Making your service intersex-friendly is different to supporting same-sex attracted, transgender or gender diverse people. It means changing your language and frame of reference. This guide provides practical assistance to help you build intersex inclusive practice.
WHO ARE INTERSEX PEOPLE?

Intersex is a term that relates to a broad range of congenital physical traits or variations that lie between ideals of male and female. Intersex people are born with physical, hormonal or genetic features that are neither wholly female nor wholly male, or a combination of female and male.

Many forms of intersex exist; it is a spectrum or umbrella term, rather than a single category. At least 30 or 40 different variations are known to science. Intersex differences may be apparent at birth. Some common intersex variations are diagnosed prenatally. Some intersex traits become apparent at puberty, or when trying to conceive, or through random chance.

WHAT DO INTERSEX CLIENTS NEED?

• Clear messages that a service welcomes intersex people, and an awareness that intersex status is about variations of biology, not gender identity or sexual orientation.
• To know that confidentiality will be respected.
• Services that understand intersex health and wellbeing concerns.

Intersex people have a right to access safe and inclusive services.

As service providers we all have a duty of care to deliver this.
WHAT HEALTH ISSUES DO INTERSEX PEOPLE FACE?

Intersex bodies are most often healthy. While some health problems are associated with some forms of intersex, being intersex is not a health problem in and of itself. Intersex is not a medical condition.

Research has shown that many intersex people suffer from the physical and mental effects of infant and childhood surgeries, other ‘normalising’ treatments, medical photography, lack of counselling for individuals, parents and the family, and a lack of transparency from doctors and other healthcare providers.

Fertility issues are associated with many intersex variations. Intersex people frequently need hormone replacement, often as a result of medical intervention.

47,XXY (often diagnosed as Klinefelters) and other chromosomal variations may be associated with cognitive differences and additional specific health risks. Congenital adrenal hyperplasia (CAH) is often associated with adrenal insufficiency.

DISCRIMINATION IN HEALTHCARE

The Victorian Equal Opportunity and Human Rights Commission developed inclusivity guidelines for GPs. They explain that discrimination against intersex people can include:

- Failure to fully disclose diagnosis details, or doing so in a disrespectful manner or ways that prejudge treatment paths
- Failure to fully inform regarding treatment options, risks and outcomes, including options to delay or avoid interventions
- Suggesting that they must identify as a specific gender, or must have genital surgery, hormone or other treatment
- Irrelevant focus on the sex of the patient, including binary definitions of sex (male or female only) on intake and patient forms.
WHY CAN’T WE TREAT EVERYONE THE SAME?

Treating everyone the same does not recognise the different health issues experienced by some groups, and can mean that people fall through the cracks.

A safe and welcoming environment will build honesty and trust, enabling better service delivery and more pleasant, satisfying workplaces.

It is important for services to provide clear messages that allow intersex clients to disclose their intersex history or status if and when they want to, and on their own terms.

IS THIS ISSUE MY RESPONSIBILITY?

Yes. Every service and worker has a responsibility and duty of care to provide equal, accessible services free from judgment and discrimination. Throughout their lives intersex people may access any community or health service and these interactions will impact on their experience of health.

Intersex status is also a protected attribute under the Commonwealth Sex Discrimination Act.

DO I NEED TO BE AN EXPERT?

No. Being aware of the impact that a person’s intersex status can have on their health and wellbeing puts you in good position to support intersex clients.

SEX AND GENDER INFORMATION

Commonwealth government guidelines recognise that any person, intersex or not, might identify as male, female or otherwise. Three gender classifications are being introduced for Commonwealth services: F, M and X. Titles are optional. This approach is recommended.

Before you ask for client information, ask yourself if this information is actually relevant. If you are unsure about what pronoun or title to use, then politely ask. Intersex people have all sorts of gender identities. If you need to find out whether someone is intersex or not, you won’t find out by asking their gender or legal sex. Intake forms could ask: “Are you intersex?” with a simple yes or no answer.

If you are updating your forms, additional questions can help identify your same-sex attracted, transgender and gender diverse clients. Consider when to ask about sexual orientation, or when to ask an open question about how someone self-identifies their gender.
Making your service intersex friendly

ANTI-DISCRIMINATION LAW

The Commonwealth Sex Discrimination Act 2013 prevents discrimination against intersex people on grounds of their intersex status. Intersex status is an innate biological attribute. No religious exemptions apply.

The Sex Discrimination Act also protects people on the basis of their perceived or actual sexual orientation and gender identity.

DISCLOSURE

It is not an intersex person’s duty to discuss intersex at any time, nor should they be expected to discuss their experience.

