In/Visible

Intersex Rights, Recognition & Reform in Western Australia Beyond 2025

PREPARED FOR

WA Government LGBTIQA+
Inclusion Strategy Reference Group

TOBY WHITTINGTON | MICHELLE MCGRATH
CR DAVID GONCALVES | DR MORGAN CARPENTER

toby whittington

Toby Whittington was diagnosed with 47XXY and Klinefelter Syndrome in 2009 at the age of 32. His variation of sex characteristics was discovered while he and his then wife were attempting to start a family.

On a Thursday afternoon at 5:20pm a nurse called Toby and casually gave him the news over the phone. They had discovered he was born sterile; that he had an extra 'X' chromosome, and he would need specialist help.

That phone call changed Toby's life forever.

Subsequently, Toby discovered he did not make his own testosterone and has been on hormone replacement therapy for over 15 years. When Toby was diagnosed there was no information provided to him about being 'intersex' and no support available to him. Toby learned that he was an intersex person nine years after his original diagnosis.

Despite the differences and challenges Toby lives with, for nearly three decades, he worked across performance art and fashion, carving out a niche as a creative entrepreneur, accomplished designer and social enterprise founder.

In 2020 he was honoured with the Westpac Social Change Fellowship and is part of the alumni of Curtin University where he completed a degree in sexology in 2024. He is currently studying a master's in counselling at Edith Cowan University.

His ongoing work aims to combine his lived experience with professional therapeutic skills to support people facing their own challenges. Toby has featured on numerous podcasts discussing his lived experience as an intersex person and is the West Australian Ambassador for the International Chromodiversity Foundation. In this role, and through media appearances, he amplifies under-represented voices and pushes for a more inclusive society that values diversity.

Toby has undertaken the primary authorship with lived experience contributions from by Michelle McGrath, creative design and advocacy recommendations by Cr David Goncalves and academic research from Dr Morgan Carpenter.

michelle mcgrath

Michelle McGrath is an intersex woman and West Australian advocate for intersex and LGBTIQA+ rights. She served as President of Intersex Peer Support Australia, is now Co-Chair of InterAction Australia and is a WA Peer Support Representative for Intersex Peer Support Australia (IPSA). In these roles, Michelle works to support people with innate variations of sex characteristics through peer connection, education, and systemic advocacy. As a volunteer peer support representative and community leader she has helped to combat isolation and stigma in the intersex community.

She was diagnosed with CAH as a newborn in 1967 and was subjected to medical harm through surgery at the age of 4. She has suffered life-long trauma and shame from this procedure that was performed without her informed consent.

She has organised community events (including Western Australia's first intersex community meetups) and is involved in national peer support retreats and programs that empower intersex individuals across Australia. Michelle's advocacy background includes work in both grassroots support and policy reform.

david goncalves

David Goncalves is a LGBTIQA+ advocate of over two and a half decades who at the age of nineteen, campaigned for Gay and Lesbian Law Reforms in Western Australia, significantly contributing to lowering the age of consent, eliminating remaining discriminatory criminal sanctions and implementing landmark equal opportunity protections.

Goncalves later served as Co-Convenor of Gay & Lesbian Equality, WA's then peak LGBTIQA+ advocacy organisation. In 2009 he was appointed as a State Convenor to the campaign for Marriage Equality, winning political commitments from political parties and laying essential groundwork for Australia's eventual legalisation of same-sex marriage in 2016.

In 2020, the City of Perth appointed Goncalves as the inaugural Co-Chair of its LGBTIQA+ Advisory Group, where he oversaw the development of a LGBTIQA+ Inclusion Plan that was recognised as a world first in co-design and co-delivery — where community members were not merely consulted, but actively authored, led, and defined priorities and actions. His election in 2023 as the City of Perth's first openly queer Councillor marked a step forward in visibility, representation and inclusion and reaffirmed the role of the community in *"a city that works with us - for all of us".*

Drawing from his background in health policy , political campaigning and academic conference organising, he has successfully won state and national policy commitments aimed at protecting and empowering the intersex community.

morgan carpenter

Dr. Morgan Carpenter is a bioethicist, researcher, and leading global advocate at the forefront of intersex activism. He is the creator of the Intersex Pride Flag and a one of the key principal contributors to the 2017 Darlington Statement.

