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TOWARDS BODILY AUTONOMY FOR EVERYONE: AN INTERDISCIPLINARY CONVERSATION

Travis Wisdom, Quinn Eades, Aileen Kennedy and Amelia Walker

This conversation article grows from the "Bodily modifications, consent, and bodily autonomy" panel held at the 2017 South Australian Gender, Sex and Sexualities conference. Proposed and organised by Adelaide University Law PhD candidate Travis Wisdom, the panel's focus was on legal, medical, political, cultural and ethical issues regarding modifications of children's sex characteristics, especially but not exclusively surgical and hormonal modifications of children with intersex variations and genital cutting (including circumcisions) of non-intersex children. The panel also explored surgical and hormonal bodily modifications of transgender people, including transgender minors. Panel speakers included Morgan Carpenter (Co-Executive Director of Intersex Human Rights Australia and conference keynote speaker), Zoey Campbell (active advocate for the transgender and LGBTQIA+ community and South Australian Rainbow Advocacy Alliance board member), Mai Lang (parent and bodily autonomy activist currently undertaking a postgraduate degree in counselling at Swinburne University), Aileen Kennedy (academic in law and PhD candidate at University of Technology, Sydney), and Travis Wisdom. The session was chaired by Kathy Radoslovich (PhD candidate in the University of Adelaide's Discipline of Sociology, Criminology and Gender Studies).

This article continues the conversation between Wisdom and Kennedy, and adds to the dialogue Dr Quinn Eades (writer, lecturer, researcher, activist, founding editor of *Writing From Below,* and conference keynote speaker) and Dr Amelia Walker (a university lecturer, former Registered Nurse and conference organising committee member who attended the panel). Carpenter, Campbell, Lang and Radoslovich were invited to participate, but unfortunately couldn't due to time concerns, although it should be noted that the contributions they made to the oral panel strongly inform this written article. The discussion we present was constructed via email exchange across the six months following the conference itself. It reflects our continuing thinking through issues from both panel and conference—how we each remain impacted by panel and conference dialogues, carrying this learning into our current and ongoing practices as academics, activists and cultural change seekers who shared investment in issues of gender, sex, sex characteristics, and sexuality as they intersect with issues of social justice broadly. As this paper discusses intersex issues, we feel it important to acknowledge that none of us (Wisdom, Eades, Kennedy and Walker) are intersex in the commonly-recognised sense, and none of us have experienced the trauma of non-consensual medical treatment for an intersex variation. However, one author on the paper (Walker) has polycystic ovarian syndrome (PCOS), which is sometimes classed as a hormonal intersex variation. Regardless, we recognise the limitation of our discussion here as non-intersex people talking about intersex issues. Where we discuss

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intersex issues, we have to the greatest of our capacities tried to reflect what we learned from Carpenter and other intersex activists who participated in the panel discussion forum.

Travis: When I promoted the idea for a panel on bodily modifications, consent, and bodily autonomy, I envisioned a discussion functioning as a sort of consciousness-raising for the panellists as well as the conference attendees. I wanted the panel to contextualise various practices and explore human rights perspectives, with an emphasis on bodily autonomy, in order to bridge communities and find common agreement as scholars and social justice activists.

Amelia: From my point of view, the panel definitely fulfilled that vision. I was deeply impressed by the range of very knowledgeable speakers you enlisted, and by your own extensive experience. It seems to me that you've been involved in these sorts of discussions for a long time, both in the USA, and here in Australia. Could you recap some of that background?

Travis: Prior to commencing my current PhD candidature, I completed a BA in Women's Studies from the University of Nevada, USA, a MA in Human Rights, Globalisation and Justice at Keele University, UK, and a LLM in International Law: Crime, Justice and Human Rights at the University in Birmingham, UK. My BA dissertation investigated methods employed by activists in the genital autonomy movement in the United States, which is broadly a grassroots movement to protect all children from non-consensual, medically unnecessary modifications of their sex characteristics. However, the movement tends to focus overwhelmingly on male circumcision, which was the focus of my dissertation. As an undergraduate, I completed internships with National Organization of Circumcision Information Resource Centers (NOCIRC) and Doctors Opposing Circumcision, two US-based NGOs which provide support and education about male circumcision, medical ethics, and human rights, including resources about proper intact (not circumcised) care, and alternatives to circumcision. I also completed internship programmes with the UK-based charities 15 Square and Genital Autonomy. 15 Square assists intact men with foreskin problems and provides alternatives to circumcision. The charity also provides resources and support about foreskin restoration for circumcised men who wish to undo some of the physical and psychological damage resulting from circumcision. Genital Autonomy collaborates with international groups seeking to end non-consensual and medically unnecessary modifications of children's sex characteristics, including genital surgeries and hormonal treatments. Because of these activities, I founded the Las Vegas NOCIRC Center and then organised and chaired an interdisciplinary conference to explore male circumcision in social, legal and medical contexts. For my MA, I explored historical, social, medical, and legal contexts of male genital cutting (MGC), including male circumcision, from international and regional human rights perspectives. My LLM dissertation explored the legal issues resulting from the Parliamentary Assembly of the Council of Europe's *Resolution 1952 (2013) on Children's Right to Physical Integrity*, which criticised modifications of children's sex characteristics. Currently, as a PhD candidate in the University of Adelaide Law School, I'm researching children's right to physical and mental integrity and bodily diversity in international human rights and Australian law in the context of modification of intersex children's sex characteristics. I'm developing a physical and mental integrity approach to be used in cases involving intersex children in the Family Court of Australia.

