

INCLUDING INTERSEX

RESPONDING TO ISSUES
AFFECTING THE EDUCATIONAL
EXPERIENCES OF INTERSEX
STUDENTS IN AUSTRALIA



This resource has been developed through a partnership between Sexual Health and Family Planning ACT (SHFPACT) and A Gender Agenda (AGA). SHFPACT & AGA are supported by funding from the ACT Government.

SHFPACT & AGA work and operate on Ngunnawal country. We acknowledge and pay our respects to the Ngunnawal Elders past, present and emergent.

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PREFACE

AUDIENCE AND SCOPE

This resource is designed to support educators and other school staff to be more informed about intersex topics and relevant content. It provides relevant background information, summarises current research, explores educational barriers and highlights ways in which existing approaches in schools and classrooms can be built on, changed, or reframed to facilitate a more inclusive and effective learning environment for intersex students.

BACKGROUND AND DEVELOPMENT

This resource has been developed as a collaborative project of two community-based organisations in the Australian Capital Territory – A Gender Agenda (AGA) and Sexual Health and Family Planning ACT (SHFPACT).

A Gender Agenda is Canberra's local community organisation run by and for transgender, gender diverse, gender non-binary and intersex people. genderrights.org.au

Sexual Health and Family Planning ACT provides clinical services, education and training, and health information in the areas of reproductive and sexual health, sexuality, and relationships. In addition to its broad sexual health and relationships education programs in schools, SHFPACT is the lead agency for the ACT Safe and Inclusive Schools (SAIS) Initiative. Funded by the ACT Government Education Directorate, the SAIS Initiative provides support to ACT schools and education programs to assist them to be safe, welcoming, and inclusive of all students, staff and families, with a particular focus on diversity in sexuality, sex and gender. shfpact.org.au

These two organisations identified that information about the school experiences of intersex people is extremely sparse. Drawing on their respective experience, perspectives and strengths, AGA and SHFPACT have worked over several years to identify and appropriately apply information about intersex variation and the needs of intersex people to a specifically school-focused resource.

It was important throughout the process that this document strongly reflected and was shaped directly by the experiences of intersex people. It was also important for us to reflect both knowledge and understanding of the opportunities and challenges that come with health promotion in the school environment.

The resource has been substantially authored by intersex people working in key project roles at A Gender Agenda and SHFPACT. A draft was reviewed by an external peer reviewer, with final editing and review support from other employees at AGA and SHFPACT. A final draft version of the resource was provided to ACT Education Directorate, and national intersex peer organisations Intersex Human Rights Australia (IHRA) and Intersex Peer Support Australia (IPSA) for high-level review prior to release.

This resource is not an endorsed product of the ACT Education Directorate and is not affiliated with the Act Safe and Inclusive School's Initiative.

LIMITATIONS

The resource has been specifically written for the context of schools and the community in the Australian Capital Territory, but some content will also be relevant elsewhere.

Approaches in the ACT may differ in other Australian States or Territories, and internationally.

While the resource addresses a significant gap in information and guidance focused on schools and education programs and relevant to the experience of intersex people, it does not exhaustively cover all possible needs, issues and concerns of either intersex people or staff in school communities.

We would welcome feedback and further input to identify improvements and additions that may make future editions even more relevant and useful.

We hope that other resources and materials will continue to be developed that complement and build on this work, both locally, nationally, and internationally.

CONTACT FOR FURTHER INFORMATION AND TO PROVIDE FEEDBACK:

Sexual Health and Family Planning ACT
ed@shfpact.org.au

A Gender Agenda
support@genderrights.org.au

LANGUAGE

The history of language around variations of biological sex characteristics and bodily diversity is both complex and nuanced. For the purposes of this document the terms 'intersex' and associated variants of this such as 'intersex variations' has been used to refer to the broad range of diverse biological sex characteristics.

We acknowledge that this term is associated with a particular context, framing and cultural understanding of diverse bodies, that have been understood in many ways, throughout human history and across various contexts. Further discussion around language can be found in the following sections of this resource:

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ACKNOWLEDGEMENTS

We acknowledge and thank all those who have contributed to the development, drafting and review of the resource to help assure its accuracy and relevance:

Gabriel Filpi: Project Officer/ Health Promotion and Community Education. Officer at SHFPACT & Intersex Project Co-ordinator (2021-ongoing) / Peer Support Officer at AGA.

