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Supporting Intersex People: Effective Academic and Career Counseling

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Abstract

This phenomenological study explored the academic and career experiences of 10 intersex people. Researchers conducted the study to share knowledge with counselors and other helping professionals about the importance of validating intersex personhood during the school-age years and in work settings. Five findings were uncovered: (a) coping as intersex, (b) range of feelings, (c) gender identity development, (d) bullying at school and work, and (e) body problems. This article reports on specific needs and recommendations of this self-identified sample and includes implications for education and counseling practice, along with limitations and recommendations for future research.

Keywords: career, counselor, education, gender, intersex, qualitative research, school

Current best practices in mental health indicate that counselors should be advocates for LGBTQ (lesbian, gay, bisexual, transgender, queer/questioning people); however, intersex people are rarely included in the dialogue. There is also a dearth of existing information about the school and career experiences of intersex students. This is concerning because intersex people, like LGBTQ people, also experience societal oppression and lack support in school and at work. This outcome presents a challenge to the message that counselors are advocates for intersex students, as well. More specifically, neither the American School Counselor Association (ASCA) nor the National Career Development Association (NCDA) have enumerated statements on gender, sexual orientation, and gender non-conformity which mention intersex people. (ASCA, 2016a, 2016b, 2016c; NCDA, 2009, 2015). We believe that leaders in ASCA and NCDA need to expand on the ways their organizations can more effectively intervene to create more holistic curricula that include intersex topics. They need to update their ethical codes to include mention of intersex people.

Intersex people are a historically pathologized population. The condition, usually identified at birth, is when the child's genitals appear atypical or during puberty when an unexpected condition occurs (e.g., females do not menstruate) (Lee & Houk, 2008). This article presents data on the academic and career experiences of intersex people and suggests implications for educator training, counseling practices, and future research with a focus on advocating for intersex people by providing quality counseling experiences regarding their academic and career success.

According to Sanberg, Pasterski, and Callens (2017), there are many forms of intersexuality, which include Turner and Klinefelter syndromes and dozens more, including new unnamed cases every year in which it is not possible to distinguish whether a person is either

male or female (Walter Bockting, personal communication, November 3, 2018). Intersexuality is a frequent genetic case and it estimated to occur in one to two percent of the global population (Intersex Campaign for Equality, 2018). Turner syndrome is characterized by a variety of medical problems across the lifespan including short stature; dysfunction of the ovaries or the testes (e.g., less production of sex hormones); increased distance between the eyes; ears set lower on the head; a small lower jawbone; sideways curvature of the spine; conjoined or webbed toes or fingers; and curvature of toes or fingers (Lucaccioni et., 2014). Klinefelter syndrome is found in males who may have a small penis and small testes (Shiraishi & Matsuyama, 2019). At puberty they become tall, have poor beard growth, and may experience breast development (i.e., gynecomastia) (Riddler, 2011). Disorders of sex development bring about stress for both children and the parents who work with physicians and other helping professionals to decide which course of clinical action to take, including ongoing surgical procedures, some of which are life-threatening (Lee et al., 2016).

Retrospective data received from intersex adults who underwent surgeries and who participated in this study and a study by Mouriquand et al. (2016) indicated that they felt stigmatized despite having medical procedures to reduce stigma. The genital surgeries were related to less satisfaction with looks and affect over time (Schweizer, Brunner, Gedrose, Handford, & Richter-Appelt, 2017). This stigma has been tied to the desire and practice of some intersex people to undergo makeovers to become either more feminine or masculine (Winslow, 2012). Moreover, despite a call by intersex activists and counseling professionals to prohibit genital surgeries on youth until they can give consent, the practice continues (Beam, 2020). Last, not all states allow people to decline to identify a gender on driver's licenses or IDs. For example, if one doesn't identify as either female or male, the person can't mark "X" on

documents instead of “F” for female or “M” for male. Presently, California, Colorado, Maine, Minnesota, Oregon and the District of Columbia are the only places in the United States where marking an “X” is legally allowed (Dance, 2019).

Experience of Intersex People

A paucity of intersex research in the areas of education and career counseling exists (Beck, Rausch, Lane, & Wood, 2016). Of the research, however, that does exist, much of it subsumes the experiences of intersex people into the experiences of LGBTQ people and only highlights the latter. The inclusion of intersex people, if they are included, occurs as an afterthought. For example, Luke, Goodrich, and Scarborough (2011) surveyed 123 school counselor educators about how they developed curricula to teach others about the needs of lesbian, gay, bisexual, transgender, and intersex (LGBTI) students; however, the needs of intersex students were not the primary focus of the article. Additionally, research conducted directly on and with intersex people about school and career is largely absent.