Amelia: Wow. And I know that in addition to research, you're also involved with a number of human rights community groups and legal organisations.

Travis: Yes, I am a member of Attorneys for the Rights of the Child in the USA and an associate member of Intersex Human Rights Australia. I serve on the "Bodily Integrity and Human Rights Team" for the Rationalist Society of Australia (RSA) and the LGBTI subcommittee for Australian Lawyers for Human Rights.

Amelia: That's a huge amount of legal knowledge and passion to bring to this important cause. Aileen, you likewise have a Law background—ten or so years of practice, if I recall correctly—in addition to your academic work. You offer so much valuable insight and experience. Hence why Travis invited you to join the panel. Could you tell us a bit about your past work and present research?

Aileen: I am a legal academic lecturing in the Law school at the University of New England (UNE), NSW. I am also a PhD candidate at the University of Technology, Sydney (UTS). My research is about the legal implications of sex, gender, children and neuroscience. The background to this is that society is increasingly swayed by the idea that we are our brains—that neurology can tell us what it means to be human—as part of which, brain sex is increasingly used to explain gender identity. Brain sex is the neurological concept that our brains cause and reflect differences between men, women and non-binary people, cis-gender and transgender people, and people of differing sexualities (including but exceeding heterosexual, homosexual, bisexual, pansexual and asexual). This concept is likely to impact legal decision making about intersex and transgender children, potential implications of which form the focus for my research. Something I am grappling with at present is the trope of "born this way": in the political debate on gender diversity, this seems to suggest a biological explanation for gender and gender diversity, which concerns me because there are reductive and essentialising possibilities. Yet at the same time,

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JOURNAL CONTENT

Search

Search Scope

All

Search

Browse

By Issue

By Author

By Title

Other Journals

FONT SIZE

INFORMATION

For Readers

For Authors

For Librarians

biological explanations for gender diversity seem to have some liberating possibilities, because neurology potentially defies the mind/body dichotomy which has been a repressive and oppressive idea in western culture. I came to these issues with a background looking at various forms of body modification, including work on the construction of female genital mutilation as cultural pathology compared to our relative valorisation of genital cosmetic surgery as an expression of authentic autonomy. I find this contrast troublingly racist and othering. I have written on other pathologised body modifications such as voluntary limb amputation. I've analysed the rhetoric dividing medical literature on patient selection for cosmetic surgery from the literature dealing with body dysmorphic disorder. So I am very interested in how various forms of body modification are invested with starkly different cultural significance. As a cultural artefact, law participates in fashioning and replicating these constructions.

Amelia: Those are some tricky issues indeed. What brought you towards this complicated and controversial area of research?

Aileen: I have been writing on law and regulation of the body for many years, although I note that I am relatively new to the issues at hand. Through recent research, I have been profoundly shocked and angered by the medical and legal complicity in the abuse, silencing and marginalisation of intersex children and adults. Something I actively want to flag, however, is how important it is, in my view, for people like me to constantly remind ourselves that we write and act from positions of privilege. I have an interest in issues of bodily autonomy, in the sense that all people have an interest in challenging injustice, oppression and illegitimate exercise of power. But my position as an academic means I need to be wary of purporting to speak for or over the voices of intersex people, transgender people and other people in potentially vulnerable circumstances.

Amelia: Yes. Problems of privilege are big on my radar of late too. I likewise have to be very careful about the violences my own extensive privileges as a white, able-bodied and cis-gender academic may lead me to commit unknowingly and unintentionally, even and sometimes especially in the very moment when I attempt to do something I perceive as helpful. I find literature from the field of privilege studies very useful (see for example Rothenberg 2012; McIntosh 2012a; McIntosh 2012b; Case, Iuzzini & Hopkins 2012; McIntosh 2015). It reminds me that privilege and marginality are not absolute, rather intersectional: most of us simultaneously experience both marginality *and* privilege in different ways, across different situations; these experiences fluctuate and change across time and due to context. Just because a person is marginalised in X manner doesn't mean they can grasp being marginalised in Y manner—or even the experience of someone experiencing what superficially appears the "same" marginalisation, for all of us are differently situated in relation to factors that affect us in many different ways, depending on the other contextualising issues, forces and past experiences at play. This is a particular question for me as a creative writer looking for ways to tell my own story of mental health struggles, including struggles with a mental health treatment system I have witnessed from both sides of the bed and which I consider deeply inhumane (an inhumanity distinct from, yet articulated with that of the medico-legal forces discussed by the panel, I think). Quinn, your work inspires me because I think it shows ways for writers to work with and through such challenges. Could you explain a little bit about that and your background generally?

