



UNDERSTANDING GENDER DIVERSITY - WORKING WITH INTERSEX CLIENTS

An interview with Mani Mitchell
By Odette Wood

ABOUT MANI

My name is Mani Bruce Mitchell, I have lived a complex and now satisfying life. If you're interested in learning more about me and my life journey the New Zealand Listener did a great article a few years back, which you can find online (refer to Useful Resources section further down).

It has been a life where I come to value and appreciate the wisdom and gentleness of the healing profession, especially those with knowledge of complex trauma.

COULD YOU EXPLAIN WHAT INTERSEX MEANS

Intersex people are born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies.

Intersex is an umbrella term used to describe a wide range of natural bodily variations. In some cases, intersex traits are visible at birth while in others, they are not apparent until puberty. Some chromosomal intersex variations may not be physically apparent at all. According to experts, between 0.05% and 1.7% of the population is born with intersex traits (UN, n.d.).

HOW MANY PEOPLE IN NEW ZEALAND ARE INTERSEX?

The truth is we don't really know. We do not keep statistics on this group of citizens, and there is no reason to believe that New Zealand Aotearoa would be any different from other countries so it would be 1.7% of the population. Intersex has been and remains a shame issue that people struggle



Mani at the family farm aged 7

to talk about. The majority of people who are intersex are not open about the fact.

HOW ARE PEOPLE BORN INTERSEX CURRENTLY TREATED MEDICALLY?

This is difficult. We have a medical model and concepts that are locked in the binary model of gender, a model that still believes people will suffer psychological damage if they have bodies that are/look different. It is a model that is rooted in 1960s ways of thinking about gender, sexual orientation and what 'normal' is. In the past, babies (intersex issues are identified at various life stages) were typically given medical work ups, a gender was assigned, and then surgery was carried out to make the child look more 'normal'. For the last 25 years the intersex community has pushed back on this model. Identifying as damaging and deeply traumatizing, instead we have been asking for an all of life model that supports us to be healthy and well. A model that allows for surgery that is only for the purpose of

saving life. That delays all other surgery, recognizes bodily autonomy and the person who owns the body is the one who should have agency over what happens to it. A model that supports parents and whānau in a psycho-social model, supports parents to engage with their children in age appropriate ways. So the child is informed and feels comfortable in the body and their own efficacy. A model that understands gender identity is a process that often does not have an answer or a 'shape' until the child emerges from puberty.

HOW DOES BEING INTERSEX AFFECT PEOPLE?

This is a complex issue and there is no 'one' way of how being intersex impacts on us. Many of us live with the impact of trauma that was the result of invasive medical practice that was not trauma-informed, and parents who simply did not have the confidence or the skills to engage with us in a health-centred way. So many of us live with the complications of these complex



realities. (Intrusive painful examinations, medical photographs (naked) – used as medical teaching ‘objects’, told lies, awkward silences.) Then we have all the actual variations of sex characteristics (there are over 40) and each of those has its own unique challenges and realities – some minor and some not so.

Many of us struggle to find, safe, gentle, informed practitioners who can help us understand our variation and how to live well with the variation. The internet has made such a huge difference with many of us finding information and support from peers around the world with similar variations.

INTERSEX PEOPLE ARE INCLUDED WITHIN THE LGBTQIA UMBRELLA. HOW DOES IT FIT THERE GIVEN THAT IT RELATES MORE TO PHYSIOLOGY?

Some of us are also queer and/or trans, as well as being intersex. However ALL of us have been impacted by the negative stereotypes that still ‘infect’ the thinking in many parts of medicine. We do ‘belong’ in the rainbow – but it is an historically uneasy ‘partnership’ with many people not understanding intersex issues and not understanding that intersex is separate and different to sexuality and gender identity issues.

WHAT HEALTH AND WELLBEING ISSUES SHOULD MESSAGE THERAPISTS BE AWARE OF WHEN WORKING WITH CLIENTS WHO ARE INTERSEX?

I think firstly it is important for message therapists to understand the huge diversity in this community. Working from a trauma-informed practice model would keep you and your client safe. For example, I was 40 before I started my own journey and healing. In the early years I had to learn about safe touch, about how to be ‘in body’, (my default position was to dissociate). If you asked me how I was, in a physical sense, I had no idea, I could not tell you. I had to learn about my body, learn to trust it and learn from it. That has been a process that continues to this day.