Intersex Students and Counselor Advocacy

Counselors are in a unique position to serve as a resource for intersex students and their academic, career, and socioemotional needs. They should advocate for intersex people just as much as they do for LGBTQ people (Luke et al., 2011; Simons, Beck, Asplund, Chan, & Byrd, 2018). For example, Simons et al. (2018) called for school counselors to use gender-minority inclusive curricula, including self-reflection, to advocate for intersex students. According to Lloyd-Hazlett and Foster (2013), school counselors who self-reflect ask, “What is my understanding of and role for intersex students?” “Are resources available to assist me?” And, “How will my school community, including administrators support intersex-inclusive curricula?” Additionally, school counselors assess the impact of the school environment on intersex youth using the Local School Climate Survey (LSCS; Gay, Lesbian Straight Education Network

[GLSEN], n.d.). The LSCS is administered to students 13 years of age or older who answer question items about gender minority programming in their school (GLSEN, n.d.). While intersex items are not included in the LSCS, counselors may add them online to the survey before it is distributed to students.

Even with recommendations such as these, some counselors may still not feel confident enough to effectively work with intersex students or self-reflect about their own intersex advocacy competence (i.e., ability to effectively advocate for and with intersex students) (Simons, 2019a). This study contributes to this emerging research area and sets the stage to build more confidence among counselors and promote more intersex research. The research questions in this study were: (1) “How do intersex people describe their school and career experiences and needs,” and, (2) “What recommendations do they have for counselors and others who are expected to support them?”

Method

This conventional phenomenological study using consensual qualitative research (CQR; Hill et al., 2005) practices was conducted to explore the retrospective school and career experiences of intersex people in order develop more awareness about their needs and expectations of counselors. Application of a conventional phenomenological approach required our time to define codes strictly from the data (i.e., codes were not derived from theory or prior relevant research findings). Team members met to compare individual definitions of codes and keywords. Weekly meetings were held to discuss our findings to achieve consensus for the remaining interviews until all interviews were coded.

The team identified five prominent themes in the coded data: (1) coping as intersex, (2) feelings during childhood and emerging adolescence, (3) gender identity development, (4) bullying, and (5) body problems. The aim was to understand how intersex people made meaning

of their retrospective school and career experiences in order to learn from their direct experiences and interpretations of those school-age and adult experiences. Ultimately, the authors hope that more counselors will develop the confidence and skills needed to more effectively advocate for intersex people.

Participant Demographics

Purposeful sampling techniques were used to recruit 10 participants (Hays & Singh, 2012). Ages ranged from 27 to 64. Each participant had been medically diagnosed as intersex ($n = 10$). Diversity reported included 46,XY; chordee; Turner syndrome; androgen insensitivity syndrome; and congenital adrenal hyperplasia. Five participants were medically identified as intersex during childhood, and five participants were medically identified as adults. Gender identity among participants was intersex ($n = 7$), genderqueer or nonbinary ($n = 1$), male ($n = 1$), and unknown ($n = 1$). Sexual orientation of participants was heterosexual ($n = 6$), intersexual ($n = 1$), gay ($n = 1$), bisexual ($n = 1$), and unknown ($n = 1$). Three participants identified as biracial/ethnic (Jewish Italian, Spanish and German, or Native American and Caucasian), five identified as European American, one as African American, and one as Chinese.

Research Team

The research team was comprised of a counselor educator (cisgender European American gay male) and two mental health clinicians (a Jewish Latino cisgender male and a Guyanese female). Each of the researchers had prior experience conducting qualitative research and had received extensive training in multicultural counseling including gender issues. During the study, the lead author reflected and kept field notes and a journal. The first author requested input, including discussion of bias and its impact, from the other team members regarding coding, findings, and presentation of data.

Data Management

After IRB approval was received, the lead author interviewed the participants using a conventional phenomenological approach. The first part of the interview focused on school experiences. The second part focused on career experiences. The third part of the interview was a focus group in which participants further clarified their responses and discussed what it was like to participate in the study. A digital recorder was used to record each interview that was subsequently transcribed by an external transcriptionist.

Data Trustworthiness and Frequency of Codes

Before beginning data analysis, team members bracketed their assumptions (Hays & Singh, 2012). When researchers who conduct phenomenological research bracket their assumptions, they identify assumptions that they have about the phenomenon under study (Moustakas, 1994). Prior to gathering data, we made note of our biases. Additionally, the lead author kept a record of the research process and biases during the study (Corbin & Strauss, 2008). When we analyzed data, we bracketed our assumptions before and after each weekly research team meeting. The most reoccurring bias present was that participants would share about struggling with if to disclose about being intersex to others. This outcome was present throughout the process, and we aimed to identify participants for which this was not correct.

Horizontal analysis occurred first to identify and group significant statements into meaning units (Moustakas, 1994). Next, an electronic codebook was developed and shared with the research team—after individual interviews were coded. Lastly, themes were identified and described. Research team members analyzed interviews independently to identify key codes and text statements. They met weekly to discuss their findings and to develop interconnected themes. To assess the frequency and merit of codes, consensual qualitative research (CQR; Hill et al., 2005) was used to augment the application of phenomenological approach. CQR codes were categorized into one of three categories (general, typical, and variant) based upon their frequency

in the text (see Appendix B). Codes were general if all the participants discussed them. Codes were typical if more than half of the participants discussed them. Codes were variant codes if up to half of the participants discussed them. Frequency of codes within each category may be found in Table B1.

Findings

Five findings were identified by the team: coping as intersex, feelings during childhood and emerging adolescence, gender identity development, bullying, and body problems.