Quinn: I am a writer, researcher, poet, and performer who seeks to queer academic and public spaces through fragmentary and experimental writing that engages with critical queer, trans and feminist theories of the body, subjectivity, and language. My writing is a form of activism: a grass seed that digs into the skin of the beast that is the neoliberal university; a nest of emotion and story telling that, when read, makes room for the nest to grow, to accommodate the stories of other writers and reader; a queer trans shout from the textbody and the bodytext. My own cause—the remit to write the body of difference—intersects with the causes of multiple marginal communities. I broach this through *écriture matière,* a practice which, as I explain in my book *all the beginnings*, builds on the *écriture féminine* of Helene Cixous and others, but which aims to provide more open and inclusive possibilities for writing a greater diversity of bodies and bodily experiences. I do not claim to write every body (and nor can I), but I can write *this* body, and in doing so, remind others that it is possible to write their own. The writing workshops I facilitate in community spaces (such as the workshop held at this year's conference) aim to encourage more people to feel confident about writing their bodies and bodily experiences.

Amelia: Yes. That's what I love about your work. It's never just your own voice, but always your voice inviting other voices to join in, to make themselves heard too. I loved that quote you read at the start of your keynote, too—the one from Jamaican poet Safiya Sinclair.

Quinn: It was a quote from a PEN American interview, in which Sinclair was asked about the responsibility of the writer. She responded:

The time for irony is over. The time for navel-gazing is over. I've lost tolerance for any art that is disconnected from the world I live in, its current decay and its history of myriad injustices… Writers must probe the wound that made them. If you have no wounds, then maybe your efforts are better served elsewhere… I think the responsibility of the writer is to say something true, to give voice to untold histories, to say something sincere about personhood, to

speak from the margins of the unseen world, and to say something unsaid about the experience of being human that might be useful to all of us in the years to come (Sinclair 2017).

Amelia: That is so true. The part about writers probing wounds speaks to me particularly. I see a lot of it in your work. Would you say it's a big focus for you?

Quinn: Absolutely. Under the conditions of capitalism, we *must* write our wounds (Hélène Cixous has been asking us to do this since the seventies). We must write *and* read from below. We must be willing to listen, to receive, and to allow these stories to change us. I can't just go along for the ride. Too many trans and queer people either don't survive our own becoming, or survive, but not without a high cost (depression, anxiety, drug addiction, homelessness…). My own queer trans life attests to this. If no one speaks, no one hears, and nothing changes. Writing is my way of speaking, of saying I see you. It's my way of making kin through text, of drawing lines of connection that can't be broken—text as thin gold filaments that thread through the veins of those who read and write the queer trans body, that make all of us stronger for having them there, in the redhot beat of blood and language.

Amelia: Yes! This is what writing needs to do. I think it's what research needs to do too. So much research is, after all, about stories—"data with a soul", as *Brené* Brown put it (cited in Nadar 2014). Unfortunately it's not realised as often as it could be within the academic machine, which in my experience can have a nasty habit of strangling the soul from things… Yet academia is a complex and self-contradictory beast. Whatever negative things I might have to say about it, the fact is I'm in it, because I see a lot of positivity too—opportunities, glimmers, moments where it creates spaces where we can bring up what's suppressed, remember connections severed, forge communities and collectively strive for change. I got involved in the conference because I saw it as a space where that could happen. And I believe it was. Especially the panel. It was a privilege of a different kind, witnessing that. Like being present for a historic moment, albeit one of the kind the dominant history books don't report. I could feel the change in the air. It was electric. It was flowing. It changed me and it left me still thinking, still changing.

Travis: Amelia, I'm joyed to hear your experience of the panel was an enriching one. What was it, for you, that made it so?

Amelia: It was the conversations that came up and the articulations forged between people who, though in very different situations, share some commonalities in their struggles, and thus potentialities to work together—to operate with strength in numbers and share resources where it benefits all, or in the vernacular, basically, to have one another's backs. Those sorts of interactions are impossible to explicitly program or plan. Yet you created a space in which the potential was there—a rare kind of space, the potential of which was, thankfully, realised. The key to this was, I think, the range of speakers you programmed, plus the people in the room who pitched in during discussion time—particularly Michael Noble, whose extensive work with Intersex Human Rights Australia is so inspiring and commendable.