Cody Smith: Intersex Project Co-ordinator (2017-2021) / Peer Support Officer at AGA

Steph Lum (independent peer review)

Morgan Carpenter (Intersex Human Rights Australia)

Bonnie Hart (Intersex Peer Support Australia)

Additional contribution, review and editing was undertaken by SHFPACT staff Tim Bavinton, Peter Hyndal, Dr. Sheridan Kerr, Angela Rule and Jen Lewis, and by AGA staff Sel Cooper and Joel Radcliffe.

Throughout the resource, the 2016 research work by Dr Tiffany Jones and co-authors is cited. We acknowledge these publications as some of the few Australian sources of research that describes the experience of intersex people at school and have cited quotes by participants in that study to illustrate and highlight the issues raised in the resource as articulated by intersex people themselves.

CONTENT WARNING

Some sections of this resource and the quotes used, describe the experiences and lifelong impacts of non-consensual and invasive medical treatment, assaults, abuse, bullying and harassment. They are difficult to read. We respectfully advise intersex people in particular, that these may reflect your own experiences and/or be retraumatising. We encourage you to reach out for support whenever you need it, including to the peer and other support organisations listed in this resource.

It is appropriate for the broader community hear the voices of intersex people talking about the issues that affect them.

Where these stories are shocking, we should be confronted by reading these experiences, and to reflect on how we can recognise and support those who have been subjected to them.

We should also consider how we can work towards ensuring that they are prevented for the generations to come.



ABOUT THE INTERSEX FLAG

The Intersex flag was created in July 2013 by Morgan Carpenter of Intersex Human Rights Australia and is described as:

"one attempt to create something that is not derivative, but yet is firmly grounded in meaning. The colour yellow has long been regarded as an intersex colour, neither blue nor pink. Purple, too, has been used for the same purpose..."

The circle is unbroken and unornamented, symbolising wholeness and completeness, and our potentialities. We are still fighting for bodily autonomy and genital integrity, and this symbolises the right to be who and how we want to be."

"The Intersex flag is available freely for use by any intersex person or organisation who wishes to use it, in a human-rights affirming community context" ⁱⁱ.

FOREWORD

I WISH I

WHAT I WISH I WAS TAUGHT ABOUT INTERSEX AT SCHOOL. I WISH I WAS TAUGHT THAT BODIES WERE DIFFERENT.

The number of health classes I sat through talking about boy bits and girl bits and how I was supposed to grow up left me feeling alien and alone.

Without the language or ideas to understand why I was different from everyone else, I was left feeling I was wrong.

I didn't know that there could be XY women, XXY men, people born with genetic chimerism, or mixed gonads, or a few dozen other ways that a person might not fit the drawing in the textbook of a male or female body.

But really, for me, that wouldn't have been enough. I also needed to know it was okay to say no or disagree with someone who made me feel uncomfortable. Even to people and authorities you trust.

The truth is it's my body, and I am the one who should have gotten to make decisions about it.

To not know why you're "wrong" but that you need to be "fixed" is a story of shame and isolation that too many intersex people live with.

Intersex people should not be the secret that tears families apart. We should not be forced to grow up with scars that we can't explain and the truth about our bodies should not ever be locked away in medical records we're denied access to, no matter our age.

These things can leave an intersex person feeling very alone.

Perhaps most importantly, I wish I was taught that there were other people like me. Maybe not exactly like me, but people who knew they didn't fit the definition but didn't understand why. My family knows the tedium of a doctor's office intimately, and the intimacy of doctors regrettably.

By Cody Smith

The people I want to help haven't found their place in the world yet, where they can be understood, loved and celebrated for being intersex.

Unlike many other people I have been lucky that, over the years, I have managed to learn a great deal about being an Intersex person.

I now often get the privilege to be the first intersex person that other intersex people meet, and I get to introduce them to our community and to share with them that they are worthy.

I write resources and teach people about the wonderful diversity of people who have always been around. I consult policies that make a difference, and I hope that my work will one day contribute to the ending of barbaric interventions that intersex people continue to be subjected to.

Of course, none of this would be possible without funding for the work I do, a space to bring people together, and the opportunities given to me by organisations like A Gender Agenda, ACT Government and many patient mentors.

The reality is that it's pretty easy to just say that the way intersex people are treated is bad, sign off the Darlington Statement* and call it a day. The value of being able to do this work is the nuance and love I bring to this work, having lived these hard-learned lessons. Another thing they should teach you in school: allyship that can't hear the voices it's trying to protect, isn't worth a damn thing.

