



# RAINBOW BEST PRACTICE GUIDELINES

Working with Rainbow Communities in Primary Violence Prevention



**Intersex.** Is an umbrella term used to describe a range of natural variations in the human body - specifically, the innate variations in someone's sex characteristics (VSC). Sex characteristics can include hormones, chromosomes, and internal and external sexual anatomy. When someone has an innate variation of sex characteristics, this means that there are atypical traits present. Other terms that people may use include altersex, hermaphrodite (which is currently being reclaimed by some community members), differences in sex development, or specific clinical terms for a person's variation, for e.g. "I have Klinefelter's Syndrome", among others.

## Overview – context and framing

Intersex is an umbrella term used to describe a range of natural variations in the human body - specifically, a person's innate Variations in Sex Characteristics (VSC). Sex characteristics can include everything from hormones, chromosomes, and internal and external anatomy. When someone has an innate variation of sex characteristics, this means that there are atypical traits present at birth or that naturally develop through life.<sup>1</sup>

### Structural violence

- Structural violence against intersex people is rooted in endosexism, binary thinking, and gender essentialism, introduced to Aotearoa New Zealand, through colonisation.
- These harmful ideologies underpin the non-consensual and unnecessary medical interventions performed on intersex individuals aimed at conforming their sex characteristics to societal norms.
- Intersex people face multiple forms of structural violence, stigma, limited access to affirming support networks, erasure of their experiences, and inadequate legal recognition of their human rights.

### Practice principles

- Understand that intersex/VSC is normal and natural. Be community-led in developing your professional understandings of intersex people. Develop your professional understanding of Intersex/VSC enough to be able to comfortably answer the question, 'What is intersex?'
- Understand that intersex people may have experienced violence or abuse in medical care settings, including surgeries that were performed on them as children or babies or throughout their lifetime.
- Be client-led when discussing intersex/VSC - understand that many people are very private about their VSC and that people view being intersex or having VSC in many different ways.
- Understand that not all intersex people/people with VSC identify with Rainbow communities.

## Competency areas

1 Understanding intersex

4 Trauma-informed practice

2 Building trust/building rapport

5 Advocacy

3 Language

1

### Competency area Understanding intersex

Acknowledging that information about intersex/VSC has been lost and erased. Develop personal and professional knowledge and understanding of intersex/VSC.

1

## Competency area Understanding intersex

Practice areas	Examples
<p><b>Defining intersex</b></p> <ul style="list-style-type: none"> <li>• Understanding that bodies also develop on a spectrum.</li> <li>• Terminology and understandings within intersex/VSC communities are constantly evolving as more research and activism happens within these communities. Community activism by intersex people/people with VSC is creating more opportunities for people to develop their understanding of what it means to be intersex/have VSC, beyond Western medical understandings, which pathologise intersex/VSC.</li> </ul>	<p><b>Defining intersex examples</b></p> <ul style="list-style-type: none"> <li>• Develop your professional understanding of intersex/VSC enough to be able to comfortably answer the question, 'What is intersex?'</li> <li>• Understand that there are up to 40 different intersex variations; it does not mean one thing. Find out more about how these variations manifest in an intersex person's body.</li> <li>• When seeking professional development, look for resources and organisations that are intersex community-led.</li> </ul>
<p><b>Unique intersex</b></p> <ul style="list-style-type: none"> <li>• It is important to recognise the unique differences in experiences that this demographic holds in comparison to other Rainbow communities, such as the LGBT communities.</li> <li>• Understand that many intersex people do not identify as part of the Rainbow community.</li> <li>• Many intersex people are heterosexual and cisgender.</li> <li>• Be aware not every person with a VSC is aware they are intersex or would use this term to identify themselves.</li> <li>• Some intersex people find out about their variation during puberty, when trying to conceive, or later in life; in some occasions, they may never know.</li> <li>• Intersectional practice is vital with intersex people.</li> <li>• Understand that people will have varying levels of openness about being intersex/having a VSC.</li> </ul>	<p><b>Unique intersex examples</b></p> <ul style="list-style-type: none"> <li>• When making policies, etc., make it explicitly clear that intersex people do not always identify with Rainbow communities.</li> <li>• Include intersex as its own categorisation when it is relevant and useful.</li> <li>• Be aware that there may be safety and privacy issues if you ask people to identify as intersex.</li> <li>• Take or make opportunities to advocate for intersex people. Advocate for intersex people outside of the context of general Rainbow advocacy, as well as within it.</li> <li>• Be aware that intersex people maybe isolated or maybe more connected to peer support groups than other forms of support.             <ul style="list-style-type: none"> <li>- It is crucial to work collaboratively with intersex peer support groups as a violence prevention practitioner.</li> </ul> </li> </ul>