If you have an intersex client, build a rapport. The person may be well informed

about their body and what it needs, or they may struggle to talk. In the shame and secrecy that has surrounded this issue, many people have a poor understanding, especially regarding childhood interventions. I would always encourage client-led practice.

Your intake form and process should allow for the client to share information on their terms, which may help the client to feel more comfortable than being asked direct questions.

WHAT CAN MESSAGE THERAPISTS DO TO ENSURE AN INTERSEX CLIENT FEELS SAFE, TREATED WITH DIGNITY AND HELPS THEM TO AVOID UNINTENTIONAL DISCRIMINATION?

- Use a client-led, trauma-informed practice model - always!
- Be sensitive to issues relating to gender identity. Your patient may be cis-identified, but they may not.
- Ensure your intake forms allow clients to identify as non-binary or gender fluid, rather than only giving male and female options.
- Be aware of the language you use when communicating with a client who is intersex and be prepared to use gender neutral personal pronouns. They may prefer ‘they/them’. Never assume that because an intersex client physically appears to look like one particular gender that they are ok being referred to as that gender.
- As with any client who has gone through trauma in their past, providing a safe and supportive physical environment for clients is important. If you are in a large practice or share toilet facilities with other businesses, gender-neutral signage may be appropriate and help clients to avoid any uncomfortable situations when using bathrooms.

WHAT SORT OF SUPPORT IS THERE IN NZ FOR INTERSEX PEOPLE?

Intersex Trust Aotearoa New Zealand (ITANZ) is New Zealand’s own intersex organisation. Our focus has been training and education and you can find out more at the website <http://www.itanz.org.nz/>

We have an online support model for youth <http://www.intersexyouthaotearoa.com/>

Adult support is Australasian and can be found at <https://www.astraeafoundation.org/stories/ais-support-group-australia-inc/>

We usually meet twice a year and hope in the not too distant future to have regular gatherings in New Zealand.

WHAT RESOURCES/ADDITIONAL INFORMATION WOULD YOU RECOMMEND TO FIND OUT MORE INFORMATION?

Visit our website, donate and/or read the Darlington Statement which is the community statement about our issues and the changes we want to see in society (link in the Useful Resources section).

If you are a message therapist/health professional, you are very welcome to contact me direct for more information: mani.mitchell@xtra.co.nz

USEFUL RESOURCES

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GLOSSARY

Cis – The term cis is derived from the Latin word meaning “same side”. In gender contexts it is a shortened form of cisgender or cissexual and means that the person identifies with the gender that they were born with, e.g. they were born female and identify as female.

LGBTQIA – An acronym for lesbian, gay,

bisexual, transgender, queer, intersex and asexual/ally

Trans – The term trans is derived from the Latin word meaning “across”. In gender contexts it refers to people whose gender identity different from the sex they were born as, e.g. a transgender person may identify as a woman despite having been born with male genitalia.



AUTHOR BIO

Mani Mitchell has been Executive Director of the Intersex Trust Aotearoa New Zealand for over 20 years. A leading human rights activist Mani is also a board member of ILGA World (International Lesbian, Gay, Bisexual, Trans and Intersex Association), which is the world's oldest LGBTI human rights organisation. Mani is also an educator, runs training programs across New Zealand, lectures regularly at Massey and Victoria Universities, and as a guest lecturer at Otago Medical School. Interested in communications and media, Mani was involved in the production of the award winning documentary *Intersexion*. They are also a member of NZAC and is a member of the ethics team. Their interest in body work comes from a long personal journey/exploration to recover from the complex impacts of childhood trauma.

Upcoming Visceral Manipulation Courses

Create a new vision for your practice in 2020, and integrate more modalities and new skills into your treatment approach by attending upcoming Visceral Manipulation classes VM1 (Abdomen) and VM4 (Thorax) in Christchurch, in June.

VM1 (21-23 June) is focused on the abdominal cavity and includes the organs, their membranes, ligaments, innervation and their spatial functional interrelationships. You will learn manual skills and basic manipulations, to locate, evaluate and normalise areas of dysfunction and stress within the abdominal cavity. The course includes lecture, demonstration and hands-on practical experience for each technique.

VM4 (25-28 June) is focused on the visceral fascia of the throat and functional biomechanics of the thoracic cavity. You will learn techniques for differentiating between somatic and visceral causes for thoracic and spinal problems, with special focus on pleura, lungs, pericardium, heart, mediastinum, thyroid, trachea, oesophagus, sternum, rib cage and thoracic plexuses.



For more details and to book these and other Visceral Manipulation courses please visit barral.co.nz