Carpenter earned a PhD in Bioethics from the University of Sydney. As a founding member and President of Intersex Human Rights Australia from 2013, he authored influential submissions to the Australian Senate, significantly contributing to the inclusion of "intersex status" in federal anti-discrimination law. His testimony during Senate inquiries brought landmark attention to harmful surgical practices affecting intersex individuals.

Currently serving as InterAction's Executive Director, Carpenter is a member of the Australian government's LGBTIQA+ Health Advisory group and participates on reference panels for the Australian Bureau of Statistics and NSW Health. These expert roles allow him to advise on data collection, healthcare policy, and strategic initiatives aimed at enhancing outcomes for intersex and LGBTIQA+ communities.

Internationally, he participated in the United Nations' first expert meeting addressing human rights violations against intersex persons in, shaping international human rights standards. He served on the drafting committee for the Yogyakarta Principles Plus 10, which recognised intersex rights alongside those of others in the LGBTIQA+ spectrum.

Executive Summary

Intersex people are born with variations of sex characteristics.

As a population, intersex people are vastly diverse and intersectional with other groups including those who align with the lesbian, gay, bisexual, transgender, intersex, queer and asexual plus community (LGBTIQA+) and including those who do not affiliate with the LGBTIQA+ community.

Having the resources and support available to promote positive awareness of intersex people, acknowledging their unique experiences and diverse intersectionality is crucial to creating a systemic culture of equality and inclusion for this population in Western Australia (WA).

Through legislative change, emphasising legal rights, healthcare autonomy, education, and inclusive public policies, WA can move toward a future where all intersex people are not only accepted but celebrated for their diversity within their population and the diversity they bring to the wider WA population.

Collaboration with intersex-led organisations and continuous dialogue with the intersex community is essential to ensure the needs of intersex people are met within the LGBTIQA+ WA State Government Inclusion Strategy and subsequent action plan.

Adopting the following measures will align WA with national consensus statements, such as the Darlington Statement, and international human rights standards fostering a society where every individual, in all their diversity, is seen, valued, and empowered to live authentically.

WA can move toward a future where intersex people are not only accepted but celebrated and respected for their diversity.

The task is significant, but the outcome will be the WA State Government leading by placing bodily autonomy, transparency and respect at the heart of its LGBTIQA+ Inclusion Strategy and its subsequent action plan.

By choosing this path of comprehensive reform, the state can ensure that both equality and equity are written into law - thereby enshrining the right to self-determination, visibility and equality for those with innate variations of sex characteristics and across the spectrum of the entire LGBTIQA+ community.

Advocacy Priorities

Summary of key recommendations, policy actions and legislative reforms

Protect the Body

Enact legislation to protect the human rights, bodily autonomy and agency of people with innate variations of sex characteristics in medical settings.

This includes ending unnecessary medical interventions on infants and children where such procedures may pre-empt their right to give personal consent in the future.

Respect the Person

Update the equal opportunity legislation to provide protections on the ground of ‘sex characteristics’.

Ensure individuals are not required to undergo surgical interventions to update their birth records.

Guarantee access to publicly funded, variation-related healthcare, including fertility preservation.

Change the Culture

Update school curricula to provide clear, accurate, and human rights-affirming information about people with innate variations of sex characteristics.

This should be supported by comprehensive training for healthcare providers, educators, and other professionals to serve without stigma and combat stereotypes.

Repair the System

Enshrine a rights-based clinical pathway that is supported by evidence based medical necessity.

Establish an independent Restricted Medical Treatment Assessment Board to approve only lifesaving or urgently necessary procedures.

Require hospitals to report annually on the number and type of medical interventions performed on intersex children.

Fund the Future

Provide stable resourcing, support, and funding for the establishment and work of national intersex-led organisations and advocacy groups to provide psychosocial, peer support and advocacy.

This will ensure that peer support, legal referral, and family counselling services are readily available with lived experience at its core.

Introduction

Creating an effective strategic action plan for intersex people in WA as part of the LGBTIQA+ State Government Inclusion Strategy requires a comprehensive approach that respects the human rights of intersex people, empowers intersex voices, and fosters intersex visibility.

