken to meet social expectations.

The newly launched Enfold guidelines call for non-emergency irreversible procedures to be deferred until the person can participate meaningfully in decisions about their own body. Families need balanced information, time, appropriate counselling and support to navigate uncertainty without being pressured into decisions.

Dr. Satendra also highlighted the importance of ethics education and intersectionality in medical training, particularly when disabled people or others are wrongly presumed to lack the capacity to make decisions about their bodies.

Medical decisions must be based on genuine health needs, informed consent and the person's best interests, not on discomfort with bodily differences or pressure to conform to social norms.

"The real question is whether we are addressing a genuine health concern or trying to fit a body into society's expectations."

– Key theme emerging from the discussion

3. COMPASSIONATE HEALTHCARE AND THE ROLE OF FAMILIES

Dr. Bonnie brought the discussion into the family setting, sharing her experience of learning about her child's intersex variation when her child was 14. Although her child had undergone hernia repair as a toddler, the family was not informed of its possible association with a variation of sex characteristics, which they learned about only when their child reached adolescence.

When Dr. Bonnie sought to connect with more experienced parents, a medical professional discouraged her from doing so. In the years since, she has seen how much families benefit from the wisdom of intersex adults and the support of other parents. These experiences have strengthened her conviction that families need opportunities to learn from and connect with the broader community.

She explained that fear often arises from a lack of information, limited preparation for the possibility of intersex variations, and healthcare professionals who may be uncertain or communicate in alarming ways. Families may be asking not only whether their child is healthy, but also whether they have the knowledge and support needed to care for their child well.

Dr. Bonnie described taking time with her partner to understand the information and manage their own emotions before discussing the diagnosis with their adolescent child. Their intention was to communicate with honesty, clarity and reassurance, without making their child feel that their body was a source of fear or grief.

Her experience underscored that parents need support to process uncertainty while ensuring that children receive affirming, age-appropriate information. Peer support can help families understand that they are not alone and can offer a valuable source of practical and emotional guidance.

Dr. Satendra Singh further highlighted the role of nurses and support staff, who often spend more time with families than doctors do. They can communicate respectfully, explain procedures and their possible consequences, connect families with support networks, and help ensure continuity of care. He described them as essential advocates for the child's best interests.

Compassionate care requires more than a diagnosis or treatment plan. Families need accessible information, non-alarmist communication, psychosocial support and opportunities for peer connection.

> **"Do the best you can until you know better. And when you know better, you can do better."**
>
> – Maya Angelou,
> as cited by Dr. Bonnie

4. LIVED EXPERIENCE, LANGUAGE AND THE RIGHT TO BELONG

The moderator, Momo, opened the panel with a reflection on the isolation that intersex people can experience when they are expected to explain their bodies but are not given the information or language to understand them themselves.

Momo shared the personal significance of hearing the word intersex after receiving a karyotype report. Being described with a term that felt affirming created a sense of recognition and belonging. This illustrated how access to respectful language can help people make sense of their experiences and connect with others.

The discussion also examined how curiosity about intersex bodies can become intrusive when people feel entitled to personal medical information. Intersex people should not have to repeatedly justify their existence or educate others at the expense of their own privacy and well-being.

Morgan Carpenter explained that while terminology remains contested, using language carefully and acknowledging different preferences can help make resources and services more accessible. Dr. Bonnie added that people who are not intersex also have a responsibility to participate in education and advocacy, so that the burden of explaining and challenging harmful systems does not always fall on those who have experienced harm.

The conversation highlighted the importance of listening to a wide range of lived experiences, including those that may not involve traumatic healthcare experiences. Greater visibility, community connection and respectful representation can help challenge assumptions and create a stronger sense of belonging.

Intersex people are the experts on their own experiences. Respectful language, privacy, representation and community connection help affirm their dignity and agency.

5. BUILDING INCLUSIVE HEALTHCARE, EDUCATION AND COMMUNITIES

The discussion emphasised that inclusion cannot be achieved through clinical practice or individual family decisions alone. It requires changes across healthcare systems, education, communities and public understanding.