1

## Competency area

# Understanding intersex

Practice areas	Examples
<p><b>Understand intersexphobia</b></p> <ul style="list-style-type: none"> <li>• Intersexphobia refers to the fear, prejudice, discrimination, and marginalisation directed towards intersex individuals based on their intersex variations or differences in sex characteristics.</li> <li>• Manifestations of intersexphobia include           <ul style="list-style-type: none"> <li>- Anxieties or marginalisation of intersex people for not being able to have children.</li> <li>- Lack of legal recognition.</li> <li>- Social and medical erasure.</li> <li>- Discrimination against intersex bodies within the medical practice and healthcare environments.</li> <li>- Intersex people/bodies being used as a medical oddity, mocked, or seen as abnormal or as a 'freak.'</li> <li>- People react with fear, disgust or surprise when someone's intersex status is revealed.</li> </ul> </li> <li>• Be aware of intersex 'broken arm syndrome'.           <ul style="list-style-type: none"> <li>- This happens when intersex people seek help or support for something that has nothing to do with them being intersex (such as a broken arm or, in some cases, sexual violence) but supporting professionals needlessly centre the fact that the person is intersex.</li> <li>- Experiences of violence may not be due to being intersex.</li> <li>- Intersex people may be more vulnerable to violence because of social isolation, economic disparities and other forms of inequality.</li> </ul> </li> </ul>	<p><b>Understand intersexphobia examples</b></p> <ul style="list-style-type: none"> <li>• Be client-led when working with intersex people.           <ul style="list-style-type: none"> <li>- Allow intersex people/people with VSC to identify and define to what extent their being intersex/having VSC is related to the help they are seeking.</li> <li>- Make space for people to speak about their being intersex/having VSC without pushing them.</li> </ul> </li> <li>• Challenging intersexphobia when it arises in professional settings.</li> </ul>
<p><b>Cultural competence</b></p> <ul style="list-style-type: none"> <li>• Understand that Te Ao Māori, Pasifika and other cultural understandings of intersex may be different from Western understandings.</li> </ul>	<p><b>Cultural competence examples</b></p> <ul style="list-style-type: none"> <li>• Participate in professional development opportunities to improve your understanding of these cultural worldviews.</li> <li>• Take opportunities to stay updated with new resources that are being made about intersex/VSC communities.</li> <li>• Recognise and acknowledge that intersex people have been understood and celebrated in non-Western cultures and indigenous communities prior to colonisation and within decolonial movements.</li> </ul>

2

**Competency area**  
**Building trust/building rapport**

Intersex people often have experienced or heard about negative experiences with institutions or helping professions. Intersex people often have experiences of institutionalised violence. Because of this, they may be hyper-vigilant in noticing signs that they will not be respected or are slow to build trust.

Practice areas	Examples
<p><b>Inclusivity</b></p> <ul style="list-style-type: none"> <li>• Work to be inclusive of intersex awareness in your professional practice. Don't make assumptions about a person's sex characteristics.</li> <li>• There is a high chance that you do or will encounter intersex people within your work, particularly if you are a frontline worker. Intersex people are (1.7-2.3%) of the population, roughly the same as the population of Lower Hutt.</li> </ul>	<p><b>Inclusivity examples</b></p> <ul style="list-style-type: none"> <li>• Make it a habit to acknowledge that not all bodies fit into the Western medical binary of male and female.</li> <li>• Practising humbleness when in unknown territory.</li> <li>• Thank people when they correct you and move on.</li> </ul>
<p><b>Client-led</b></p> <ul style="list-style-type: none"> <li>• Understanding that although it may feel like it, there is no contradiction between destigmatising intersex people and respecting the privacy of intersex people.</li> <li>• Respect that some people may not want to talk about it at all.</li> <li>• Remember that not all trauma needs to be understood under an intersex frame.</li> <li>• Intersex people can experience various other interconnected forms of gender/sex-based violence and oppression.</li> <li>• Avoid asking invasive questions.</li> <li>• Remember that many intersex people prefer not to tell people they are intersex/have a VSC. Therefore, it is important not to ask for further information even if you consider yourself an ally.</li> </ul>	<p><b>Client-led examples</b></p> <p>Conversational dos and don'ts</p> <ul style="list-style-type: none"> <li>• Do acknowledge and affirm people when they bring up or talk about their intersex variation.</li> <li>• Do thank people and be strength-based and affirming when people share this information with you, i.e. 'thanks for telling me, 'that's a great thing to know about you.'</li> <li>• Do ask people, 'What does being intersex/VSC mean to you?' if they have brought it up and it's relevant to the conversation.</li> <li>• Do keep in mind 'what would be a conversational boundary that I would not cross with an endosex person' - i.e. asking them details about their genitals.</li> <li>• Do understand that asking people detailed questions about their bodies is a form of sexual harassment, including when it is motivated by curiosity.</li> <li>• Do offer supportive pathways if people want more information about intersex/VSC - lots of people have had information withheld from them. Be familiar with intersex-led organisations to refer people to for further information.</li> <li>• If you need to ask about personal or intimate details, explain why you need the information you are asking for.</li> </ul>

