**DO**

**RESPECT THE DIVERSITY OF THE INTERSEX (AND LGBTI) POPULATIONS**
- Recognise that many intersex people are heterosexual and many are not
- Acknowledge that sex is assigned or assumed based on observed sex characteristics
- Acknowledge the complexity of sex determination for intersex people
- Recognise that some intersex people identify with male or female sex assigned at birth and some do not
- Recognise that the intersex population includes infants and children who don’t have agency to freely express any identity
- Understand some of the more common intersex variations, such as androgen insensitivity, congenital adrenal hyperplasia, 47,XXY, and 5α reductase deficiency
- Respect individual choices about terminology, and understand how these choices are influenced by our education and experience of misconceptions
- Disaggregate data; treat intersex as a distinct intersectionality in its own right

**DO YOUR RESEARCH**
- Seek out media by intersex people and intersex-led organisations; follow and share their work
- Recognise and support the priorities of the intersex movement
- Intersex studies exists as an interdisciplinary field; read reliable intersex-specific academic sources
- Be sceptical of research and analysis that disorders intersex people as subjects for treatment; question its assumptions
- Be sceptical of research and analysis that assumes that intersex people have the same circumstances and issues as LGBT people, or that treats LGBTI people as a homogenous or identity group; question its assumptions

**DON’T**

**MAKE ASSUMPTIONS ABOUT PEOPLE’S BODIES**
- Share private information about people’s bodies
- Assume that intersex people have a particular kind of body
- Treat intersex people as ‘abnormal’ or disordered; we typically have healthy bodies that happen to look or work a little differently
- Assume intersex people are heterosexual and identify with sex assigned at birth; read cues and ask if you’re not sure
- Assume intersex people want penetrative sex; ask us what is important to us when we’re old enough

**MAKE ASSUMPTIONS ABOUT INTERSEX PEOPLE’S IDENTITIES**
- Assume intersex people have a particular kind of identity
- Use the word intersex when you mean non-binary or agender
- Assume that intersex people have an experience of ‘coming out’

**ESSENTIALISE BIOLOGY AND IDENTITY**
- Assume an intersex person has a neat and definable ‘true sex’; clinicians have adopted many different ideas about sex over many decades
- Use tools like the Gender Unicorn or Genderbread Person – these promote misconceptions about intersex people

**CENTRE THE NEEDS AND DEMANDS OF NON-INTERSEX PEOPLE**
- Speak over intersex people
- Centre your own discomfort about bodies, identities or uncertainty
- Centre your own needs, demands or theories
- Use intersex people to ‘prove’ a theory about sex or gender
- Use the existence of intersex people in pursuit of the rights of a different population
DO

- If there's limited or no research on intersex people in your field, ask why not; while also recognising resource constraints and the priorities of the intersex movement, consider what you can do to change this
- Be proactive

USE LANGUAGE APPROPRIATELY; BE SPECIFIC ABOUT LGB, TGD, AND I
- Understand who you are including in your words and actions, and why
- Include where appropriate; omit where appropriate
- Change your framing when this can make your work inclusive
- See ‘do your research’, see ‘respect diversity’

LEADERSHIP
- Take leadership from the intersex movement and intersex community consensus statements, such as the Darlington Statement
- Consider affirming the Darlington Statement
- Are intersex people employed as staff and on your board?

MEANINGFUL INCLUSION
- Measure inclusion by the issues that you raise
- Intersex people are included when you talk about the issues that affect us
- Address the issues that affect intersex people, even when they don’t affect LGBT people
- Include intersex people and voices in discussions
- Assume we’re in the room when you talk about us
- Hire and pay intersex people
- Fly the intersex flag

PRIORITISE CONSENT
- Insist on the need for personal consent to medical interventions
- Insist on the need for personal consent in relation to self-identification
- Insist on the need for personal consent in relation to disclosure
- Recognise the reality of medical trauma that affects many intersex people
- Make your work trauma-informed
- Provide full and diverse information to intersex people, and their parents; include information by peer support and advocacy organisations, even if their ethical norms and views are different to your own

DON’T

FAIL TO DO YOUR RESEARCH
- Wait for intersex people to educate you
- Extrapolate from material on other populations (including LGBT populations)
- Make things up (see ‘do your research’)
- Copy and paste material from other sources and expect them to be accurate
- Expect an intersex person to want to teach you
- Expect an intersex person to want to work on intersex issues

BE COMPLACENT ABOUT INCLUSION
- Assume that adding an ‘I’ makes something ‘inclusive’
- Expect issues affecting LGBT people to affect intersex people, and vice versa
- Add intersex to LGBT when it’s inappropriate; don’t leave out the ‘I’ simply because it seems easier
- Assume that intersex people are included when you talk about ‘sexuality or gender diversity’, nor about identification as queer or trans
- Assume that ‘sexual and gender diversity’ is a synonym for LGBTIQ+

IHRA

IPSA Intersex Peer Support Australia

LGBTI National LGBTI Health Alliance