



**Organisation Intersex International Australia Limited**  
**For intersex human rights, information, and peer support**

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Dr Robert Lyons  
President  
Australian and New Zealand Professional Association for Transgender Health  
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11 July 2014

Dear Dr Lyons

**Request to remove intersex from ANZPATH description and remit**

Organisation Intersex International Australia Limited (OII Australia) is a national Public Benevolent Institution by and for intersex people. We promote the health and human rights of intersex people in Australia, and provide information, education and peer support.

We note that ANZPATH currently makes reference to intersex on its website and in other locations, such as:

*Transgender' as used in the name of this organisation and on this webpage is inclusive of people variously described as transgender, transsexual, intersex and sex or gender variant...<sup>1</sup>*

OII Australia formally requests that ANZPATH officially removes intersex – and the related clinical term “DSD” – from descriptions of transgender and the remit of your organisation. As you are aware, and as explained by Professor Garry Warne, the notion that transsexualism is “*intersex of the brain*” is not based on science. There is now stronger evidence for brain plasticity and changes in brain structures according to circumstance and repeated activities<sup>2,3</sup>. Further, intersex people and intersex-led organisations reject the notion that we are transgender by virtue of being intersex – the vast majority of intersex people identify in their sex of rearing and have no gender issues

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1 ANZPATH (undated) *About ANZPATH*, <http://www.anzpath.org/about/about-anzpath/>, accessed 1 July 2014.

2 Cordelia Fine (4 December 2013) *New insights into gendered brain wiring, or a perfect case study in neurosexism?* at The Conversation, <http://theconversation.com/new-insights-into-gendered-brain-wiring-or-a-perfect-case-study-in-neurosexism-21083>, accessed 1 July 2014

3 Elizabeth Norton (27 May 2014) *Parenting Rewires the Male Brain*, American Association for the Advancement of Science, <http://news.sciencemag.org/brain-behavior/2014/05/parenting-rewires-male-brain>, accessed 1 July 2014.

at all. Conflation of intersex with gender identity issues, or a non-binary gender identity, is a cause of significant public confusion. In particular, it is deeply distressing for parents of intersex infants and children.

We also note reference amongst statements made by ANZPATH to guidelines for adolescent transsexuals endorsed by the Australasian Paediatric Endocrine Group (APEG) "DSD" Working Group. Those guidelines include statements about surgical and hormonal interventions that are not applied by APEG members to intersex infants, children or adolescents.

While a 2006 clinician consensus statement on the "*management of intersex disorders*" contentiously<sup>4,5</sup> replaced the clinical use of the term "*intersex*" with "*Disorders of Sex Development*" or "*DSD*"<sup>6</sup>, community organisations such as OII Australia, and local, national and international institutions persist in use of the term intersex to describe persons born with atypical sex characteristics.

From 1 August 2013, the *Sex Discrimination Act* was amended to include three new attributes: sexual orientation, gender identity and intersex status. In contrast to the other new attributes, intersex status is a biological attribute:

*intersex means the status of having physical, hormonal or genetic features that are: (a) neither wholly female nor wholly male; or (b) a combination of female and male; or (c) neither female nor male.*<sup>7</sup>

Intersex status is explicitly not defined as a third gender or sex, nor is it defined as a gender identity or a form of disability. The *Explanatory Memorandum* for the 2013 amending Act establishes that intersex is an innate biological characteristic<sup>8</sup>. The 2013 *Australian Government Guidelines on the Recognition of Sex and Gender* define intersex as follows:

*An intersex person may have the biological attributes of both sexes or lack some of the biological attributes considered necessary to be defined as one or the other sex. Intersex is always congenital and can originate from genetic, chromosomal or hormonal variations. Environmental influences such as endocrine disruptors can also play a role in some intersex differences. People who are intersex may identify their gender as male, female or X.*<sup>9</sup>

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4 Georgiann Davis (2011) "'DSD is a perfectly fine term': reasserting medical authority through a shift in intersex terminology", in *Advances in Medical Sociology*, Vol. 12, 2011, p. 178.

5 Morgan Holmes (2011) *The Intersex Enchiridion: Naming and Knowledge in the Clinic*, in *Somatechnics*, Vol. 1(2): 87-114. DOI: 10.3366/soma.2011.0026.

6 Houk, Hughes, Ahmed, Lee, Writing Committee for the International Intersex Consensus Conference Participants (2006) *Summary of Consensus Statement on Intersex Disorders and Their Management*, in *Pediatrics*, doi:10.1542.peds.2006-0737, <http://www.pediatrics.org/cgi/doi/10.1542/peds.2006-0737> accessed 21 November 2012.