Coping as Intersex

Coping was the most occurring theme, related to working through gender identity development or dealing with being bullied. Participants were bullied in various forms (e.g., physical) and bullying occurred in both school and work settings. Regarding the latter, participants employed in traditional work settings may or may not have conformed to traditional gender role expectations to mitigate the effects of bias and unfair treatment. Take, for example, participant N. N shared, “I was learning to disassociate from my own pain and develop a pain power and so, I wasn’t missing any school anymore. I was just going and dealing with it and pretending like it wasn’t happening and I had escaped entirely into this little fantasy world.” N expounded:

I decided at that point, whatever needed to happen in order for me to be successful and fit into society, I was going to make a priority. Even though it might come at the cost of my own comfort. I might not be comfortable doing those things because I don’t really fit in and I still did not feel like a girl, but if society had to see me as a girl then I was willing to accept that so that I could be successful and I think that was a decision made in wisdom even though it doesn’t seem like it. It led to a series of other decisions that are the reason

why I am who I am today. (. . .) Sometimes you have to separate yourself or the way that you see yourself, in order to fulfill the things that you need to do, so that you can eventually be yourself and that's what I needed to do. So, making that decision to try to fit in even though [as a female] I didn't do a very good job, I was trying. It was a step forward and it was the step to get me where I am today because now I'm in medical school. I am going to be a doctor. I hope I am going to be a surgeon. (. . .) It's a humbling experience to give up the thing that you think you want to most in order to gain it.

Participant M viewed and approached her situation differently. M said, "I always felt feminine and I wanted to do the girl things, so there were cheerleading tryouts at our high school. So, I went and I tried out for the cheerleading squad and I made the cheerleading team." Because of this, M found validation from others at school which contributed to her self-esteem. Reflecting over this, she went on to further say:

I remember sitting in Trigonometry class sitting next to the captain of the football team and (. . .) he said you know, I have to say how I admire you for doing what you want to do and the hell what other people think. He said, if you want to be a cheerleader, you be the best damn cheerleader we have and we appreciate you being on the sidelines cheering us on.

Others coped by helping others. H said:

I think more I work on improving life for intersex people and talking about intersex issues, I feel like somehow that's got to do something good. People will see that I am me. An abled person who cares about other people and has [*sic*] skills and passion to apply.

For some, talking about coping meant talking about how they coped with being intersex today in relation to their past school experiences. Due to being physically bullied in school (i.e., someone on the football team threw a McDonald's chocolate shake onto M in high school), M reported, "Even today I don't like to be touched, so don't touch me. (. . .) I try to kind of leave things that happened in the past in the past and I move forward because I can't change what happened in the past. I can only change what happens in the future. Others wished they had coped with being intersex by focusing on career aspirations. P shared:

Well, basically I was suicidal for the entirety of my teen years and into my 20s. And during that time, I was not devoting as much efforts to my education as I should have. I wasn't enjoying life as much as I could have. I wasn't thinking about the future as much as I should have. And through my 20s and into my 30s, I was continuing to have problems that were related to the poor start I got in my career.

Intersex Feelings

In addition to speaking about coping in the past and present in regard to dealing with gender identity development and bullying in school and at work, discussion of affect was important to participants. At school, participants experienced mainly feelings of difference, and these feelings of difference presented as anger, fear, and sometimes terror. At work, they experienced frustration about to be out or not about their personal lives. M stated that she was probably living in denial even today about being physically bullied in high school in the past: "It probably shows that I still need to deal with that isolated incident." N was angry as a child: "I was just really an angry kid. I was really angry. I hated the bullies. I hated the fact that I was bullied. I wanted to fight back against them. I wanted to physically hurt them. I wasn't physically able to hurt them because I was so small." N further explained:

There was tons of bullying all the time from kindergarten all through twelfth grade. I looked like a little boy and people knew that I was a girl, so you know that was a problem. (. . .) I've always been a very small person which is another clue of some kind of congenital adrenal hyperplasia. (. . .) Like I just don't really put on weight and my skeleton is about the same size of like an average fourteen or fifteen-year-old. So, that makes it very easy for people to bully me or well it made it very easy for people to bully me because I was so small. I was an easy target and especially with the boys. (. . .) there was [*sic*] a lot of problems there too with like locker rooms and stuff like that because the camera phones had just come out in middle school. So, they started filming when I was getting dressed. They would see that I'm wearing Pokémon boxers or you know, superhero boxers instead of girls underwear and that of course was, it's not okay.

S shared:

Yeah. When I was younger, I always just thought, "Oh, my work should do the talking for me. I don't need to do a lot of talking. As long as I do a good job, they don't need to know my personal life, and they don't need to know if I'm social or not social. I just need to get the job done." That kind of ties into how my parents raised me. This, "Don't ask, don't tell," thing, but at the same time they were really saying, "Just do a good job and as long as you get good grades, that's all that matters," so that was kind of drilled into my head, and that's how I was looking at my career as well, but I soon realized it's not just that. That's just half of the equation. The other half is this soft skills or social skills and I think my intersex condition definitely affects that, affects that a huge majority of the time, my social interaction.

