

Pre-Draft Assignment 3.2: Annotated Bibliography

A bibliography lists (in alphabetical order) all of the texts that you have cited or read during your research. An annotated bibliography follows each bibliographic entry with a brief critical summary of each text (called an annotation). Such bibliographies are often used in research, and are also sometimes published for the information of others who might be doing similar research.

In this assignment, you will put together a brief annotated bibliography for your projected essay, including the scholarly sources which you plan to use to augment the evidence in your essay. This assignment will allow you to become familiar with library research methods, the difference between scholarly and non-scholarly sources, and the sifting process of research.

Each entry should consist of a full bibliographic citation of the text (for later citation purposes) and your annotation. Your annotation should describe not only the topic of the text and the type of text it is, but also what use you intend to make of it in your research paper and any particular notes you have regarding the author's point of view or political/scholarly agenda.

You will need at least **four scholarly sources from your research** (in case any of them prove, later, to not be useful!) for the annotated bibliography; these are in addition to your core text (the essay you plan to critique or agree with). That is, **core texts and class texts should not appear on the annotated bibliography**. Textbooks and encyclopedias (including online ones) are not acceptable research sources and should also not be included on the bibliography.

You may include non-scholarly sources, but they should be **marked** as non-scholarly and should be **in addition to** the four scholarly sources. You can, of course, use more than four scholarly sources!

Introduce your bibliography with a brief paragraph explaining your research topic.

Include **at least four** alphabetized, annotated entries with full bibliographic citations. Each of these should be followed by a paragraph of citation which includes:

- what kind of article or book this is, whether scholarly or popular, and from what source;
- the specific topic of the text, including any arguments or aspect you think will be particularly useful
- the author's thesis
- the usefulness and reliability of the text
- the author's agenda and/or prejudices
- what you plan to do with this source

This assignment should run from 3-5 pages, double-spaced.

Due 10/30

Turn page for example/sample of this assignment.

Example (I have included abstracts so that you can get a better idea of the articles; you do not need to include abstracts -- not all search engines will provide them. This example includes five scholarly articles and three non-scholarly articles, all of which could be useful):

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Pre-Draft 3.2: Annotated Bibliography

Proposed core text: Anne Fausto-Sterling, "How to Build a Man."

Fausto-Sterling argues that common operations done in the United States on intersex children are driven by cultural ideas of gender and gender roles, and that these cultural ideas about gender are then "written" onto the body via surgery which attempts to create genitalia that meets a culturally "ideal" standard. This results in intersex infants being assigned to one gender or another without their consent, a practice that Fausto-Sterling and I both argue against.

Bibliography:

1. "Docs agree on how to treat intersex patients." *Contemporary Sexuality* 40.11. (Nov 2006): 12.

Abstract: The article reports on the way physicians treat children born with ambiguous genitalia as advocated by Cheryl Chase, the founder of the Intersex Society of North America. Chase advocates parents to choose a gender for their intersex children but hold off on surgery until the child is old enough to participate in the decision-making. Besides the advocacy many valuable changes in the standard of care, the Intersex Consensus Group agreed to update the medical nomenclature that brings intersex conditions into line with other genetic and endocrine disorders.

Notes: NOT SCHOLARLY, news article. Provides information on how doctors and the Intersex Society of North America are currently working together. Will be useful in the paper to show how doctors have options other than simply making decisions based on their own ideas of what gender is appropriate.

2. Berenbaum, Sheri A. "Psychological Outcome in Children With Disorders of Sex Development: Implications for Treatment and Understanding Typical Development." *Annual Review of Sex Research* 17 (2006): 1-38.

Abstract: The article discusses the controversies regarding the treatment of children with disorders of sex development (DSD) or informally called intersex. It is stated that treatment of children with DSDs was guided by three core principles including the principle that gender identity results from social rearing rather than biological factors. Another principle is that gender-typical genitalia are important for the development of normal gender identity and overall psychological health.

Notes: A very long, heavily-referenced article concentrating on the issues of how to decide and predict gender identity. Does not question the male-female binary at all; merely questions how many scientists set up a "conflict" between the body (hormones, biological development) and social factors (what gender a child is raised as). Suggests that gender-typical genitalia are important to "normal gender identity." A good example of the type of medicine Fausto-Sterling argues against -- could be used to show the arguments against her position.

3. Bishop, Emily A. "A Child's Expertise: Establishing Statutory Protection for Intersexed Children Who Reject Their Gender of Assignment." *New York University Law Review* 82: 2 (May 2007): 531-568.

Abstract: Intersexed children are born with genitalia and/or reproductive organs that do not look like those of most biological males or females. Doctors and parents usually assign an intersexed child a gender at birth or during early childhood. Occasionally, an individual will reject his or her gender of assignment and will want to take on a different gender role. Some clinicians and intersex advocates instruct parents to accept an intersexed child's expressions of gender identity and to support the child's gender role change. There is a risk, however, that parents may

resist or prevent a child's gender transition due to their own discomfort with the idea or based on a physician's recommendation. A statutory framework that allowed intersexed minors to complete a "social gender transition," coupled with a provision equating parental interference with this transition with actionable neglect, would protect intersexed children's autonomy and prevent the trauma that can result from a forced existence in a gender role with which a child does not identify. The proposed framework would likely survive a constitutional challenge by the parents of an intersexed child because the harm caused by the parental decision to interfere with a child's gender expression removes such interference from the realm of constitutionally protected parental decisionmaking.