7 ComLaw (2013) *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013*, <http://www.comlaw.gov.au/Details/C2013A00098>, accessed 22 April 2014.

8 *Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Bill 2013, Explanatory Memorandum*, p. 12.

9 Attorney General's Department (2013) *Australian Government Guidelines on the Recognition of Sex and Gender*, <http://ag.gov.au/Publications/Pages/AustralianGovernmentGuidelinesontheRecognitionofSexandGender.aspx> accessed 1 July 2013.

The World Health Organization states:

*Intersex is defined as a congenital anomaly of the reproductive and sexual system<sup>10</sup>*

A recent interagency statement by the OHCHR, UN Women, UNAIDS, UNDP, UNFPA, UNICEF and WHO regarding forced, coercive and otherwise involuntary sterilization of intersex and other people<sup>11</sup>. This report noted:

*Intersex persons may be involuntarily subjected to so-called sex-normalizing or other procedures as infants or during childhood, which, in some cases, may result in the termination of all or some of their reproductive capacity. Children who are born with atypical sex characteristics are often subjected to cosmetic and other non-medically indicated surgeries performed on their reproductive organs, without their informed consent or that of their parents, and without taking into consideration the views of the children involved (64; 147, para 57; 148; 149). As a result, such children are being subjected to irreversible interventions that have lifelong consequence for their physical and mental health...*

These issues are not addressed in the statements of ANZPATH, nor the WPATH *Standard of Care*; nor should they be: intersex people are not well served by treating intersex as a trans or gender identity issue. Many of our health issues are, however, detailed in the 2013 Australian Senate Community Affairs References Committee report on the *Involuntary or coerced sterilisation of intersex people in Australia*<sup>12</sup>. The report found that:

*3.128 ... "Normalising appearance goes hand in hand with the stigmatisation of difference... There is frequent reference to 'psychosocial' reasons to conduct normalising surgery. To the extent that this refers to facilitating parental acceptance and bonding, the child's avoidance of harassment or teasing, and the child's body self-image, there is great danger of this being a circular argument that avoids the central issues... Irreversible medical treatment, particularly surgery, should only be performed on people who are unable to give consent if there is a health-related need to undertake that surgery, and that need cannot be as effectively met later, when that person can consent to surgery.*

The report found that genital "normalising" surgeries are still undertaken on infants and children with no long term follow up and no evidence of good outcomes. A submission by the Australasian Paediatric Endocrine Group to the inquiry itself noted no firm evidence of good outcomes of surgeries for reasons of genital appearance, with "*particular concern*" regarding post-surgical sexual function and sensation. Amongst its 15 recommendations, the Senate committee gave the following:

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10 World Health Organization, Genomic resource centre (undated) *Gender and genetics* <http://www.who.int/genomics/gender/en/index1.html> accessed 2 August 2013.

11 OHCHR, UN Women, UNAIDS, UNDP, UNFPA, UNICEF and WHO (2014) *Eliminating forced, coercive and otherwise involuntary sterilization An interagency statement*, [http://www.who.int/reproductivehealth/publications/gender\\_rights/eliminating-forced-sterilization/en/](http://www.who.int/reproductivehealth/publications/gender_rights/eliminating-forced-sterilization/en/) ISBN: 978 92 4 150732 5

12 Commonwealth of Australia, Senate Standing Committee on Community Affairs (25 October 2013) *Involuntary or coerced sterilisation of intersex people in Australia* [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Involuntary\\_Sterilisation/Sec\\_Report/index](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Involuntary_Sterilisation/Sec_Report/index)

*Recommendation 1:*

*“The committee recommends that governments and other organisations use the term 'intersex' and not use the term 'disorders of sexual development’”*

*Recommendation 2:*

*The committee recommends that health professionals and health organisations review their use of the term 'disorders of sexual development', seeking to confine it to appropriate clinical contexts, and should use the terms 'intersex' or 'differences of sexual development' where it is intended to encompass genetic or phenotypic variations that do not necessarily require medical intervention in order to prevent harm to physical health.*

The inquiry also received submissions from OII Australia, the Androgen Insensitivity Syndrome Support Group Australia, the National LGBTI Health Alliance, Royal Children’s Hospital Melbourne and other institutions. ANZPATH, its members and service providers are conspicuous in their absence.

We urge ANZPATH to remove intersex from descriptions of its remit and scope.

Yours sincerely,

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cc. National LGBTI Health Alliance, Androgen Insensitivity Syndrome Support Group Australia