“Intersex people are born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies.”


Who are we?

Demographic data from first national study of people born with atypical sex characteristics in Australia:

- 272 individuals born with atypical sex characteristics.
- Age 16-85+ with >35 variations.
- Independent, led by Dr Tiffany Jones of University of New England, sole responsibility for analysis and reporting.
- Reference group: Morgan Carpenter (OII Aus), Bonnie Hart (AISSGA), Dr Gávi Ansara (National LGBTI Health Alliance).

Sex assignments and gender identities

Reported sex at birth

- F: 41%
- M: 52%
- X: 2%
- Unsure: 4%
- Other option: 4%

Sex now

- F: 23%
- M: 7%
- X: 12%
- Unsure: 6%
- Other option: 12%

Complexities of asking about birth assignment:
“I was christened male, but reassigned female at day 5, and then realigned back to my male self at age 29.”

Note: Multiple choices possible

Sexual orientations

- Heterosexual: 48%
- Bisexual: 22%
- Gay: 12%
- Lesbian: 10%
- Queer: 15%
- Questioning: 11%
- Pansexual: 10%
- Asexual: 10%
- Prefer no label: 10%
- Another label: 4%

Multiple choices possible; note response rate. n=176
**Sex characteristics**

“Intersex”: 60%

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<th>30%</th>
<th>11%</th>
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<th>18%</th>
<th>10%</th>
<th>25%</th>
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Note: multiple choices possible

**Medical interventions**

“strong evidence suggesting a pattern of institutionalised shaming and coercive treatment”

60% received treatments on basis of sex characteristics, half at under 18 years of age.

Majority experienced at least one negative impact from treatment.

44% reported counselling/ training/ pressure from institutional practitioners (doctors, psychologists etc.) on gendered behaviour; 43% from parents.

60% had thought about suicide, 19% had attempted it (Australian average <3%).
Key issues

Stigma, shame, secrecy.

Lack of protection from discrimination on basis of sex characteristics.

Limited access to education due to medical interventions during puberty, bullying due to physical characteristics and assumed identities.

Employment discrimination.

Harmful practices: infanticide, mutilation, coercive “normalisation”

Healthcare stigmatising, often inappropriate or unavailable.

Recognition of actual, self-defined sexes or genders.

Access to sport limited for women with intersex traits.

Timeline


2006: Yogyakarta Principles (18B); “DSD” consortium.

2008: first successful legal case, Christiane Völling (Germany).

2012: Swiss biomedical ethics report.

2013: report of UN Special Rapporteur on torture; Australian Senate report; Third Intersex Forum.

2014: joint submission to WHO on ICD reform.

2015: Malta becomes first country to prohibit coercive “normalisation” and Chile suspends; UN expert meeting; Council of Europe and IACHR reports.
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Intersex Day project: http://intersexday.org
OII Australia: http://oii.org.au