Gender Identity Development of Intersex People

In addition to feeling different from others, the intersex people interviewed confirmed this experience tied to gender identity development. K reported, “I had a pixie face (. . . .) so I thought perhaps I might have been part elf.” For some it was about taking action. Participants shared that they withdrew from interacting with others because they could not describe what they were experiencing (i.e., they could not find the proper terminology to use). This also occurred because some realized that peers had expectations about how one should behave if she or he was of a certain gender or had unique physical characteristics. Conversely, other participants, instead of becoming more closeted, took advantage of new resources to become more visible and pursue new goals. Resources included reading books on endocrinology, relying on faith, and undergoing surgical procedures (e.g., to become either more female or male). Referring to not having any genital surgeries growing up, participant A disclosed: I'm pretty certain that, due to a Catholic priest, that I was untouched, and then it was also due to Catholic ethicists that helped me to get my birth certificate. So in my case, the Catholic Church has been profoundly there for me, in getting my human rights as an intersex person.

M shared about how to stand up for self and others:

I remember a good friend of mine, he was from Africa and he was a small guy because he had Sickle Cell and I remember this was probably in...I'm going way back now. This was probably in oh, third or fourth grade. I remember him sitting on the steps of the school crying because nobody would play with him and people were teasing him because he was so smaller than everybody else and I remember standing on the steps of the school, talking to the kids on the playground talking about you know, leave Lloyd alone. You have to accept people who are different

from yourselves and again, that was probably one of the first times I ever stood up and talked about accepting people for who they are.

Identity development researchers have argued that advocating for self and others may sometimes involve participating in a proaction process or (Simons, Grant, Rodas, 2020) or a political action phase (D'Augelli, 1994). In these spaces, individuals become more assertive as role models, join communities, and actively stand up for others.

Bullying of Intersex People

Participants shared that the process of gender identity development was related to how others treated them and whether or not they had knowledge of their intersex condition growing up. Several participants talked about being verbally bullied. K commented, “[I] remember people making fun of my ears and my facial shape and my small thighs.” M said:

I started getting teased in gym class because I had a little pee pee as the boys would say and I didn't know what to do and I you know, went to the doctor and I asked the doc and the doc said, oh you just have delayed puberty and you just have to wait until your puberty begins. (. . .) I had no idea growing up that I was intersex. (. . .) The boy was teasing me about the size of my penis and not actually having one.

This second case illustrates how some intersex students were given misinformation. M had not experienced delayed puberty but was experiencing symptoms of being intersex. Three participants reported that they had experienced forms of relational bullying. Q commented, “[It was difficult] having to go through the motions of playing basketball with breasts showing through a t-shirt and being extremely embarrassed and knowing that every week I [would] have to go through the same experience.” N's parents required him to wear clothing that he did not want to wear. N shared:

There was a time when I was about nine years old and we went to a department store and my parents told me ahead of time that they were going to make me get a dress and I didn't freak out when they told me ahead of time. I know what they were trying to do. They were trying to like cushion the blow, but when we got there and I saw the dress in the department store, I just completely melted down like a child with autism and threw myself on the floor and screamed and cried like someone was trying to kill me.

Challenges of Intersex People

Participants reported challenges related to body problems such as not receiving confirmation of an official intersex diagnosis until adulthood, not maturing as expected, and menstruating while experiencing gender dysphoria as a perceived male. N commented:

I had a lot of pain issues associated with menstruation. I had a lot of physical problems with like abnormal growth of breast tissue and like, lack of nipple development and things that just basically didn't really add up. (. . .) There's almost nothing that you can say to describe to someone who hasn't gone through it, but imagine if your body was suddenly really not yours and you were looking at something that wasn't only not yours, but it was disgusting. Like you wouldn't want to look at that. So, you would do everything you could to not look at it. You would close your eyes in the shower. You wouldn't look at a mirror. When you brush your teeth you would turn your back to the mirror. You know? Basically, you would never want to look at yourself because it would be gross and it would be a reminder of something that like you didn't feel like it was yours.

Participants talked about challenges related to unfair treatment that impacted their choices toward advocacy, altruistic volunteerism, and career choices. For example, a participant

reported that seeing a counselor was not an action that the family would support, and two others reported that they met with counselors when they were disciplined. T commented, “The only concepts of me ever seeing a school counselor was not like voluntary. It was never something that I felt like I wanted or even chose to do. Whenever I did, it was always like I was forced because the school would hear about an incidence of me drinking at a party or something like that.” Q stated:

Well, in high school I had guidance [*sic*] counselors and I don't think they were very good. (. . .) I wasn't encouraged by school counselors they never said to me you know with your grades and your tests scores you could get a really good scholarship. (. . .) I'm sure that the guidance [*sic*] counselors at my high school had minimal information about intersex.”

Although participants were generally discouraged about their experiences with school counselors, many offered recommendations for improving best practices.

M shared:

I would have an open door policy. I would say hey, if you have any problems, come see me. I would also be the guidance [*sic*] counselor that pushed education and I would always have a presentation ready about gender inclusion on top of sexual orientation, gender identity and gender expression because those are some things I think that need to be covered in junior high and high school and maybe need to cover that [*sic*] in elementary school, but if I was a guidance [*sic*] counselor, I would always be pushing for education and making sure people understand terminology.