Additionally, due to the diverse nature of the intersex population it is important to understand that not all people with 'intersex traits' necessarily orientate towards a sense of affiliation with the LGBTIQA+ community as *"LGBTIQA+"* is typically seen by policymakers, media and community as relating to matters of sexual orientation and gender identity.

Identity frameworks rely on both age and agency to fully express an identity or identities.

Some people with innate variations of sex characteristics may be impacted by current and future legislation, policies and practices - prenatally, at birth or as children before they have the efficacy of personal identity.

Therefore, the descriptive term of *'people with innate variations of sex characteristics'* or referring to those with 'intersex traits' is regarded as more neutral, accurate and inclusive.

Throughout this paper, where the term 'intersex' is used it is synonymous with the meaning of 'intersex traits' and the phrase *"people with innate variations of sex characteristics"*.

Use of the term 'intersex' in this paper is not meant to exclude or 'other' anyone with innate variations of sex characteristics who does not personally use the term.

Use of either description within the paper acknowledges the unique life experiences of individuals; is inclusive of all genders and sexualities of people with innate variations of sex characteristics.

This document forms the foundation for developing informed policies and services that proactively safeguard human rights, dignity, and bodily autonomy.

Background, Language and Definition

The term ‘intersex’ has a medical origin and has been commonly used since the early 1990’s where it emerged amongst self-organised advocacy groups. Until 2006, the term intersex was used in parallel with historical descriptors of *“hermaphrodite”* and *“pseudo-hermaphrodite”* though these terms are now regarded as derogatory[1].

The 2005 clinical “consensus statement on the management of intersex disorders” introduced the terms *“disorders of sex development”* (DSD); sometimes referred to as *“disorders of sex differentiation”* and *“differences of sex development”*. However, while these terms have been used in clinical settings globally, they have not been widely adopted, nor accepted by community groups and organisations in Australia[2].

‘Intersex’ is an umbrella term used to describe people with innate variations of sex characteristics (intersex traits) including sex chromosomes, hormones, sexual anatomy and reproductive organs[3]. This can be defined as an atypical congenital formation of sex chromosomes outside of the typical ‘XX’ female and ‘XY’ male; atypical formation of the gonads, testes or ovaries; atypical formation and presentation of anatomy including external genitalia, internal reproductive organs and endocrine mechanisms[4].

An intersex person may have variations in each of these areas, some or one of these areas. For some intersex people it is easy to identify these traits at birth, for others, they may be identified in puberty, later in adulthood or not all. It is estimated up to 2% of the general population are born with intersex variations, however, this may be conservative due to the relative invisibility of intersex characteristics and the potential for underdiagnosis. There are some 40 variations of diagnosed innate intersex traits[5].

Individuals with innate variations of sex characteristics have unique and broad life experiences which may include diagnosis in utero or as babies, diagnosis as children or in puberty when symptoms of intersex traits are more noticeable or diagnosis as adults which can often occur with the diagnosis of other comorbid conditions and or the discovery of infertility. In some circumstances individuals my live their entire life without being diagnosed[6].

Examples of intersex variations naturally occur in nature[7] and within all human populations. Furthermore, Intersex people exist in all cultures and societies throughout history and the existence of intersex people is testament to the innate biodiversity of the human species, is worthy of acknowledgment, awareness raising and celebration[8].

Alignment with LGBTIQA+

While there is evidence to suggest adults with innate variations of sex characteristics have higher rates of sexuality and gender diversity than the general population[9] and indeed a proportion of people with innate variations of sex characteristics do identify and align with the LGBTIQA+ community.

It is important to note that not all people with diagnosed innate variations of sex characteristics use the term 'intersex' or affiliate with LGBTIQA+.

However, as the WA State Government LGBTIQA Strategy is being established from a legislative and policy making perspective, which will affect all people in WA with innate variations of sex characteristics.

Therefore, it is important that any action relating to the inclusion of 'intersex people' within this strategy aligns with the needs of, and is inclusive of, all people with innate variations of sex characteristics regardless of whether they, as individuals, or as organised groups, are aligned with the LGBTIQA+ acronym or not.

Intersectionality

People with innate variations of sex characteristics may experience diverse intersectionality with other identities including LGBTIQA+.

Individuals may also identify as agender, gender diverse or as cis-gender and heterosexual orientation. The commonality between individuals in the intersex population is that they have innate variations of sex characteristics and that they are often stigmatised on this basis[10].