What to know more?

At the time of publication in FUSE Magazine (Issue 62 -14/08/2020) Cody was the Intersex Project Co-Ordinator at AGA

If you'd like to know more about intersex contact AGA at: support@genderrights.org.au

**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 the intersex human rights movement in our countries, under six headings: a preamble, human rights and legal reform; health and wellbeing; peer support; allies; and education, awareness and employment.*

HOW TO USE THE GUIDE

This section provides a high-level overview of the content found in each section of the document, allowing for easy navigation of the content.



HOW TO USE THE GUIDE

THIS GUIDE IS DIVIDED INTO 7 SECTIONS, DESIGNED TO HELP NAVIGATE THE DIVERSE CONTENT CONTAINED WITHIN THIS RESOURCE.

THESE SECTIONS ARE:

Preface & Foreword

This opening section outlines the key processes and considerations involved in developing the document. In this section you will find the following content pertaining to the audience and scope, background and development, limitations, a note on language used in the document, acknowledgements, a content warning and information about the development and reasoning behind the Intersex flag by Morgan Carpenter.

This section also includes a foreword in the form of a magazine article by Cody Smith, titled - **I WISH**. This piece details the personal reflections on school, as experienced by an intersex Canberran and addresses the content they wish had been included in their education.

Introduction and Background

This section is designed to orient the reader and introduce essential background knowledge and content that underpins the issues raised in the body of the document.

This material addressed areas such as defining and understanding intersex people, the history and use of language around the intersex community, addresses the connection with the LGBT+ community and provides an overview of the practices and harms of medical intervention.

These topics are fundamental to the broader contextual understanding of the intersex population and the issues identified later in the document. This overview serves as a useful point of reference for the reader who wishes to gain more insight and develop a deeper understanding of this population.

In a School Context

This section serves to contextualise the broader knowledge in the context of the school, highlighting how and why this is relevant to schools and educators, and how this affects students in educational settings. This content aims to highlight why work is needed in this space and how these issues specifically fall under the remit of school staff.

Barriers and Issues

This content forms the bulk of the document, outlining five core areas where intersex students face difficulties in Australian educational settings. Each of these areas is divided up into 3 sections – Identifying the Issue, Ways to Address This, and Take-Home Messages.

The five content areas are:

1. Enrolment, uniforms and administration
2. Accessibility
3. Absence from schooling due to medical treatment
4. Inclusive curriculum
5. Bullying and harassment

Additionally, this section identifies two other areas for consideration:

- Support at home, family breakdown and abuse
- Mental health and substance use

'Identifying the Issue' describes how these issues play out in the school context, 'Ways to Address This' provides strategies and methods to work towards resolving the issue and 'Take-Home Messages' provides a snapshot of affirmative ways to act on the presented issues.

Creating Inclusive Learning Environments

The information in this section relates to the benefits of creating inclusive spaces for learning and provides some guidance on how inclusion can be achieved.

This content provides information on setting clear expectations and how to model appropriate language and behaviour. This section also includes a 'Take-Home Messages' section to highlight the key concepts that underpin inclusive learning environments.

In this section you will also find a section on 'Community Considerations' which addresses some specific content and issues for staff who are intersex and for parents, family and carers of intersex students. This information serves only as an overview, of complex considerations that are not otherwise addressed in the scope of this document.

Appendices

The appendices of this resource serve to provide a repository of external and additional source material that both supplements and complements the content within the resource.

There are 6 appendices:

A. Unpacking What is "Age and Stage Appropriate" Content

This appendix provides a breakdown of key age-appropriate inclusive messaging around issues with specific relevance to intersex topics across different stages. This section is divided into 'Early Years', 'Primary' and 'Secondary and College' to reflect divisions in ACT education.

Content in the Early Years section focusses primarily on bodies, health, and consent in broadly inclusive ways. In the Primary section the dominant focus is on the physical, social and emotional changes around puberty with other information on reproduction, consent, peer support and some specific content about intersex people and differences. The focus areas in Secondary and College are on social and emotional relationships, consent, sexuality and biology, with specific references to intersex people.

B. Guidelines for Teaching Intersex Issues

Drawn from an external intersex-developed resource by Koyama and Weasel (2002), this section provides high-level guiding principles for addressing intersex-specific content in a class setting, and how to approach intersex topics as an educator.

C. Additional Guidance for Classroom Teachers

In this appendix, you can find information on answering questions and managing difficult discussions in learning environments and some guidance around managing disclosures and ensuring confidentiality when approached by students.