2

## Competency area Building trust/building rapport

### Practice areas

### Examples

#### Conversational dos and don'ts

- If an intersex person tells you that the information you are asking for is not relevant to what you're asking, respect them.
- Respect privacy. When working with clients in a care capacity, only reference their intersex variation when it is specifically relevant to the situation.

3

## Competency area Language

By using affirming, accurate, and respectful language, practitioners can show their commitment to respecting intersex identities and experiences. This includes using intersex-inclusive terminology, acknowledging the diversity of intersex variations, and avoiding pathologising language. By being mindful of language, practitioners can create safer and more inclusive spaces, build trust with intersex communities, and support their empowerment and well-being

### Practice areas

### Examples

#### Reflective language

- Be mindful of the language that people use to refer to themselves and their bodies. It will often be appropriate to reflect this language back to people. If you are not sure, ask.
- For more information about using reflective language, please see Section 2.

#### Reflective language examples

- Terms that people use to refer to themselves: intersex, intersex variation, Innate Variation in Sex Characteristics
- Endosex refers to people whose sex characteristics fit into either male or female. Use this term to avoid referring to 'normal' people vs intersex people.
- Differences in Sex Characteristics (DSD) is a term that people may use to refer to themselves - however, be mindful that this term can be seen as offensive.

3

## Competency area Language

### Practice areas

#### Terms to avoid

- Normal (to refer to endosex)- implies that intersex/VSC is abnormal or wrong.
- Abnormal/abnormality (to refer to intersex)
- Hermaphrodite- this is an outdated and incorrect term based on ancient mythology (unless a client uses it!)
- Disorder, Defects- Intersex/VSC is not a disorder or a defect. It is a normal and natural feature of human diversity and should be understood as such.

### Examples

#### Terms to avoid examples

- Have an awareness of what terms are harmful to Intersex people/people with VSC.
- If you witness an endosex person using these terms, let them know it is offensive.

4

## Competency area Trauma-informed practice

Intersex individuals have often experienced medical interventions without their informed consent, leading to traumatic experiences. By adopting a trauma-informed approach, practitioners can create safe and supportive spaces that acknowledge the unique experiences and needs of intersex individuals. This includes understanding the potential impacts of past traumas, respecting bodily autonomy, and ensuring inclusive and affirming care. Such practices can foster trust, promote healing, and help prevent further negative experiences, ultimately supporting the well-being and safety of intersex individuals in Aotearoa.

### Practice areas

#### Power dynamics

- Understand the power dynamics that people may have experienced from those in positions of authority e.g., medical professionals within healthcare environments. Be aware of the power you hold within your professional roles and work to build trust and safety with clients.

### Examples

#### Power dynamics examples

- Ask the person in front of you,
  - “Are there any ways you would like this process to work for you?” If they seem overwhelmed by the level of decision-making, offer A and B options. E.g.,
    - “Would you like to come up with ways to set some ground rules together, to keep you feeling in control during our session, or would you like to practice telling me in the moment when something doesn't feel good?”