M stated, “I had a few school counselors that I tried to reach out to who I think would have been more helpful if they were better trained. Mine were not all that helpful. (. . .) They

really had no idea how to deal with a child that had a gender non-conforming issue. N further said:

I would love to see a system where they're trained probably before they get out of college on some of these issues and I would like to see a very basic, non-biased, scientific or medical review of the conditions themselves. The treatments that are offered or not offered and explain that this is a case by case basis. That some students might require surgery. Some students might require medication. Some students won't require any of this. People are born in many different forms and they have different types of intersex and some people are transgender. You know, like basically just a comprehensive overview of gender conditions (. . .), a non-bias, non-politically affiliated, non-religiously affiliated like curriculum and it takes about a half hour and you sit (. . .) down and you explain, these are some of the types of intersex conditions. (. . .) The student might want to be referred to as this gender or that gender or any number of different kinds of pronouns and so, this is how you ask them politely and you know, these are some of the things that they might be facing. These are the statistics on suicide. These are the statistics on joblessness. So, basically just sharing information with them without any kind of opinion or agenda.

Discussion

This study explored the retrospective school and career experiences of intersex people including their experiences with counselors. Participants commented on five areas: (a) coping, (b) feelings, (c) gender identity development, (d) bullying, and (e) body problems. ASCA nor NCDA do not explicitly mention intersex people in any of their ethics codes or position statements. As a result, counselors must become more knowledgeable of these areas in their efforts to provide effective advocacy-based counseling services to intersex people, along with

LGBTQ and other gender non-confirming students. Intersex people exist, and, as adults, account with great detail many of the challenges they faced while growing up with or without knowledge of their intersexuality. To create environments that affirm intersex people, we also believe that helping professionals should advocate for legislation that supports the autonomy of intersex people. Recently, for example, legislation was proposed in California to allow intersex people, instead of their parents at time of birth, to choose if they want to gender affirmation surgery or not (O'Neill, 2019).

Counselors and Intersex Youth

A plethora of intersex conditions exist (Riddler, 2011). School counselors, in particular, must inform school stakeholders about the existence of intersex students; intersex conditions are natural variations in the human condition, and bodily differences among intersex people are common (Simons et al., 2018). Next, intersex youth may or may not be gender non-conforming as reported by the participants in this initial study. For example, while some intersex youth undergo genital surgery and take hormones so that their gender identities match their bodily makeup, others do not (Bougnères, Bouvattier, Cartigny, & Michala, 2017). As a result, each intersex student's situation should be evaluated by counselors independent of other intersex students' situations. Our findings confirmed findings by Jones et al. (2016) in that we also found that it is valuable for intersex youth to meet other intersex youth. Counselors should try to facilitate these meetings for them if they are requested. Such meetings appear to buffer minority stress and provide a place for intersex youth to learn about themselves and different intersex treatments (Jones et al., 2016). Counselors should also teach students about intersex role models and be provided with resources on intersexuality (see Appendix A).

We also recommend including intersex and gender non-conforming students in shared decision making as part of multidisciplinary care teams in schools. This should be cautiously because not all intersex youth can be safely out at school or at home. The care team should have a holistic focus and may include school counselors, school psychologists, teachers, nurses, and administrators. Special attention should be given to promoting successful academic and career development of all students, safety of intersex students, an understanding the impact of ongoing medical procedures (if applicable), and how to effectively assess the psychosocial well-being of intersex people at home, work, and school—especially in classes that require students to play sports and interact with each other in locker rooms.

Counselors are encouraged to make use of assessments as well. The Measure of Gender Exploration and Commitment (MGEC; Simons, 2019b) was normed with a sample of school counselors and may be used by counselors and students to self-reflect over their gender development (Simons & Bahr, 2020). The MGEC assesses the gender exploration and commitment of an individual. As such, use of the MGEC to self-reflect may improve understanding of oneself but also to improve one's advocacy for self and others (e.g., intersex students). Another test that can be used to assess and potentially improve advocacy efforts is the Intersex Counselor Competence Scale (ICCS; Simons, 2019c). The ICCS assesses a counselor's competence in providing counseling to intersex people. Last, readers are referred to the work of Simons (2019a) for a more exhaustive list of interventions and resources to use with intersex youth. Interventions may be done at an individual level, school level, and community level (Simons, 2019a).