Variations of innate sex characteristics are present in all races, nationalities and societies, currently and historically. Intersectionality with other systemically marginalised minority groups includes indigenous, aboriginal and Torres Strait Islander, Tangata Whenua, people of colour, migrant and refugee populations[11].

Systemic Marginalisation

Intersex people typically experience a degree of marginalisation and stigmatisation due to their innate variations of sex characteristics at some time throughout their lives. This may include social exclusion, discrimination and medical marginalisation.

Medical marginalisation is a complex issue for people with innate variations of sex characteristics and may arise at any time across their lifespan due to medical interventions at birth, as children, during puberty, with disclosure and or non-disclosure of medical diagnosis or historical records[12], due to adult infertility, when accessing reproductive therapies, regarding body image and other's perceptions, when accessing hormone treatment and may include a lack of counselling knowledge or awareness, lack of education and or availability of adequate supports[13].

Furthermore, children with innate variations of sex characteristics including atypical genital presentations and or atypical reproductive organs are regularly subjected to medical interventions aimed at conforming their bodies to fit with more typical 'male' or 'female' norms. While some of these medical procedures are necessary where the baby's life is inherently at risk, many are not. These purely aesthetic and unnecessary interventions may occur without evidence of health risk or medical necessity, but rather being based on social conditioning and biases, leading to trauma and life-long negative impacts on an individual's mental, physical health and wellbeing[14].

In October 2016, the United Nations and multiple regional human rights organisations made a joint statement condemning human rights violations on intersex people, this statement included:

> *"Intersex people are born with physical or biological sex characteristics (such as sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns) that do not fit the typical definitions for male or female bodies. For some intersex people these traits are apparent at birth, while for others they emerge later in life, often at puberty…"*
>
> *"States must, as a matter of urgency, prohibit medically unnecessary surgery and procedures on intersex children. They must uphold the autonomy of intersex adults and children and their rights to health, to physical and mental integrity, to live free from violence and harmful practices and to be free from torture and ill-treatment. Intersex children and their parents should be provided with support and counselling, including from peers…"*
>
> *"Ending these abuses will also require States to raise awareness of the rights of intersex people, to protect them from discrimination on ground of sex characteristics, including in access to health care, education, employment, sports and in obtaining official documents, as well as special protection when they are deprived of liberty."*[15]

Impact on Health and Wellbeing

Predominantly, intersex people live physically healthy lives. In the first national study of people in Australia with intersex variations conducted in 2016 with 272 participants, 79% indicated they experienced positive physical health.

Including 9% who identified they were extremely healthy, 22% were very healthy and 48% were moderately healthy.

However, 14% said they were less healthy and 7% said they were not healthy at all. The percentage of intersex people experiencing low and extreme low health was higher than that of a similar study of transgender people[16].

Some intersex variations are associated with specific health issues and or disabilities. These may include issues with bone density, heart and joint issues, infertility, increased risk of kidney and liver problems, thyroid and autoimmune issues and a higher risk to certain cancers.

Individuals with intersex variations face a dual burden of health disparities, from physical comorbidities to presentations of psychological conditions all largely driven by social stigma and iatrogenic medical trauma. These complex challenges are exacerbated by barriers to affirming healthcare, demanding the urgent adoption of holistic, multidisciplinary models of care to address the full spectrum of physical and psychological needs and ensure patient well-being.

The most common medical interventions experienced by intersex people are hormone replacement therapies, genital surgeries including genital construction, gonad removal and or movement of undescended testicles. Most of these physical surgeries take place with patients under the age of 18 years old, often when no personal or direct informed consent can be given.

Historically, whether borne out of institutional encouragement, parental shame, lack of knowledge or awareness, there has been a culture of secrecy within some families with children with innate variations of sex characteristics. In many cases this has caused lasting shame and mental health issues including depression, anxiety, body image and identity issues in some people[17].