## 4

## Competency area

# Trauma-informed practice

Practice areas	Examples
<p><b>Invisibilisation</b></p> <ul style="list-style-type: none"> <li>• Understanding that abuse towards intersex people can be invisibilised by social norms.</li> <li>• Understanding that this can take many forms, including           <ul style="list-style-type: none"> <li>- Abuse in a healthcare setting.</li> <li>- Damaged familial relationships.</li> <li>- IPV related to binary body expectations.</li> <li>- Abuse related to expectations of others' bodies, such as not being fertile or not being able to have penetrative sex/not being seen as a 'proper' man or woman.</li> </ul> </li> </ul>	<p><b>Invisibilisation examples</b></p> <ul style="list-style-type: none"> <li>• Validating intersex/VSC people's experiences of violence.</li> <li>• Acknowledging that body expectations can be a driver of violence in relationships.</li> <li>• Be aware of the impacts of invisibilisation or invalidation on intersex people/people with VSC who have experienced violence.           <ul style="list-style-type: none"> <li>- People who have experienced these forms of violence may not have ever recognised them as violence before or had anyone else around them recognise these experiences as violence.</li> </ul> </li> </ul>
<p><b>Healthcare abuse</b></p> <ul style="list-style-type: none"> <li>• Being trauma-informed in the context of intersex people means understanding that Healthcare institutions can be a source of traumatic experiences for many (but not all) intersex people.</li> <li>• The lack of informed consent in medical procedures, surgeries, and examinations can be an issue for intersex people.</li> <li>• This can be understood as affecting both individuals and families, where individuals are too young to give consent, but parents are not provided with all the facts, outcomes and alternatives when making a decision on behalf of their child.</li> <li>• Intersex people have unique needs, and these needs are often ignored due to ignorance and pathologisation.</li> <li>• Surgical intervention has historically been used to soothe social concerns and make 'normal' what was 'abnormal' because of social anxiety driven by gender essentialism. This is often done for superficial instead of health reasons.</li> <li>• Care providers have a lot of power and can perpetuate violence against intersex people by invisibilising the reality of social and institutional violence.</li> </ul>	<p><b>Healthcare abuse examples</b></p> <ul style="list-style-type: none"> <li>• Validate intersex people/people with VSC if they describe their non-consensual medical interventions as a form of violence.</li> <li>• Being client-led when speaking about surgeries, as some intersex people/people with VSC may see these experiences as a form of violence, while others may see these interventions as a positive in their lives. Make space for people to have and identify their own experiences and understandings.</li> <li>• Acknowledging that intersex people exist will help institutions to provide well-being and effective care.</li> <li>• Recognise unique intersex needs.</li> </ul>

4

**Competency area**  
**Trauma-informed practice**

Practice areas	Examples
<p><b>Pathologisation</b></p> <ul style="list-style-type: none"> <li>• Pathologisation, sex essentialism and gender stereotypes can be drivers of interpersonal violence, such as             <ul style="list-style-type: none"> <li>- Berating people for failing to meet gendered expectations.                 <ul style="list-style-type: none"> <li>• This may be a child or young person in a family context or an adult in an intimate partnership.</li> </ul> </li> <li>- Forms of mental, emotional, physical, spiritual or other forms of violence that are motivated to 'correct' someone's behaviour.                 <ul style="list-style-type: none"> <li>• For example, parents performing vaginal dilation on children.</li> </ul> </li> </ul> </li> <li>• Acknowledge that being a minority from birth has unique impacts.</li> <li>• Understand the mental and psychological impact of being seen as needing to be 'fixed', which can be fiscal, logistical and emotional.</li> </ul>	<p><b>Pathologisation examples</b></p> <ul style="list-style-type: none"> <li>• Be sensitive and respectful that the issues that intersex people face are complex and unique.</li> <li>• Understand that normalising intersex bodies is an act of violence prevention. The more rangatahi, families and whānau know about intersex diversity, the more "normal" it will become.</li> <li>• Work to visibilise intersex. Actively include intersex content where relevant. Share that intersex diversity             <ul style="list-style-type: none"> <li>- Is broad/diverse.</li> <li>- Is not a negative.</li> <li>- Is a natural part of plant, animal and human diversity.</li> </ul> </li> <li>• Conversations and education need to be led by intersex organisations.</li> <li>• Celebrate intersex people/people with VSC publicly on intersex awareness day (26th of October) or intersex day of solidarity (8th of November) with intersex flyers and information, calls for change and intersex inclusive topics or themes. Uplift intersex people to share strength-based kōrero in your workplace and other environments.</li> </ul>



Guilt can be felt by some intersex people about their seemingly passive response to undergoing invasive (and sexually violent) medical procedures - however, this violence can be understood as a manifestation of a type of professional grooming. As a society, we are told/encouraged/pushed to trust doctors and medical professionals. As children we are rewarded with lollipops for being a good patient. For example, parents might say, "Be good for the doctors and you get a lolly afterwards". Years of intensive medicalisation and patient compliance can result in a sense of self-betrayal as an adult, of being complicit in the experience. This can have many parallels with children survivors of sexual assault, and their feelings of guilt later in life.