Quinn: Michael's contributions were great, as always. He continues to make a deep impression on my thinking and writing practices. His care and consideration is deep-running and genuine. His willingness to sit and speak in painful places is astonishing, because I see and know how draining it is to always be educating others. Michael's presence and voice acts as a living reminder of the significant and ongoing struggles intersex people have to be recognised and seen both in queer and normative spaces; to decide what (if any) medical interventions intersex people will engage with, and to trouble understandings of "biological" sex in the academy and the broader community.

Amelia: Absolutely. So, crucial to the panel's strong impact on me and others was that there were multiple different—and differing—trans perspectives, intersex perspectives and queer perspectives as well as perspectives from people connected with these issues as parents, lawyers, activists, artists, writers, and academics from diverse fields and disciplines.

Travis: Yes, that was one of the things I wanted to achieve. I must admit, though, I was apprehensive in the lead up to the panel itself.

Amelia: Why was that?

Travis: There were a few reasons. One was that, based on past responses to my genital autonomy advocacy in the USA, I anticipated some resistance in relation to the discussion of male circumcision as a cultural practice that violates the right to bodily autonomy.

Amelia: I must admit, that perspective was something I hadn't previously encountered or thought about. Yet you explained it well, and I came away basically convinced that this is something we need to raise and address in Australian society—as in the USA. What sorts of resistance have you met in the past?

Travis: In the USA, some feminists are openly hostile to the view that male genital cutting (MGC)—an umbrella term to describe multiple practices to modify, or partially-to-completely remove male genitalia, the most common of which is circumcision, that is, partial-to-complete removal of the foreskin—can sometimes be compared to female genital cutting (FGC).

Amelia: That's a curious objection. For me, one of the strengths of the panel was the focus on MGC, much more than FGC. There are two reasons why I liked this focus: one, we hear so much already about FGC in the mainstream media, whereas the idea of male circumcision as problematic was something that had never been put to me before, which seems curious given that your talk led me to understand it is far more common, not to mention legal, within Australian culture; and two, as a white woman with scant knowledge of the cultural rationales around FGC, I actually feel uncomfortable weighing in on such debates. It comes back to the privilege issues Aileen raised earlier, and to the "WAIT" (Syrek 2012) acronym every ally needs to regularly recall: "Why Am I Talking" about issues that many other people are far better equipped than me for discussing? From my understanding, there were attempts to engage speakers with the appropriate backgrounds for speaking about FGC on the panel, but none of them were available to contribute; hence the speakers we were able to enlist respectfully noted their inabilities to comment on such issues, and stuck to the territories on which they could bring expertise.

Travis: That's right. There is a lot of sensationalism and misinformation about FGC in human rights discourses in both Australia and the USA, which are rooted in racism and cultural imperialism. Paradoxically, some writings, including feminist writings, adopt a zero tolerance approach to all forms of FGC, including so-called minor forms which do not remove genital tissue, whilst trivialising the physical, sexual and psychological consequences of MGC. Male circumcision is deeply entrenched in religious and cultural values. Between the mid-eighteenth and late nineteenth centuries, male circumcision was institutionalised in western medicine as a panacea, when it was believed that the removal of the foreskin cured and prevented various physical and psychological conditions, including masturbation. As a safeguard against moral and physical decay, circumcision was performed to reduce sensitivity, thereby regulating male sexuality, as means to make masturbation more difficult and less enjoyable (Thomson 2008). Although desensitisation is no longer a predominant justification, male circumcision is performed for religious and cultural reasons, to improve hygiene and aesthetics, and as a prophylactic measure, which often results in a significant loss of sensitivity, and destroys the protective, mechanical, and sensory functions of the foreskin (Thomson 2008).

Amelia : This is disturbing to hear. And it makes sense to me that a practice which removes healthy genital tissue in non-consenting children for medically unnecessary reasons, which results in loss of functions and reduces sensitivity, would regulate sexuality and impact bodily autonomy. Even if not all men would feel their sensitivity has been impacted, their bodies were irreversibly altered without their consent.

Travis Yes, this is correct. And, this is very unsettling for many people. Although many circumcised men feel they have great sensitivity, the reality is the most sensitive part of their penises were stolen from them without their consent in the absence of medical urgency. This is a violation of a child's bodily autonomy. Notwithstanding declining rates of male circumcision, the USA remains a cutting culture, and many American feminists, despite their commitment to social justice, operate within the dominant American cultural framework which supports and promotes male circumcision. Likewise in Australia, male circumcision may no longer be as prominent as it once was, but it remains largely culturally tolerated or overlooked, even in many activist communities. It is easier to look outward to "foreign" cultures, rather than inward, to condemn what is viewed as "foreign" cultural practices, meanwhile ignoring and tacitly condoning practices that occur far more often within our own countries, affecting people in our communities.

Amelia: Indeed. Aileen, you've done some work on this as well. One of the questions I remember you addressed on the panel was about whether current Australian criminal laws—which in all states and territories ban FGC practices—are appropriate for protecting bodily autonomy, or whether they should be reformed. Could you recap your response to that question?