In addition to physical and psychological consequences, many intersex individuals encounter structural and institutional barriers that undermine continuity of care. Fragmented referral pathways, clinician unfamiliarity with intersex variations, and the pathologising language still prevalent in medical settings can contribute to diagnostic delays, inappropriate treatments, or reluctance to seek care altogether. This systemic gap in health literacy and cultural competency among providers can compound trauma, increase health avoidance, and perpetuate mistrust.[18]

Key Recommendations

Affirm the Darlington Statement

The Darlington Statement is a joint consensus statement by Australian and Aotearoa/New Zealand intersex organisations and independent advocates, in March 2017. It sets out the priorities and calls by all the intersex human rights movements in Australia and New Zealand, under six heading: a preamble, human rights and legal reform; health and wellbeing; peer support; allies; and education, awareness and employment.[19]

- Follow the lead of the Australian Capital Territory (ACT) by formally ratifying and affirming the Darlington Statement.

Healthcare and Medical Autonomy

- Prioritise Informed Consent and Medical Rights for the autonomy of individuals with innate variations of sex characteristics, ensuring that they have control over their bodies and medical decisions.

- Ensure health referrals follow an inter-disciplinary, rights-based clinical pathway that is supported by clearly evidenced medical necessity.

- End unnecessary medical interventions on infants and children with innate variations of sex characteristics where these may pre-empt their right to personal direct consent in future.

- Consider establishing an independent Restricted Medical Treatment Assessment Board with intersex-led advocacy representation to approve only lifesaving or urgently necessary procedures.

- Guarantee and fund access to gender-affirming or variation-related healthcare (including fertility preservation) within the public hospital system.

- Improve access to healthcare services that are culturally competent and sensitive to the needs of people with innate variations of sex characteristics, including counselling and support related to physical health, mental health, and reproductive health.

- Resource existing national community-controlled services to develop and promote access to mental health resources, clinical therapy and peer-led counselling services specifically tailored for people with innate variations of sex characteristics to address issues such as identity struggles, trauma from medical procedures, and societal stigma.

- Investigate the absence of people with innate variations of sex characteristics in mental health programs and settings and ensure these programs respond to the needs of the intersex population.

Legislative Protections

- Enact legislation to protect the human rights of people with innate variations of sex characteristics in medical settings, including the provision of effective rights-based oversight.

- Establish an independent Restricted Medical Treatment Assessment Board to approve only lifesaving or urgently necessary procedures in the absence of personal informed consent; and create criminal offences for performing or authorising unapproved treatment.

- End Criminal Code exemption to a prohibition on female genital mutilation affecting children with intersex traits.

Policy Making

- Establish a whole-of-government advisory group to advise in relation to policy and practice affecting people born with innate variations of sex characteristics and LGBTIQA+ people.

- Involve intersex people in policymaking, research, and community planning to ensure that their needs and perspectives are represented and integrated into broader societal frameworks.

- Require hospitals to report on annually the number and type of medical interventions on children with innate variations of sex characteristics.

Birth Records

- Ensure people with innate variations of sex characteristics are not discriminated against when accessing their individual medical records under the WA Health Records Act 1994.

- Ensure the subset of people with innate variations of sex characteristics who need to update their birth records are not required to undergo surgical and other medical interventions.

- Ensure that no legal category of sex is named for, or purported to be for, people with intersex traits.

- Allow delaying sex marker assignment where clinical uncertainty exists, allowing parents to register the baby’s name first and add sex marker later if desired.

Self-Determination of Identity

- Allow intersex people to have the legal right to self-identify, including the ability to choose gender markers on identification documents that reflect their identity.

Discrimination Protections

- Update the WA Equal Opportunity Act 1984 to implement protections for people with innate variations of sex characteristics on the ground of ‘sex characteristics’, while replacing any comparator tests with a test based on disadvantage in line with legislation in Victoria and the ACT.

- Ensure that people with innate variations of sex characteristics are not discriminated against in accessing and using assisted reproductive technologies, including fertility preservation, IVF, and surrogacy arrangements.

- Ensure legislation, policies and practices in relation to assisted reproductive technologies do not directly or indirectly facilitate the elimination of embryos and tissues with innate variations of sex characteristics, for example, by adopting lists naming specific traits as acceptable for elimination, or by framing innate variations of sex characteristics as “genetic abnormalities”

- Ensure people with innate variations of sex characteristics are not discriminated from accessing and using public services including social security, health, housing, education and transport.

- Ensure people with innate variations of sex characteristics, are fully protected under anti-discrimination provisions across all Western Australia’s industrial relations system. This should extend to protections under the Industrial Relations Act 1979 (WA), and be embedded in the practices and decisions of key workplace bodies such as the Western Australian Industrial Relations Commission (WAIRC) and the Public Sector Commission.