Dr. Satendra Singh noted that medical textbooks may continue to reproduce stigmatising or outdated terminology, influencing how future doctors understand bodily variations. He called for medical education to incorporate lived-experience narratives, human rights principles, ethics and disability perspectives.

Dr. Bonnie emphasised that families need accurate and balanced medical information alongside psychosocial and peer support. She noted that the absence of reliable information can intensify uncertainty and fear. Support should help families understand both genuine health risks and the limits of interventions undertaken primarily to address appearance or anticipated stigma.

Dr. Satendra also stressed the value of allies who can challenge discriminatory attitudes within their own institutions and communities. Intersex people and their families should not be left to fight these battles alone.

The discussion further highlighted opportunities to introduce bodily diversity in age-appropriate ways through schools and sexuality education. Dr. Sangeeta shared how Karnataka's Value Education materials introduce children to the idea that human bodies are different, unique and diverse, using the term variations in earlier grades and introducing more specific terminology at later stages.

Inclusion requires coordinated action across medical and nursing education, schools, families, peer-support networks and communities. Allies must help challenge stigma and create environments where bodily diversity is respected.

AUDIENCE QUESTIONS AND DISCUSSION

1. What does the intersex flag represent, and how can intersex be explained to young children?

In response to a question about the intersex flag, Morgan Carpenter explained that he created the flag in 2013. Its unbroken circle represents bodily integrity and autonomy, and the idea of being a whole and complete person, not a particular gender or identity.

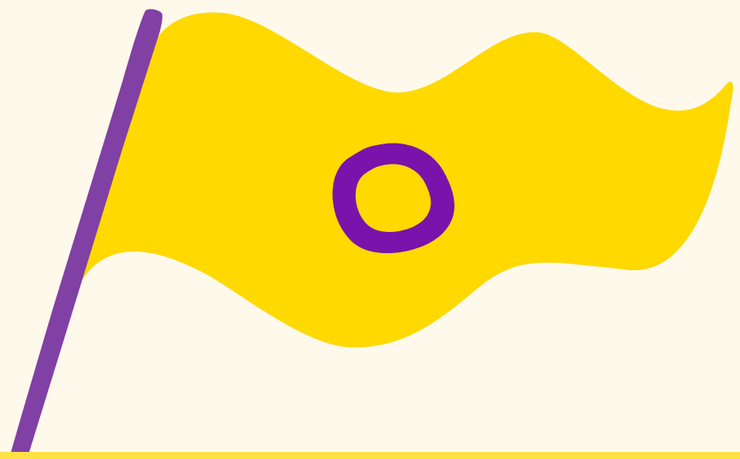
On explaining intersex to young children, Morgan emphasised that the first priority is for children to know they are loved and accepted. Children can learn that everyone's body is different and that some bodies have variations that are less common. Where possible, families should be supported in connecting with other families and peer-support organisations. Specific terminology can be introduced as part of an age-appropriate learning process.

Dr. Sangeeta added that Karnataka's Value Education curriculum introduces bodily diversity in the early grades through simple language about different and unique bodies. The term intersex is introduced later, while earlier grades use language about variations in sex characteristics.

2. What should educators and allies stop assuming or unlearn?

The discussion encouraged educators and allies to question the assumption that bodies that differ from conventional male or female anatomy are necessarily defective or require correction. Participants highlighted the importance of avoiding intrusive questions about medical histories and not treating intersex people as responsible for educating everyone around them.

The panel encouraged allies to learn from lived experiences, use respectful language, recognise individual preferences and create spaces where intersex people can participate without pressure to disclose private information.



3. How can families navigate societal prejudice when a child's genitals are atypical? Could this affect the child's psychological well-being?

Dr. Bonnie acknowledged that parents often worry about bullying, rejection and how other people might respond to their child's body. However, she cautioned against treating anticipated stigma as a reason to undertake irreversible interventions.
She emphasised psychosocial support, peer support and helping families communicate confidently and without shame. Children can be supported in understanding that their genitals are private, but not shameful, and that bodily differences do not make them less worthy of acceptance.