This study has been a small step to learn more about the school and career experiences of intersex people in order to share knowledge with more counselors and other helping

professionals about the importance of validating intersex personhood. Additionally, we hope that leaders in ASCA, NCDA, and more school and work settings, will begin to develop enumerated policies and ethic codes regarding intersex community members. Counselors and those who educate them need to understand their role as advocates in improving society at large for all sexual and gender minorities, including intersex people. The experiences of intersex people at school were often not recognized and mentioned by those who educated them. The career experiences of intersex people were often fraught with turmoil, lack of support, and job changes. In some cases, participants were invalidated or bullied in their work settings as well as at home by family members. This led to strained familial relationships (e.g. being forced by parents to wear clothing not associated with desired gender). As a result, counselors can provide services to the family members of intersex people too. B said, “I was so miserable at one point when I was dressing as a boy all the time that my mom said that if I was that miserable they could put me in a foster home.” To cope, B threw himself into schoolwork. B further shared, “I was an overachiever. I was terrified to be anything but. My father was a monster. He wouldn’t accept anything less. Another way the counselors can educate family members of intersex people is by participating in and referring people to programs offered by Parents, Families and Friends of LGBT People (PFLAG). PFLAG policies explicitly mention intersex people (PFLAG, 2020a), and over 400 PFLAG chapters exist in the United States (PFLAG, 2020b). PFLAG offers many programs and resources to allies and family members that include but are not limited to online outreach, peer meetings, and telephone hotlines (PFLAG, 2020b). Through PFLAG’s Safe School Program, counselors may invite members of the LGBTQI community to their schools to educate stakeholders about the experiences of intersex people and other sexual and gender minorities (PFLAG, 2020c).

Limitations

Results of this study have several limitations. The age of the participants is concerning because there is a span of almost 40 years and school and career counseling has changed tremendously in that time period. Both medicine and the LGBTQI movement have changed. Second, participants in this study were self-selected and recruited online. Therefore, the generalizability findings of this study are limited. Future studies should involve systematically recruiting intersex people from more places, not just online, and more than 10 participants should be included.

Generalizability of findings, however, was not the aim of this study. The purpose was to review career and school counseling research and interview intersex people about their experiences in these areas. We also sought to develop recommendations for counselors and researchers. Next, the study was conducted with people who were medically identified as intersex; however, people who identify as intersex who have not been medically identified as intersex may share completely different perspectives. Applying findings to intersex people with more than one marginalized identity is another area for exploration (e.g., those intersex people who also identify as genderqueer). Last, none of the research team identified as intersex but the lead author did consult with a member of the intersex community regarding development of the manuscript.

Future Research

Along with conducting future counseling research with greater numbers of intersex people who are researchers or participants, with or without additional marginalized identities, researchers and helping professionals should ask, “Why do some intersex people report more negative school and career experiences than others,” and “Why do some intersex people disclose

about being intersex while others do not?” N reported, “I didn’t share with the school because...I guess, they [my parents] were also dealing with their own stuff. I think my parents were very distracted during these years. Their marriage wasn’t going so great.” Counseling researchers might examine how more effective counseling with intersex people affects how likely they are to disclose that they are intersex at home, work, and school. (Simons, 2019c). Last, because participants talked more about school experiences than career experiences this suggests that school experiences had more of an impact on lived experiences of the intersex participants than career experiences. This is a unique outcome of this study that warrants future study.

Counseling researchers should also conduct mixed-methods research and develop new measures to examine the experiences of intersex people. For example, researchers could modify the Quality of Life Disorders of Sex Development Proxy (QOL-DSD-Proxy) and the Quality of Life Disorders of Sex Development Parent Report (QOL-DSD-Parent), both of which measure the health-related quality of life of intersex people (Alpern, Kogan, Sandberg, Gardner, & Quittner, 2016). The intersex counselor competence scale (ICCS; Simons, 2019c) is also a resource available from the first author that could be used in studies to improve how educators assess and train counselors about the needs of intersex people. Last, Winslow (2012) has called for more research to examine how sex-segregated settings such as athletic teams and physical education classes relate to gender ideology, language, and power. In light of this, participant A stated:

I think it's imperative that we can become a culture that allows [for] self-determination of gender identity and gender expression, how we dress, how we act, how we even perform different genders, if we wanna [*sic*] be male, female, both, or neither, and to have respect for all, and to stop obsessing over genitals and bathrooms, and to maybe make the locker

rooms more secretive, so that, instead of my [*sic*] being kicked out of the locker rooms like I was and being given a more art or band and to have allowed me in the locker rooms, and simply put up doors. It's that simple. It's not like I should have been kicked out of the locker rooms. And the whole entire thing is just ridiculous. It's such a simple solution, so simple, but yet so complicated.

Conclusion

The invisibility of intersex people in society and national LGBT organizations is a problem that requires the attention of all mental health providers, including school and career counselors. If the school and career counseling professions continue to call for counselors to advocate for sexual and gender minorities without explicitly naming intersex students, intersex students will continue to encounter challenges to their academic and career success, along with their socioemotional well-being.

Regarding career, more training of human resource and supervisory professionals, including counselor educators, about the needs of gender minorities including intersex people is needed. Many helping professionals lack understanding regarding intersex issues tied to LGBTQ equal rights, along with gender identity issues (e.g., challenges related to body problems). Moreover, future K-12 educational initiatives in conjunction with school counseling and health disparities research should include intersex people because school counselors may be more likely to promote justice on their behalf in both policies and action if they are better prepared to teach the next generation of students about how intersex people are part of society and just as deserving of academic and personal success as cisgender, heterosexual, and LGBT people.