Aileen: These laws were created for the sake of rhetorical and symbolic opposition to a select group of genital cutting practices traditional in some non-Western communities and cultures. At the time they were passed, it was made explicit that they added nothing of substance to the criminal law. In my view, they represent a racist response which "others" people and cultures practicing FGC. I do not personally support or endorse FGC practices, but what is notable is that the almost rabid response to FGC completely ignores and even disguises our own genital mutilating practices that are similarly motivated by culture and social conditioning about the nature of sex, sex characteristics and gender. I am speaking about genital "normalisation" of intersex people as well as male circumcision. I am also thinking of genital cosmetic surgery, although that practice can be differentiated by the willing and informed consent of the patient. The prohibition of FGC does not protect bodily autonomy, as the laws prohibit FGC even when it is sought and consented to by an adult woman. Women who seek FGC are constructed as lacking autonomy. If we contrast this with women who access genital cosmetic surgery, we can see how

'othering' some women reflects and promotes racist beliefs, for the laws prohibiting FGC have been interpreted as exempting genital cosmetic surgery—and intersex genital surgery on children too young to speak or offer proper consent.

Amelia: How is it that the law can be interpreted so differently for different cultural groups and situations?

Aileen: In NSW, for example, surgeries carried out "for the health of the person" are exempted from the prohibition. This interpretation is borne out in the second reading speech, whereby surgeries to "remedy a physical malformation or to allow for forms of cosmetic surgery" are described as "legitimate". Thus the legislation banning FGC does not promote autonomy or protect young children from genital mutilation except where the procedure can be constructed as a product of the cultural pathology of "others".

Amelia: What I understand from what you and Travis have explained is that current Australian legislation is put into practice in ways that effectively mean we can recognise people as falling into four groups: the first are forced to undergo procedures they don't want and/or may later wish had not been given to them when they were too young to say yes or no; the second are denied access to treatments they desperately want and need; the third bear the privilege to access or deny bodily interventions as per their own vocalisations of consent or non-consent; and the fourth group are privileged in that the possibility of undergoing these treatments is not even on their radars, meaning that they neither personally desire nor face outward pressures to modify their bodies in such ways.

Travis: Yes, that seems accurate.

Aileen: I agree.

Amelia: We've been talking largely about the genital cutting or circumcision issue, yet Aileen, you have also noted a link with issues of intersex bodily autonomy (or lack thereof). This is important, because it shows an articulation between issues of white cultural privilege and/as cultural othering, and the campaign for intersex bodily autonomy. I think the question of transgender bodily autonomy is also very relevant here. Would you agree?

Aileen: In short, yes, though there are striking differences between intersex and transgender issues that need to be noted. While both intersex and transgender people face marginalisation, medicalisation and control by the legal and medical complex, there are striking contrasts in the regulatory response to trans and intersex bodies. Intersex prompts urgent and immediate action to normalise transgressive bodies. Medicine that sexes the body, including hormones, sterilisation and genital surgery, is constructed as therapeutic. By contrast, when a transgender minor wants to access the very same treatment regimen, legal regulation (even more than medical intervention) constructs these treatments as risky and perilous, causing significant delay and in many cases, extended suffering.[1]

Travis: I agree, too, that there's a link here, and exploring it was indeed among the aims of the panel. Yet it was also another of the reasons why I felt apprehensive in the lead up to the panel: in addition to my concerns about possible reactions to the MGC issue, I worried about potential resistance to addressing non-consensual bodily modifications in the same discussion as gender affirmation procedures for transgender people, where such procedures are carried out with the consent of the person.

Quinn: That's a valid concern. Divisiveness and horizontal hostility in LGBTQIA+ spaces is rife. There are long and ongoing connections between trans and intersex activists: sometimes fraught, and sometimes fruitful. Many of our concerns meet, and others diverge. The challenge for all activists is to be willing to rub up against what is unfamiliar, and to act from the desire to make change for all of us, rather than for the select few they are primarily concerned with.

Amelia: Yes! Quinn, you encapsulate the challenges—and reasons why we must rise to them—just perfectly. Do you have any thoughts on how we make this happen?

Quinn: In 1984, Audre Lorde described similar kinds of schisms in the African American academic community, and wrote that

…the tactic of encouraging horizontal hostility to becloud more pressing issues of oppression is by no means new, nor limited to relations between women… energy is being wasted on fighting each other over the pitifully few crumbs allowed us rather than being used… It is the structure at the top which desires changelessness and which profits from these apparently endless kitchen wars (Lorde 1984, 48).