- Recognise intersex people may face compounded discrimination based on race, gender, sexuality, disability, and other attributes. Develop policies and programs that are sensitive to these overlapping challenges and intersectionality with other attributes within the LGBTIQA+ community.

Education

- Update education curriculum reform to provide clear, accurate, human rights-affirming information about people with innate variations of sex characteristics.

- Embed affirmative information about innate variations of sex characteristics in WA’s student-wellbeing and anti-bullying frameworks, and fund teacher training modules on intersex bodily diversity and rights.

- Ensure information about people with innate variations of sex characteristics included in school curricula focuses on diversity, respect for bodily autonomy, and understanding the unique experiences of this population.

- Ensure policies in relation to education provide protections for people with innate variations of sex characteristics and are not inappropriately based on matters of identity.

Advocacy, Awareness and Representation

- Provide resourcing, support, and funding to InterAction Australia to lead a coordinated national effort that provides comprehensive support and advocacy for people with innate variations of sex characteristics and their families through services including peer support, family counselling, legal referral, and a dedicated helpline.

- Provide resourcing, support, and funding to enable national intersex-led organisations and advocacy groups to establish an active presence in Western Australia, tasked with providing local peer support, fostering community development, and combating stereotypes by promoting positive and accurate representations of people with innate variations of sex characteristics in media and society.

- Provide comprehensive training for healthcare providers, including doctors, nurses, and mental health professionals, on intersex-specific needs, including informed consent, non-discriminatory medical practices, and appropriate support for individuals born with innate variations of sex characteristics.

- Encourage workplaces across WA government, non-government and private sectors to adopt non-discriminatory policies that support the inclusion of intersex people.

Community Inclusion and Collaboration

- Ensure WA's strategy for intersex inclusion is in line with international human rights standards, such as those set by the United Nations and follow recommendations from the Intersex Human Rights Movement, ensuring that the state remains accountable to global efforts for intersex human rights.

- Recognise the diversity within the intersex community, including the experiences of Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse (CALD) backgrounds. Tailor inclusion strategies to ensure they address the specific challenges and barriers to support faced by these groups within the intersex community.

- Work alongside indigenous communities to understand and incorporate their unique cultural perspectives on gender and bodily diversity, acknowledging the intersectionality between being intersex and Indigenous people.