D. Language

This appendix unpacks the appropriateness and use of language and terminology when speaking on intersex topics, providing some guidance on navigating terminology in this space.

E. The Darlington Statement

This content highlights the cornerstone piece of self-advocacy from the intersex communities of Australia and Aotearoa (New Zealand), and aims to amplify the voices of local intersex advocates. Here, we highlight the specific instances where this consensus-statement addresses education, showing where there is a call for action in this space.

F. Services, Groups and Other Resources

The final appendix draws together information about the nature, benefits, and types of peer support available to individuals and their families in Australia. Links to both national and local groups and services are provided along with specific content aimed at students and their families.

References

This section collates all the referenced source material from throughout the document, making it easy for the reader to follow up any content, while also allowing for further reading to be undertaken at the reader's discretion.



INTRODUCTION & BACKGROUND

This section is designed to orient the reader and introduce essential background knowledge and content that underpins the issues raised in the body of the document.

This material addressed areas such as defining and understanding intersex people, the history and use of language around the intersex community, addresses the connection with the LGBT+ community and provides an overview of the practices and harms of medical intervention.

These topics are fundamental to the broader contextual understanding of the intersex population and the issues identified later in the document. This overview serves as a useful point of reference for the reader who wishes to gain more insight and develop a deeper understanding of this population.



INTRODUCTION & BACKGROUND

What Does Intersex Mean?

'Intersex' is a broad term used to describe people who are born with biological sex characteristics that do not fit the current medical and social stereotypes around 'female' or 'male' bodies. 'Biological sex characteristics' include a person's hormone profile, sex chromosomes, gonads, genitalia and secondary sex characteristics (for example facial hair and breast development).

The term 'intersex' covers more than 40 known variations, which have always been a normal part of the natural diversity of human biology*.

People with an intersex variation may have varying levels of awareness or knowledge of their intersex status. Some intersex variations are identified at birth, some during puberty and some in the later stages of life.

Some people with intersex variations remain entirely unaware that they are intersex throughout their lives, due to withheld medical information or lack of an official diagnosis. In other cases, some people may not know that their diagnosis is considered 'intersex' and may therefore not understand themselves with this language.

Intersex people and 'Identity'

Identity is a complex and nuanced area when considering intersex people, as often intersex identity is framed through notions arising from LGBT+ community pride, rather than a broader framing of one's identity such as ethnicity, nationality, cultural groups, family and community, or ability.

These are all aspects of the human experience that are understood to contribute to an individual's identity. In the same way, being born and the experience of being intersex can contribute to an individual's identity.

A broader understanding of identity and the agency to identify oneself is important to consider as intersex people of all ages exist and intersex variations are often identified, long before an individual has capacity to form a conscious and distinct individual identity.

Some people with variations in sex characteristics may come to know or understand themselves as being intersex - particularly when they are connected to peers and affirmative peer support - where others may never affirm 'intersex' as an identity.

History and Language

Historical and archaeological records both attest to the diversity of human biology, that we now understand as intersex variations. This diversity has indisputably existed throughout time and across cultures.

Historically, intersex individuals have been referred to as hermaphrodites. This terminology has a long and important history of both legal and social use, prior to taking on a pathological focus that is reflected in now-obsolete diagnoses such as pseudohermaphroditism and true hermaphroditism. Despite this history, this terminology - now generally considered to be offensive - is no longer appropriate to use except for in instances where an intersex individual has intentionally 'reclaimed' the term/s**, iv.

Another phrase used in primarily clinical settings to describe intersex variations is "disorders of sex development" (DSD). DSD language remains prominent in medical contexts, though is considered pathologising and stigmatising by many intersex individuals. A more recent attempt to 'soften' the impact of DSD language was to replace "disorders" with "differences". Irrespective of this change in terminology, the term is still associated with medicalisation, pathologisation and stigma, that can be distressing to individuals, and may even impact their healthcare engagement and access.

As a result of the widespread use of DSD terminology within medical contexts, many people with intersex variations may only understand themselves and their experience through this language, or a specific diagnosis, and will not have a connection to the word 'intersex', or to the intersex community. This is especially true if they have only had clinical or medical engagement rather than peer or community support and engagement.

As educators, it is important to consider that many students will not have the language or understanding of themselves as 'intersex' or that their variation is considered such.