Notes: Scholarly. This article looks at the issue from a law perspective, acknowledging that intersexed children may prefer a gender role that is different from the one assigned to them at birth by their parents and medical practitioners, and exploring the law issues of providing legal shelter to a child who wishes to change their gender expression against the wishes of their parents. Proposes that gender expression is an inherent right that is more important than parental decision-making. This article will be very useful in supporting Fausto-Sterling's assertion that children should not be assigned a gender at birth without their consent.

4. Briffa, Tony. Letter. "Intersex surgery disregards children's human rights." *Nature* 428: 6984 (15 Feb 2004): 695.

Abstract: Presents a letter on the clinical management of children affected by intersex conditions published in the April 2004 issue of the "Nature" journal.

Notes: NOT SCHOLARLY, letter to the editor. States that surgery on children which impacts their future ability to have sexual

pleasure and function is a violation of human rights. Provides an opinion which agrees with Fausto-Sterling's on the basis of human rights.

5. Ergolu, E. ; Tekant, G.; Gungogdu, G.; Emir, H.; Ercan, O.; Soylet, Y.; Danismend, N. "Feminizing Surgical Management of Intersex Patients." *Pediatric Surgery International* 20.7 (July 2004): 543-547.

Abstract: The study's objective was to evaluate the results of surgical modalities for children with ambiguous genitalia. The records of 55 patients who were reared as females between 1985 and 2001 were reviewed regarding diagnosis, age at surgery, operative procedures, and outcome. The mean age at surgery was 3.5 years, and the follow-up period averaged 4.1 years with a range of 2 months-17 years. The types of reconstructive surgical techniques were clitorovaginoplasty in 29, staging clitoral surgery and vaginoplasty in seven, clitoroplasty in five, total urogenital mobilization (TUM) in three, vaginal bowel substitution in two, clitoridectomy in one, and gonadectomy in six, and two are waiting for vaginal substitution surgery after gonadectomy. The main complications were vaginal stenosis in four patients. All of the TUM patients had good appearances of their urethral orifice and vagina, all of them were continent, and none of them had urinary tract infections. With our limited experience with the TUM procedure, we feel that it is possible to obtain a better cosmetic and functional result with an easier technique. Among the 10 patients of postpubertal age, none of them had had sexual experience. Eight of the postpubertal patients asked questions about their reproductive status. Patients with an intersex disorder should be informed about their problems, especially about their reproductivity. Keywords Intersex disorders Feminizing genitoplasty Vaginoplasty

Notes: Scholarly, medical, sees medical intervention as positive, ends with a comment re: "good cosmetic outcome!" Excellent illustration of Fausto-Sterling's argument, especially in that cosmetic issues are foregrounded over sexual nerve function in terms of the clitoral surgeries evaluated here. Also worthy of

note is the fact that they *have not evaluated actual sexual function*. I plan to use this to support Fausto-Sterling's argument that cultural gender ideas -- including the idea that women's genitalia are to "look good" rather than provide sexual feelings -- are used to evaluate intersex children.

6. Haas, Kate. "Who Will Make Room for the Intersexed?" *American Journal of Law & Medicine* 30.1 (2004): 41-68.

Abstract: Focuses on the treatment for infants born with intersex conditions, a condition of having primary and secondary sexual characteristics that are neither clearly male nor female. Performance of genital reconstruction surgery to render the child a clear sex; Effect of the surgery on the child; Failure of physicians to consider the role of chromosomes on the gender identities of individuals.

Notes: Scholarly. Presents a clear argument that surgery on intersexed children erases the existence of intersexed people and presents many problems later on -- essentially, the surgeons are choosing the children's future sexuality for them. Contrasts medical intervention in the US with the discussion of intersex people by the Colombian Court. Connects issue with issue of same-sex marriage. Calls for a complete stop to medical intervention. Extremely well-argued, mainly from a law perspective. I plan to use this to support Fausto-Sterling's argument from a law perspective.

7. ISNA. *Webpage of the Intersex Society of North America*. 2006. 12 Nov 2007. <<http://www.isna.org/>>

Notes: Not scholarly. They believe that children should be

assigned a gender at birth, but that early surgery is unnecessary. More material is probably available on the site. I might use this to examine the importance of binary gender ideas, or to support an argument that surgery is unnecessary.

8. Lev, Arlene Istar. "Intersexuality in the Family: An Unacknowledged Trauma." *Journal of Gay & Lesbian Psychotherapy* 10.2 (2006): 27-56.

Abstract: People born with intersex conditions experience trauma and stigma that have not been fully recognized by the medical and therapeutic professions. Current treatment protocols require rapid diagnosis followed by surgical alteration of infants born with ambiguous genitalia which has led to a lack of thorough attention to the psychosocial issues faced by these children and their families. Histories of surgery and silence have left children and families unable to address many of the traumas associated with intersexuality, including stigma, shame, surgical complications, and potential questions about sexual and gender identity. This article outlines recommendations for alternative treatment protocols. In addition to withholding unnecessary surgeries until children born with disorders of sex development are old enough to be involved in decisions regarding their medical treatment, this approach calls for the inclusion of social workers and other mental health experts as part of an interdisciplinary treatment team to serve as advocates, educators, psychotherapists and family systems experts, addressing ongoing issues in the lives of families and children living with intersex conditions.

Notes: Scholarly. Deals with the trauma and shame that intersexed children deal with and the fact that this is an issue that families often silence. Calls for the inclusion of mental health workers in helping to make decisions re: surgery, etc. I could use this to demonstrate that there are other options for medical personnel who deal with intersexed children.