Quinn: I'm not saying we should aim for a utopia in which there is no disharmony. Nor am I saying that we shouldn't hold each other accountable sometimes (or often, even). But revivification of LGBTQIA+ and feminist communities (both inside and outside of academia) is absolutely vital. Bringing complexity and empathy to call-out culture is crucial if we are to create lasting change to existing heteropatriarchal power structures. Imagine if the time and

energy we spend in horizontal hostility was spent in vertical, outwards battle. Imagine if all the incredible intellectual and activist energy that our community has was harnessed and focused at the power structures currently maintained and invested in keeping us silent. Imagine if we could privilege intricate, thoughtful and loving approaches to others in our communities, to not drill down to dichotomies (to *you're not* and *I am*, to *you should*, to *you don't*…) Imagine.

Travis: Quinn, your reflections here remind me of Cherríe Moraga in her discussions about lesbian women of colour and oppressions. In *Loving in the War Years*, she noted:

The danger lies in ranking the oppressions. The danger lies in failing to acknowledge the specificity of the oppression. The danger lies in attempting to deal with oppression purely from a theoretical base. Without an emotional, heartfelt grappling with the source of our own oppression, without naming the enemy within ourselves and outside of us, no authentic, non-hierarchical connection among oppressed groups can take place (Moraga 1983, 52).

Part of what makes genital autonomy advocacy so marginalised is its focus on MGC. Most people with penises are men, and men as a group are not typically a marginalised group of people. But this does not mean that people with privilege cannot be oppressed or harmed by cultural practices. This is true for many men who are subjected to MGC, which irreversibly alters their bodies and removes healthy genital tissue without their consent. Although most men are content with being circumcised, many are not, and these men can suffer greatly, including physically, sexually, and psychologically (Dunker 2018). MGC is normalised in our culture, and it impacts deeply entrenched notions of masculinity. As a result, these men have little support, are often ridiculed, and their trauma and concerns invalidated. It is important for men who are harmed by circumcision to speak out against MGC rather than suffer in silence out of fear that their masculinity will be questioned and their grievances will be ridiculed. In my view, it is crucial for social justice activists to advocate against all forms of non-consensual, medically unnecessary modifications of children's sex characteristics, and recognise that these practices, including MGC, can have very real, detrimental effects on people's lives.

Amelia: As always, Quinn, your words give me hope. This to me why writing—why all artistic practice—matters. It's activism as imagining and sharing what it's possible to imagine. For if we can dream it, and share it, then we can at least raise the question of whether and how we can realise it, make it real. What you do, Quinn, and what all sincerely politically motivated writers aim to do, is in my view really serious work on culture. It occurred to me earlier that it might seem to some people a strange thing—to have two legal people and two writers in conversation together here. But now I understand how it makes perfect sense, and how it reflects the wonderful connections the conference enabled between creative arts researchers and practitioners, and those in fields including Law, Sociology and Cultural Studies.

Aileen: I agree. One of the conference presentations (beyond the panel) that resonated powerfully was by Curtis Redd—a PhD candidate in the field of Gender, Sexuality and Diversity Studies at LaTrobe University. Curtis spoke of the silencing of queer voices within historical discourse, through their interpretation by heteronormative sources. I began to think through my own work and the subject of my research, which is Family Court cases concerning minors who are intersex or transgender. What had seemed logical and acceptable to me until that moment was the lack of any voice, input or standing by intersex or transgender people. As someone long embedded in a legal culture, the use of "experts" to inform the court seemed logical, even if I was aware at times that the process was problematic because experts can present a biased or narrow perspective. When Curtis made the point that academic and scholarly processes exclude and silence the voices of the trans community, it opened my eyes to the problem within legal process. In retrospect the point seems obvious—transgender and intersex people should be consulted and given a voice in legal proceedings where decisions are being made about their bodies and lives. Transgender and intersex people are experts in their own lives and embodied experiences.

Amelia: Thank you Aileen. That is such a perfect example of how those working on culture and those in the legal system can operate collectively to recognise such issues and find better ways. It also encapsulates exactly what I meant when I referred to the electric energy of connection and change that I felt at the panel and conference. Now, just picking up again on the earlier point about articulations between intersex bodily autonomy, transgender bodily autonomy, and bodily autonomy issues relating to Australian society's different reactions to MGC, FGC and those who seek cosmetic bodily modifications in line with dominant gender and beauty ideals. If we recall the four groups we were thinking about earlier—the people impacted in such different ways by what is superficially the "same" law, but which depending on other factors effectively operates to regulate access, denial or enforcement of treatment very differently across different situations—we can see that the operations at play deeply reflect cultural structures of privilege and marginalisation. The first of our four groups—those forced to undergo procedures—includes children with intersex variations and non-intersex children subjected to modifications of their sex characteristics, including medical treatments to conform intersex bodies, circumcision or genital cutting without their consent or medical urgency. The second group includes transgender people, including transgender minors capable of

communicating consent, who want to undergo gender confirmation treatments such as surgery and/or hormones, but are denied or face serious roadblocks in gaining access to them. The second group also includes women and female minors capable of communicating consent who wish to undergo genital cutting in line with their own cultural identifications and personal beliefs, but are also denied access because dominant Australian (white) culture ironically assumes them to be brainwashed or oppressed. Yet when men or western women seek to undergo procedures themselves —or when any adult seeks procedures performed on their non-consenting children, if these children are intersex or have penises —that bring the body in line with the dominant culture's norms of binary gender and beauty, this same possibility is rarely even questioned, let alone immediately assumed. This is the third group, who bear the privilege to access or deny procedures, although this doesn't suggest they are always and in every case privileged in other ways: that they seek the procedures suggests, however, that they seek to pass as and/or access privilege, in these ways at least, which makes them in one sense arguably complicit with such modes of privilege, though in other senses, subject to and acted on by it).