Remember that intersex people may or may not:

- Appear visibly or audibly different from gender norms.
- Identify as male or female.
- Identify as both, all, between, or neither gender/s.
- Connect with an LGBT or LGBTI community.
- Be post-diagnosis or have experienced medical intervention.
- Be self-accepting.

Example Intake Form

Title
(optional)
☐ Mr
☐ Mrs
☐ Ms
☐ Dr

Gender
(select one or more)
☐ M
☐ F
☐ X

Are you intersex? (optional)
☐ Yes
☐ No

You may also want to add other questions for other LGBTI people or communities, such as:

How do you identify your gender?
(optional)

How do you identify your sexual orientation?
(optional)
INCLUSIVE LANGUAGE

Intersex is a biological state, rather than a sexual orientation or gender identity. Including intersex people may mean changing your language and frame of reference.

Intersex people typically discover their intersex status when told by their parents or doctor. This is a different experience to the LGB (lesbian, gay, bisexual) concept of ‘coming out’ to family and friends.

Terms to avoid include pathologising language such as ‘disorders of sex development’. The word ‘hermaphrodite’ is also regarded as stigmatising by some intersex people. Use the word ‘intersex’, or refer to intersex traits, variations or characteristics.

Instead of asking if clients identify as LGBTI, consider asking if your client is LGBTI, is intersex or has an intersex status.

Many intersex people are heterosexual, so intersex people should not be presumed to be part of a lesbian, gay or bisexual community or collectively labelled as ‘queer’.

Being straight or heterosexual is not the opposite of LGBTI so consider using ‘non-LGBTI’ instead. It is ok to use LGB when talking about people who are same-sex attracted.

Most intersex people are not transgender or gender diverse. Avoid making assumptions that intersex people have, want to, or need to, transition.

Avoid referring to intersex people using language that describes transgender people, such as trans, or ‘sex and gender diversity’.

Avoid describing ‘both’ sexes and genders. Consider ‘all’ or ‘different’ genders, but do not assume that intersex people automatically have a non-binary gender identity or that having a non-binary identity means someone is intersex. Do not assume that people with a specific intersex variation identify with a specific gender.

Do not assume that surface characteristics define an intersex person’s gender.
BODY DIVERSITY

It is unhelpful to assume that intersex people will have obvious differences to gender norms. Often times, intersex differences will not be apparent even unclothed.

Communal bathrooms and change rooms can, however, be a difficult space for some intersex people. Problems in these spaces are often stated as a reason for childhood ‘normalising’ surgeries and hormone treatment, but surgery does not make someone ‘normal’, and consequential scarring can be a significant social barrier.

In accessing personal services, changing rooms, sports and health and facilities, keep in mind that intersex people may:

• Prefer not to be reminded or asked about their physical differences.

• Want support for, or a service that relates to, their physical differences.

• Want privacy in a changing room.

• Prefer to cover up on the beach or in the swimming pool.

• Need clothes not typically designed or sized for someone of their apparent sex.

Remember, how someone looks today has little or nothing to do with the physical and emotional issues they may have faced as an intersex person. Respectful assistance is the key to intersex-friendly service.

SPEAK UP

Start conversations about intersex, based on the guidelines in this resource. Frame these conversations on issues that intersex people prioritise, such as the non-consensual, irreversible medical interventions to which intersex people are subjected.

Make intersex more visible in your resources and on social networking sites.

• Incorporate information into other resources and HR policies.

• Share information from intersex organisations such as OII Australia on social media.

• Share articles, books, movies, documentaries and presentations about intersex from intersex perspectives.

ASK YOURSELF:

If I were an intersex person in my workplace, would I be comfortable to disclose my needs and experiences?
SERVICES AND SUPPORT

OII Australia is a national Public Benevolent Institution by and for intersex people. Our goals are to support intersex people, and to help create a society where sex differences are not stigmatised and where our rights as people are recognised. We can assist with:

PEER SUPPORT
Phone and internet-based support, and gatherings in Sydney and Melbourne.

EDUCATION AND AWARENESS
Public speakers, and a range of education and information resources online, including articles, videos, leaflets and posters.

SERVICE DELIVERY
Advice on making services, surveys and other activities intersex-inclusive.

RESOURCES

BOOKS
• Fixing Sex: Intersex, Medical Authority and Lived Experience by Katrina Karkazis
• Golden Boy: A Novel by Abigail Tarttelin

FILMS
• Intersexion (2012)
• Orchids: My Intersex Adventure (2011)

SPEAKERS, ARTICLES,IDEOS, INFORMATION
• Organisation Intersex International Australia - oii.org.au/services
• Androgen Insensitivity Syndrome Support Group - aissga.org.au

TRAINING AND SUPPORT
Training and advice on human resources and equal opportunities issues for intersex people.

POLICY DEVELOPMENT
Advice on human rights, health and law reform issues.