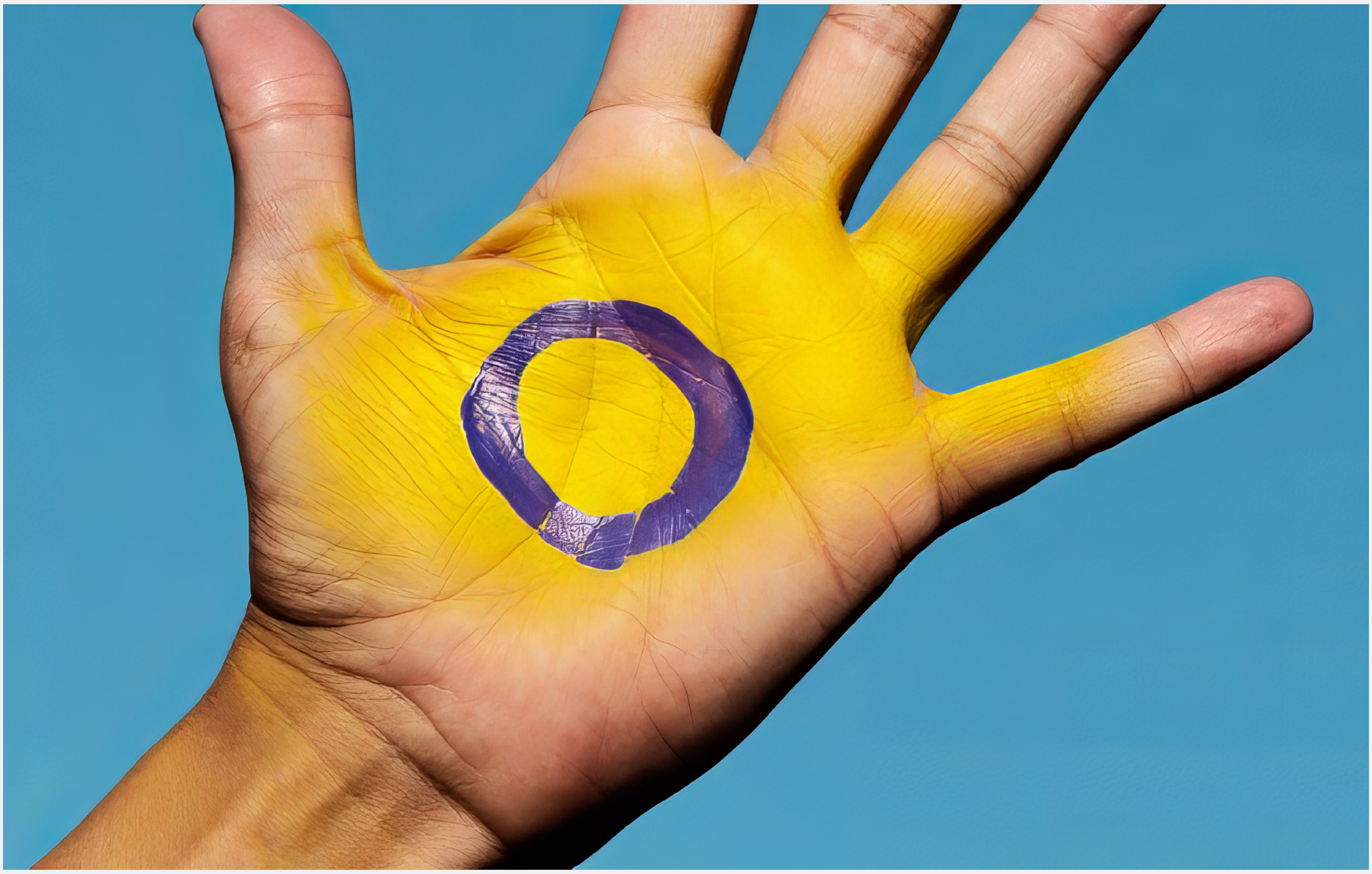
- Make resources available for the creation of safe spaces and support groups where intersex people can connect with others who share similar experiences, fostering community, solidarity, and mental well-being.

Justice and Detention

- Ensure policies in relation to the justice system and detention provide protections for people born with innate variations of sex characteristics that are not inappropriately based on matters of identity.

Data Collection, Research and Statistics

- State government departments and agencies should update data collection and statistical standards to be in line with the Australian Bureau of Statistics standard on sex, gender, variations of sex characteristics and orientation.
- Implement standardised protocols to collect data on people with innate variations of sex characteristics in government surveys and studies, with strict privacy and consent, to help identify and guide policymaking.
- Support and fund academic research specifically aimed at understanding the needs of intersex people, including studies on health, social inclusion, discrimination, and well-being.
- Publish an annual Intersex Health & Wellbeing Report, including de-identified hospital data on surgeries and outcomes, to monitor compliance with policy commitments and with new legislative requirements.



Conclusion

"'Normalising' interventions have been understood by both people born with variations in sex characteristics and those around them as meaning that their bodies are undesirable or problematic … The Commission agrees that 'normalising' interventions appear to exacerbate a cycle of stigma about bodily diversity."

"The Commission's report reinforces the notion that people born with variations in sex characteristics have a right to make decisions about any medical intervention on their own bodies. This includes children and younger people – who deserve to have their views heard …"

Australian Human Rights Commission (2021)[20]

Western Australia has a significant opportunity to implement a comprehensive strategy that moves beyond symbolic inclusion to establish concrete provisions to ensure safety, dignity and agency for people with innate variations of sex characteristics.

The recommendations outlined in this paper are more than a policy roadmap; they are a call to action to rectify a history of marginalisation, misunderstanding and systemic invisibility.

Securing a future of equality requires a profound shift from a history of medicalisation to a future where informed consent and diversity is both respected and codified within a human rights based framework.

This is a moment for transformative change, offering a chance to lead the nation in championing the rights of a community that has long been underserved and wrongly dismissed as too complex to address

The cornerstone of this transformation must be robust legislative action together with lasting systemic change.