Aileen: Yes, that's an accurate reflection of the double standards at play.

Travis: I agree this is a good reflection of the double standards with respect to these practices. Modifications of children's sex characteristics have different complexities and justifications depending on if the child has typical or atypical sex characteristics and the gender assigned to the child. However, the concerns of lack of consent, and invasion of bodily autonomy are fundamental parallels. And, as some intersex children are boys, they can be subjected to MGC as well as medical interventions seeking to conform their bodies to cultural norms of "ideal" bodies.

Amelia: That's a good point, Travis. I hadn't previously thought about cosmetic surgery being relevant to this discussion, until you raised it, Aileen. Yet once you did, I was given cause to reflect not only on the dominant culture's readiness to accept—even celebrate—breast augmentation, cosmetic vaginoplasty (e.g. to reduce clitoromegaly) and male circumcision, but also on some issues Thea Hillman explored in *Intersex (For Lack of a Better Word)* (2008)—namely how as a teen and young adult, she complied with and sought bodily interventions to combat the masculinising effects of congenital adrenal hypoplasia (CAH) and to make her more "pretty"; yet later she questioned this and sought to reclaim a body that felt more her own. As someone with a (benign) liver tumour secondary to hormones I consensually took for Polycystic Ovarian Syndrome (PCOS)—hormones I indeed thought I wanted to take because they would combat the large amounts of testosterone my body naturally produces, and thus make me more "feminine" (a femininity I no longer necessarily wish to embody to such degrees)—Hillman's book speaks to me very deeply. As a former health professional, I am also reminded by Hillman of the political complexities that riddle the question of who is and is not (un/fairly) deemed capable of giving consent. As you note, Aileen, there's definitely a double standard at play: consent is far more likely to be recognised and assumed if the person seeking it is seeking to bring their body into line with dominant white, Judeo-Christian, heteronormative and gender binary ideals of beauty—despite the clear argument in waiting that such consent could always be subject to the question of how much it might be driven by not-necessarily-wellbeing-enhancing desires to meet the dominant cultural ideals—whereas when it is a question of undergoing or refusing procedures that bring or maintain bodies outside of what normativity regulates… then consent is questioned, which by implication undermines the validity of the consenter's personal and/as cultural beliefs, thereby devaluing their entire self-concept, their entire way of being in this world. That, to me, is symbolic, cultural, epistemological and discursive violence at its bloodiest—a host of symbolic violences that also beget physical ones. For those of us who recognise and wish to end this violence, the big question is, what can we do to get beyond it?

Aileen: As earlier noted, there is a pressing need for transgender and intersex people to be consulted and given a voice in legal proceedings where decisions are being made about their bodies and lives.

Travis: I agree. We need legislative and cultural change to ensure that all children are protected from non-consensual bodily modifications in the absence of medical urgency, and to ensure that people who have the capacity to consent may access desired bodily modifications. In 2015, Malta enacted legislation which safeguards "a right to bodily integrity and physical autonomy" and prohibits medically unnecessary modification of children's sex characteristics without their consent (Cabrera 2018, 507). The legislation therefore bans surgical and hormonal interventions on intersex children, although an argument could be made that the law also bans MGC as well. In 2018, a bill was introduced in the Parliament of Iceland to criminalise MGC on equal footing with FGC, and if passed it would be the first jurisdiction in the world to expressly ban MGC (Carr 2018). These are exciting developments, but legislation seeking to protect children from these practices needs to protect every child regardless of sex characteristics. Importantly however, we also need to resist the normalisation and tolerance of these practices in our cultures. Legal solutions are not wholly effective prescriptions for cultural problems because it is up to those in power within particular cultural frameworks to enforce the law.

Quinn: Yes. Place the power of decision making in relation to medical procedures in intersex and trans people's hands. *Get your laws off our bodies* . This chant, which came from second wave feminist reproductive rights

campaigns in the seventies, is as important now as ever: not just for trans and intersex people, but for every LGBTQIA+ person, for every refugee, for every person incarcerated with addiction, for First Nations people all over the world, for those who are pregnant and give birth (or choose not to be pregnant or give birth): for *all* of us. Write, speak, perform, dream, protest, teach love, celebrate, connect, make kin, make space, hold, challenge, act, love. Repeat, repeat, repeat.