References

- Alpern, A. N., Kogan, B.A., Sandberg, D. E., Gardner, M., & Quittner, A. L. (2016). Development of health-related quality of life instruments for young children with disorders of sex development and their parents. *Journal of Pediatric Psychology, 42*(5), 544-558. doi:10.1093/jpepsy/jsw022
- American School Counselor Association (2012). *ASCA National Model: A framework for school counseling programs* (3rd ed.). Alexandria, VA: Author.
- American School Counselor Association (2016a). Position statement: The school counselor and gender equity. Retrieved from https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_Gender-Equity.pdf
- American School Counselor Association (2016b). Position statement: The school counselor and LGBTQ youth. Retrieved from https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_LGBTQ.pdf
- American School Counselor Association (2016c). Position statement: The school counselor and transgender/gender-nonconforming youth. Retrieved from https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS_Transgender.pdf
- Beam, A. (2020, January 13). California rejects unique intersex surgery ban for some kids. *AP News*. Retrieved from <https://apnews.com/aa38740d8906996ce1e137c30d814823?fbclid=IwAR3MVM9Op5nv3hcoSoi2UGRkDYwsSr6FPuskrJdHjxHcYoY9dhedoKd6WI>
- Beck, M., Rausch, M., Lane, E., & Wood, S. (2016). College, career, and lifestyle development

- with students who are LGBQQ: Strategies for school counselors. *Journal of LGBT Issues in Counseling*, 10(4), 197-210. doi:10.1080/15538605.2016.1233838
- Bougnères, P., Bouvattier, C., Cartigny, M., & Michala, L. (2017). Deferring surgical treatment of ambiguous genitalia into adolescence in girls with 21-hydroxylase deficiency: A feasibility study. *International Journal of Pediatric Endocrinology*, 3, 1-5.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Grounded theory procedures and techniques*. Thousand Oaks, CA: Sage.
- Dance, C. (2019). Maryland set to add 'X' gender designation to driver's licenses under bill by General Assembly. *The Baltimore Sun*. Retrieved from <https://www.baltimoresun.com/news/maryland/politics/bs-md-drivers-licenses-20190313-story.html>
- D'Augelli, A. R. (1994). Identity development and sexual orientation: Toward a model of lesbian, gay, and bisexual development. In E. J. Trickett, R. J. Watts, & D. Birman (Eds.), *The Jossey-Bass social and behavioral science series. Human diversity: Perspectives on people in context* (pp. 312-333). San Francisco, CA: Jossey-Bass.
- Gay, Lesbian and Straight Education Network (n.d.). *Local School Climate Survey*. Retrieved from <http://localsurvey.glsen.org>
- Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. New York, NY: Guilford Press.
- Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52(2), 196–205. doi:10.1037/0022-0167.52.2.196
- Intersex Campaign for Equality (2015). How common is intersex? An explanation of the stats.

- Retrieved from <https://www.intersexequality.com/how-common-is-intersex-in-humans/>
- Jones, T., Smith, E., Ward, R., Dixon, J., Hillier, L., & Mitchell, A. (2016). School experiences of transgender and gender diverse students in Australia. *Sex Education, 16*(2), 156-171.
- Lee, P. A., & Houk, C. P. (2008). Disorders of sex development: Clinical approaches. In H. J. Makadon, K. H. Mayer, J. Potter, H. Goldhammer (Eds.). *Fenway guide to lesbian, gay, bisexual, and transgender health* (pp. 393-416). Philadelphia, PA: American College of Physicians.
- Lee, P. A., Nordenstrom, A., Houk, C. P., Ahmed, S. F., Auchus, R., Baratz, A. . . . Vilain, E. (2016). Global disorders of sex development update since 2006: Perceptions, approach, and care. *Hormone Research in Paediatrics, 85*, 158-180. doi:10.1159/000442975
- Lloyd-Hazlett, J., & Foster, V. A. (2013). Enhancing school counselor preparation for work with LGBTQ students: Developmental strategies and interventions. *Journal of LGBT Issues in Counseling, 7*(4). 323-338. doi:10.1080/15538605.2013.839338
- Lucaccioni, L., Wong, S. C., Smyth, A., Lyall, H., Dominiczak, A., Ahmed, S. F., & Mason, A. (2014). Turner syndrome—issues to consider for transition to adulthood. *British Medical Bulletin, 1-14*. doi:10.1093/bmb/ldu038
- Luke, M., Goodrich, K. M., & Scarborough, J. L. (2011). Integration of the K-12 LGBTQI student population in school counselor education curricula: The current state of affairs. *Journal of LGBT Issues in Counseling, 5*, 80-101. doi:10.1080/15538605.2011.574530
- Mouriquand, P. D. E., Brindusa Gorduz, D., Gay, C., Meyer-Bahlburg, H. F. L., Baker, L., Baskin, L. S., . . . Lee, P. (2016). Surgery in disorders of sex development (DSD) with a gender issue: If (why), when, and how? *Journal of Pediatric Urology, 12*(3), 139-149. doi:10.1016/j.jpuro.2016.04.001

- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- National Career Development Association (2009). *Minimum competencies for multicultural career counseling and development*. Retrieved from https://www.ncda.org/aws/NCDA/asset_manager/get_file/26627
- National Career Development Association (2015). *Code of ethics*. Retrieved from https://www.ncda.org/aws/NCDA/asset_manager/get_file/3395
- O'Neill, S. (2019, March 25). New law proposes intersex people decide on surgery, rather than parents. NBC Los Angeles. Retrieved from <https://www.nbclosangeles.com/news/local/New-Law-Aims-to-Leave-Intersex-Decisions-507656241.html>
- Parents, Families and Friends of LGBT People (2020a). PFLAG policy statements. Retrieved from <https://pflag.org/policystatements>
- Parents, Families and Friends of LGBT People (2020b). Need support? Retrieved from <https://pflag.org/needsupport>
- Parents, Families and Friends of LGBT People (2020c). PFLAG New York City: Safe schools program. Retrieved from <https://www.pflagnyc.org/safeschools>
- Riddler, J. [licidy1] (2011, November 8). *The 7 Sexes* [Video file]. Retrieved from <https://www.youtube.com/watch?v=5lsuX3VBWNk>
- Sanberg, D. E., Pasterski, V., & Callens, N. (2017). Introduction to the special section: Disorders of sex development. *Journal of Pediatric Psychology, 42*(5), 487-495.
doi:10.1093/jpepsy/jsx065
- Schweizer, K., Brunner, F., Gedrose, B., Handford, C., & Richter-Appelt, H. (2017). Coping

- with diverse sex development: Treatment experiences and psychosocial support during childhood and adolescence and adult well-being. *Journal of Pediatric Psychology*, 42(5), 504-519. doi:10.1093/jpepsy/jsw058
- Shiraishi, K., & Matsuyama, H. (2018). Klinefelter syndrome: From pediatrics to geriatrics. *Reproductive Medicine and Biology*, 18, 140-150. doi:10.1002/rmb2.12261
- Simons, J. D. (2019a). School counselor transgender intersex advocacy competence scale (SCTIACS): Construction and validation. *Professional School Counseling*. doi:10.1177/2156759X19873902
- Simons, J. D. (2019b). *Measure of Gender Exploration and Commitment*. [Database record]. Retrieved from PsycTESTS. doi:10.1037/t74290-000
- Simons, J. D. (2019c). *Intersex Counselor Competence Scale*. [Database record]. Retrieved from PsycTESTS. doi:10.1037/t74291-000
- Simons J. D., & Bahr, M. W. (2020). The Measure of Gender Exploration and Commitment: Gender identity development, student wellness, and the role of the school counselor. *Journal of School Counseling*, 18(9). Retrieved from <http://www.jsc.montana.edu/articles/v18n9.pdf>
- Simons, J. D., Beck, M. J., Asplund, N. R., Chan, C. D., & Byrd, R. (2018). Advocacy for gender minority students: Recommendations for school counsellors. *Sex Education*, 18(4), 464-478. doi:10.1080/14681811.2017.1421531
- Simons, J. D., Grant, L., & Rodas, J. (2020). *Transgender people of color: Making meaning of self-advocacy, identity development, and K-12 education*. Unpublished manuscript.
- Winslow, L. (2012). Colonizing Caster Semenya: Gender transformation and the makeover

genre. *Western Journal of Communication*, 76(3), 298-313.

doi:10.1080/10570314.2011.654308

Appendix A

Websites

American School Counselor Association Position Statements

www.schoolcounselor.org/school-counselors-members/publications/position-statements

El/La Para TransLatinas

ellaparatraslatinas.yolasite.com

Fenway Community Health Center, Inc.

www.fenwayhealth.org

interACT Advocates for Intersex Youth

interactadvocates.org

Intersex Society of North America

isna.org

Intersex & Genderqueer Recognition Project (IGRP)

www.intersexrecognition.org/

National Institute on Minority Health and Health Disparities

www.nlm.nih.gov

Organization Intersex International

oiiinternational.com

Parents, Families and Friends of LGBT People

www.pflag.org

Quality of Life Measures for Disorders of Sex Development

www.psy.miami.edu/qol_dsd/index.phtml

Scottish Differences in Sex Development Network

www.sdsd.scot.nhs.uk

Trans Student Educational Resources

www.transstudent.org

Role Models

Jim Ambrose – Intersex Activist

Kitty Anderson – Intersex Activist

Cheryl Chase (Bo Laurent) – Intersex Activist

Ewa Kłobukowska – Polish Sprinter

María José Martínez-Patiño – Spanish Hurdler

A.J. Odasso – Poet and Educator

Hanne Gaby Odiele – Belgian Model

Jemma Redmond – Irish Biotechnologist

Eliana Rubashkyn – Pharmacist

Caster Semenya – South African Runner (Olympic Gold Medalist)

Santhi Soundarajan – Indian Track and Field Athlete

Stanisława Walasiewicz (Stella Walsh) – Polish Track and Field Athlete

Appendix B

Table B1

Frequency of Consensual Qualitative Research Codes within Category

Categories / Subcategories	General	Typical	Variant
Coping	X		
Feelings	X		
Feelings of Difference		X	
Cognitions			X
Gender Identity Development	X		
Personality		X	
Human Development		X	
Bullying	X		
Verbal Bullying		X	
Challenges	X		
Body		X	
Support (or lack of)			X
Parents		X	
School Counselor			X
Recommendations		X	
Academic Success		X	
Future Research		X	