Dr. Satendra Singh drew on disability rights to explain how repeated messages about abnormality can become internalised. He highlighted the importance of community, role models, rights-based education and allies who challenge discriminatory attitudes. Dr. Bonnie also identified three important elements of empowerment: knowledge, community connection and the skills needed to advocate for oneself.

Dr. Sangeeta added that antenatal care and pregnancy preparation can provide opportunities to educate families about variations in sex characteristics and gender diversity before discriminatory assumptions take root.

4. How can bodily autonomy be protected for intersex people with disabilities, particularly when they may be wrongly assumed to lack decision-making capacity?

The discussion highlighted the need to recognise intersectionality and challenge assumptions that disability automatically means an inability to make decisions. Dr. Satendra Singh noted that ethics is now part of India's medical curriculum and emphasised the importance of continued learning, reflection and changes in clinical attitudes.

The panel reiterated that the Enfold guidelines can support healthcare professionals in respecting bodily autonomy, seeking free and informed consent, and preventing unnecessary interventions. The discussion distinguished these concerns from procedures that are genuinely medically necessary to protect a child's health or life.

Dr. Satendra also called for greater inclusion of intersex people's own narratives in medical education and professional forums, recognising that people with lived experience have essential knowledge about their bodies and the consequences of medical decisions.

5. What role can schools, peers, neighbours and communities play in creating inclusive environments?

The panel encouraged people to keep learning, listen to lived experiences and make space for intersex people with different experiences to participate in public conversations.

Participants highlighted the importance of introducing bodily diversity in age-appropriate ways, using respectful language, challenging stigma in everyday interactions and helping families access reliable information and peer support. Schools and communities can promote the understanding that differences in bodies do not justify discrimination.

Dr. Satendra Singh emphasised that doctors and other professionals must be willing to learn from intersex people, unlearn harmful assumptions and work alongside communities to create more empathetic and compassionate systems.

WAY FORWARD

The meeting identified several priorities for advancing rights-based and compassionate intersex care:

- **Strengthen medical and nursing education:** Integrate psychosocial care, bodily diversity, human rights, ethics and lived-experience narratives into healthcare curricula and professional development.

- **Promote informed and ethical decision-making:** Clearly distinguish medically necessary interventions from non-emergency procedures intended to normalise anatomy, and uphold bodily autonomy and meaningful participation in decisions.

- **Support families and caregivers:** Provide accessible, balanced information, non-alarmist communication, counselling and opportunities to connect with peer-support networks.

- **Recognise the role of nurses and support staff:** Equip healthcare teams to communicate respectfully, coordinate continuity of care and advocate for children's best interests.

- **Expand age-appropriate education:** Introduce bodily diversity in schools and sexuality education using developmentally appropriate language, while ensuring that children and adolescents can access accurate information as they grow.

- **Build stronger community and regional networks:** Encourage collaboration among intersex-led organisations, healthcare professionals, educators, families and allies, including opportunities to share resources across South Asia.

- **Challenge stigma and outdated terminology:** Review medical textbooks, teaching materials and institutional practices that reinforce binary assumptions or frame bodily differences as defects.

- **Centre lived experience in policy and practice:** Ensure that intersex people have meaningful opportunities to contribute to medical guidelines, research, professional forums and decisions affecting their lives.

CLOSING NOTE

The 11th Global Coalition meeting invited participants to question long-standing assumptions about what constitutes a normal body and who has the authority to decide. Across historical, medical, psychosocial and lived-experience perspectives, a central message emerged: bodily difference should not automatically be treated as a problem that needs correction.

The discussion highlighted the need to distinguish medical necessity from social expectations, support families without reinforcing fear, and ensure that intersex people have the information, dignity and agency to participate meaningfully in decisions about their bodies.

The launch of Enfold's Guidelines for Psychosocial Care of Intersex People for Medical Professionals represents an important step towards more compassionate and holistic healthcare. The work ahead requires continued learning, collaboration and a willingness to challenge harmful practices and assumptions.

As the panel reflected, creating inclusive systems is a shared responsibility. Healthcare professionals, families, educators, institutions and allies all have a role in ensuring that intersex people can grow up with dignity, support, autonomy and a sense of belonging.

Thank You!

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