5

## Competency area Advocacy

Advocating for intersex people and making visible intersex as a natural variation of human sex characteristics benefits all people by moving us towards a fuller, more inclusive understanding of the human experience.

### Practice areas

### Examples

#### Research

- There is anecdotal evidence about the relationship between experiences of medical abuse as a child and occurrences of childhood sexual abuse and IPV in relationships as adults. As shared in peer environments, this is understood to be linked to the blurring or lack of boundaries of self and bodies due to intensive medicalisation, especially when this occurs from a young age.
- Dissociation can be common as the result of repeated physical medical trauma.
- More research is needed in these areas.
- Advocate for the protection of intersex people within organisational diversity and inclusivity policies.
- Advocate for organisational training so you can provide intersex cultural competency.

#### Research examples

- Advocate for further research into intersex/VSC people's experiences of violence.
- This research should always be led by intersex people/people with VSC.
- Undertake a yearly anonymous survey of your service users and include intersex/VSC to better understand people's experiences.

#### Law and policy

- Innate variations of sex characteristics need to be embedded into NZ law and policy.

#### Law and policy examples

- The NZ Human Rights Act - provides no legal protection for intersex, while NZ legislation does protect doctors who operate on intersex children.
- NZ Govt has said they won't create legal protections for intersex, and instead are seeking the creation of new medical Guidelines for healthcare professionals and training in 2024. These guidelines will not be enforceable in any way. There is a need for allies within healthcare and intersecting sectors to support intersex, human rights and Mātauranga Māori leadership in creating and implementing these guidelines. These guidelines should be multidisciplinary and have the opportunity to uplift professional competency across disciplines.

## Structural violence breakdown

Intersex people, individuals born with variations in sex characteristics, face various structural forms of violence in Aotearoa. These include:

- **Non-consensual medical interventions:** Intersex infants and children often undergo unnecessary and non-consensual medical procedures, such as surgeries and hormone treatments, to conform to societal expectations of binary sex. These interventions can cause physical and emotional harm, infringe upon bodily autonomy, and undermine intersex people's right to make decisions about their own bodies. Surgical intervention can be used as a tool to soothe social concerns and fit intersex bodies into normative ideas of what bodies 'should' be like.
- **Limited informed consent:** Intersex individuals and their families/whānau often lack access to comprehensive and accurate information about their bodies and the potential consequences of medical interventions. This lack of information and support can result in a lack of informed consent, leaving intersex people without agency over their own bodies and subjected to unnecessary procedures. Intersex people who have experienced consent breaches in medical settings sometimes experience the same physical and mental impacts as those who have experienced sexual abuse at a young age.
- **Pathologisation and stigmatisation:** Intersex variations are often seen as medical conditions or abnormalities, leading to their pathologisation and stigmatisation. This can result in discrimination, marginalisation, and the perpetuation of harmful stereotypes about intersex people. A lack of awareness of natural human diversity and understanding further contributes to social exclusion, bullying, and prejudice.
- **The pathologisation:** invasive examinations and surgical interventions during childhood (and across the lifespan) contribute to experiences of trauma and can impact bodily autonomy, perpetuating parallels with childhood sexual assault and PTSD.
- **Legal gaps:** Aotearoa currently lacks specific legal protections against discrimination based on intersex variations. This legal gap leaves intersex people vulnerable to discrimination in areas such as education, employment, healthcare, and public services. The absence of legal safeguards further perpetuates systemic marginalisation and exclusion.

- **Invisibility and erasure:** Intersex individuals often face invisibility and erasure within society, with their experiences and identities not widely recognised or understood. This lack of visibility can contribute to feelings of isolation, exclusion, and a lack of support for intersex individuals.

Addressing these structural forms of violence requires raising awareness about intersex variations, challenging the pathologisation and stigmatisation of intersex people, ensuring informed consent and bodily autonomy in medical settings, advocating for specific legal protections against discrimination, and promoting inclusivity and support for intersex individuals in all areas of society.

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## Further resources

- What is intersex video <https://www.youtube.com/watch?v=cAUDKEI4QKI>
- Intersex Aotearoa Website has a large range of resources and information, including more information on intersex <https://www.intersexaotearoa.org/all-about-intersex>
- The Arc Project - research into trans and intersex experiences of violence and prevention and support services. <https://www.intersexaotearoa.org/anti-violence-resoucece-centre>

## References:

1. From <https://www.intersexaotearoa.org/all-about-intersex>
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