By enacting clear legal protections against medically unnecessary interventions on infants and children, and by updating anti-discrimination laws to explicitly include 'sex characteristics', the government can send an unequivocal message: the bodies and lives of intersex people are not problems to be fixed, but variations of human diversity to be protected.

It is a moral imperative that affirms every individual's right to self-determination, agency and bodily integrity.

By choosing the path of comprehensive reform, the Western Australian government has the power to create a profound and enduring legacy.

As has often been said, the true measure of a society lies in how it treats its most vulnerable, those who are invisible and those whose voices are often ignored.

How we protect and affirm the rights of people with innate variations of sex characteristics is a defining test of our commitment to justice, dignity and equity as part of a society that truly embeds equality and inclusion.

References & Citations

[1] Carpenter, M. (2024). From Harmful Practices and Instrumentalization, to Legislative Protections and Community-Owned Healthcare Services: The Context and Goals of the Intersex Movement in Australia. Social Sciences, 13(4), 191. https://doi.org/10.3390/socsci13040191

[2] Ibid. Carpenter, M. (2024) (n1)

[3] The Darlington Statement, March 2017 https://darlington.or.au/statement/

[4] https://www.health.wa.gov.au/~/media/Files/Corporate/general-documents/Health-Networks/PDF/LGBTI-Health-Strategy-2019-2024.pdf

[5] Victorian department of Health and Human services (2018) health and wellbeing of people with intersex variations: information and resource paper. *Initially prepared by T. Jones & W. Leonard; ISBN 978-1-76069-679-5*

[6] Ibid. Carpenter, M. (2024) (n1)

[7] https://www.psychologytoday.com/us/blog/governing-behavior/202204/animal-biology-is-not-binary

[8] Ibid. Darlington Statement (n3)

[9] Ibid. Carpenter, M. (2024) (n1)

[10] https://interaction.org.au/17680/intersex-characteristics-not-gender-identity/

[11] Ibid. Darlington Statement (n3)

[12] Carpenter, M. (2024). Fixing bodies and shaping narratives: Epistemic injustice and the responses of medicine and bioethics to intersex human rights demands. Clinical Ethics, 19(1), 3-17. https://dx.doi.org/10.1177/14777509231180412

[13] https://www.health.vic.gov.au/populations/health-of-people-with-intersex-variations

[14] Ibid. Health of people with intersex variations (n12)

[15] https://interaction.org.au/17680/intersex-characteristics-not-gender-identity/

[16] Jones, T., Hart, B., Carpenter, M., Ansara, G., Leonard, W., Luck, J., & Open Book Publishers. (2016). Intersex: stories and statistics from Australia. Open Book Publishers. https://doi.org/10.11647/OBP.0089

[17] Ibid. Victorian department of Health and Human services (2018) (n5)

[18] Amos, N., Hart, B., O'Hill, A., et al. (2023). Health intervention experiences and associated mental health outcomes in a sample of LGBTQ people with intersex variations in Australia. https://pubmed.ncbi.nlm.nih.gov/35921389/

[19] Ibid. Darlington Statement (n3)

[20] Australian Human Rights Commission. (2021). Ensuring health and bodily integrity: Towards a human rights approach for people born with variations in sex characteristics. https://humanrights.gov.au/our-work/lgbti/publications/ensuring-health-and-bodily-integrity-2021

Creative Attributions

Title/ Intersex Flower Flag
Name/ Toby Whittington
Year/ 2018

Title/ Person With Intersex Flag
Name/ Emma Rahmani
Year/ 2023

Title/ Red Hair Child With Yellow Shirt
Name/ Dmitry Ageev
Year/ 2020

Title/ Intersex Pride Flag At March
Name/ Luis Velasco
Year/ 2025

Title/ Vancouver Yellow Iris
Name/ Ryan Yao
Year/ 2018

Title/ Intersex Hand Palm
Name/ Juan Moyano
Year/ 2019

Title/ Lucide Dev Icons
Name/ Cole Bemis
Year/ 2022

Title/ Daisy Flower Macro Shot
Name/ Dominik Scythe
Year/ 2018

Title/ Intersex Awareness Day Photo
Name/ ILGA Conference Brussels
Year/ 2018

Title/ Flower at Ariel Sharon Park
Name/ Pierre Lemon
Year/ 2023

Author & Researcher

toby whittington

Visual Design & Layout

david goncalves

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