Amelia: Yes! Do you have any tips for those wanting to get involved?

Quinn: Write the way you want to write. Research the way you want to research. Find peers—social media is fantastic for this. Read, read, read. Ask questions. Break the rules. Be bold (there are many ways to do this—not all of us are cut out for chaining ourselves to clinics or hanging banners from bridges). Know that making change is a long game. Learn the arc of activist histories and change-making processes. Use what you learn in new ways. Be creative. Be flexible. Learn to dodge and weave, but also to fight. Be patient. Notice what makes you feel warm and safe and happy (sometimes activism looks like holding a sad friend close and making them the perfect cup of tea). Hold on to hope. Breathe deep. Keep going.

Travis: Change can and should occur at local and national levels. Locally, people should raise awareness, engage in consciousness-raising and community bridging, and encourage better understanding of bodily integrity, autonomy, human rights, and bodily modification practices. Listen to intersex people and work with them as they fight for intersex rights. Listen to people who speak out against MGC and validate their experiences with the consequences of MGC. Adopt a sex characteristics framework to incorporate all forms of non-consensual, medically unnecessary genital modifications to advocate for universal bodily autonomy for all children. Advocate for legal reform and hold governments and medical bodies accountable to respect, protect, and fulfil human rights. Incorporate bodily integrity issues into research projects and academic seminars. Invite guest speakers and show documentaries to generate discussion. At state and national levels, specific provisions or mechanisms should be implemented to safeguard children from non-consensual bodily modifications and to improve the protection of human rights. At the global level, members of the international community should hold states accountable to fulfil their obligations to safeguard universal human rights, equally and without discrimination.

Amelia: Hear, hear! Thank you Travis, for these wonderful insights, and for making the panel happen in the first place. Your knowledge, passion and drive is simply inspiring and I know your present research is going to make a big impact in this world. Thank you Aileen, too, for being involved in the panel and the conference. I learned so much from you and am simply blown away by all you have done and continue to do, both as a legal practitioner and an academic. And Quinn, thank you once again for your amazing keynote, your work on the panel, and the absolutely beautiful insights you brought to this article. I've already commented on how and why your work inspires me, but something else I'd like to note is how grateful I and all the conference team were for the generous and genuine ways in which you interacted with, listened to, and indeed mentored conference attendees during the informal as well as formal parts of the conference. Your presence was so warm and contributed in deeply special ways to the realisation of the conference as a safe space in which all attendees felt welcome, valued and able to be themselves—an explicit aim of the organising committee, and one the formal as well as informal feedback indicated to us was achieved. In closing, I'd like to acknowledge again the important work of the other panel members—Morgan Carpenter, Zoey Campbell, and Mai Lang—and other conference committee members including Michael Noble, Shawna Marks, Katherine Radsolovich, Meredith Walsh, Ashlee Borgkvist, Amy Mead, Angela Neale, Sarah Pearce and Kristi Urry, plus Cassandra Loeser who mentored us all throughout the entire organisation process, and whose tireless enthusiasm helped us stay tough and keep going at moments when the going got tough. Although not all of these people could participate in this article, their hard work benefited it and their contributions flow through it.

Travis: To conclude this article, I have compiled a list of Key Organisations and a list of Documentaries of potential interest to those wanting to educate themselves further and/or get involved (see below).

LISTS OF RELEVANT KEY ORGANISATIONS AND DOCUMENTARIES (COMPILED BY TRAVIS WISDOM):

ORGANISATIONS

Androgen Insensitivity Syndrome (AIS) Support Group Australia Inc. (AISSGA)

http://www.aissga.org.au/

Attorneys for the Rights of the Child

http://www.arclaw.org

Australasian Institute for Genital Autonomy

http://www.aiga.org.au/

Genital Autonomy

https://www.genitalautonomy.org/

Organisation Intersex International Australia Limited (OII-Australia)

https://oii.org.au/

DOCUMENTARIES

American Circumcision (upcoming)

http://circumcisionmovie.com/

Note: video recording of my Las Vegas conference is featured in this documentary

Cut: Slicing through the Myths of Circumcision

http://www.cutthefilm.com/

Note: audio recordings from my Las Vegas conference ("The Cut Tour: Las Vegas Q&A" and "Cutting Culture") were uploaded here: http://www.cutthefilm.com/podcast/

Intersexion

http://www.intersexionfilm.com/

Orchids: My Intersex Adventure

http://www.orchids-themovie.com/

Endnotes

[1] This was written prior to *Re Kelvin* (2017) EA30 of 2017 FamCAFC 258. This Court of Appeal decision reverses previous law which required court approval before minors could transition. The position now is that decision making on behalf of transgender minors who seek to medically transition is in the hands of the parents or the minor, if he or she has legal capacity.

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