**More information can be found at: ihra.org.au/18106/what-is-intersex*

***The term 'hermaphrodite' has also taken on a narrower scientific use in biology and zoology to describe organisms with complete male and female reproductive organs and gametes (eggs and sperm), such as many kinds of worms and molluscs. This can therefore misrepresent the nature and diversity of human variations in biological sex characteristics.*

Furthermore, correct use of this terminology in an appropriate context should never permit the inappropriate and stigmatising discussion of intersex people. Refer to Appendices for additional guidance on use of language and facilitating discussion for educators.



Endosex

The term endosex is used to describe people who are not intersex.

The meaning of endosex comes from endo - 'to be or originate within' and sex - 'biological sex'.

Endosex people therefore are those who fall within typical binary notions of sex. Some people may use the term dyadic in the same manner.

Medicalisation

is the process by which individual or social issues are brought into the medical domain to be described and managed as medical issues. For example: dieting, exercise, and hygiene. Pathologisation is a narrower form of medicalisation, by which individual or social issues are defined and diagnosed as pathological. This is used to rationalise medical interventions to 'correct' or ameliorate the issue or bodily state. For example: addiction and mental health.

Intersex and the LGBT+ Community

Positioning and framing intersex people and their issues with the LGBT+ community and through the lenses of LGBT+ pride and 'gay rights' can not only disadvantage and inadvertently exclude some intersex people, but so too, can contribute to misconceptions or misleading ideas about who intersex people are and the needs of the intersex community. It is therefore, not always the most helpful or useful way to address and frame intersex issues.

As 'intersex' refers to people with variations in biological sex characteristics, the term 'intersex' cannot be used to assume anything about a person's identity, body, legal sex, gender, or sexuality.

Many intersex people are heterosexual, do not consider themselves part of the LGBT+ community, despite the inclusion of 'intersex' in the expanded acronym (LGBTQIA+).

Many identity labels are used to describe diverse experiences of sexuality and gender, whilst 'intersex' does not pertain to either. Importantly, 'intersex' is not a gender identity, though it is occasionally, incorrectly framed as such, within the LGBT+ umbrella.

Whilst some intersex people are also transgender or gender diverse, the majority of intersex people hold a binary gender identity (male/female) and are cisgender (identifying with the gender assigned to them at birth). Some people may not necessarily hold 'intersex' as a point of identity for themselves, or, will not have the language and connection to peers to know themselves as an intersex person.

Often the terms 'intersex' and 'transgender' are confused with one another, but it is important to understand that the two are quite distinct. Transgender individuals identify in a way that varies from the sex and assumed gender assigned to them at birth. Intersex individuals are born with variations in their biological sex characteristics (hormones, chromosomes, anatomy etc).

While there may be some shared experiences between LGBT+ and intersex people, there are many issues that are unique to intersex lived experiences. The most prominent of these is the still current practice***vi, vii, viii of deferrable and often non-consensual medical interventions, and the significant impacts this can have on the lives of intersex people^{vi}.

Medical Interventions

Despite intersex variations being a natural part of human diversity, clinicians still perform non-essential, non-consensual, or coerced medical interventions (both surgical and non-surgical) on intersex people. These are considered 'deferrable interventions' because they are not performed in response to any life-threatening issues, but simply to make some intersex bodies align with social expectations.

Some examples of such surgical interventions include cosmetic genital surgeries and/or removal or alteration of reproductive organs which can result in reproductive sterilisation.

These medical interventions can occur at any point in an intersex person's life but are often carried out soon after birth and during childhood, without the consent or involvement of the intersex individual in the decision-making process. In a number of cases these interventions do not align with the individual's wishes, generate trauma and/or result in ongoing medical and psychological complications. In such cases, accessing reparative treatment later in life is often difficult and cost prohibitive.

****These references are only listed to demonstrate the ongoing nature of the practice deferrable medical intervention and are not necessarily an endorsement of their content.*

It is important to remember that you do not need to know, or be across this level of content, however the provision of this material is designed to concretely highlight some of the experiences your students may have had or are potentially undergoing. Additionally, the specific named below are not intended to be exhaustive and have been included to highlight some of the diversity and range of experiences faced by intersex people.

Some intersex variations, particularly those that result in observable anatomical differences at birth, pose a greater vulnerability to earlier surgical and medical interventions. With over 40 known intersex variations, there is a diversity of experiences faced by intersex people in medical contexts. Also of importance, is that many intersex individuals may not have a clear or known diagnosis but may still have experiences of medical interventions and surgical histories.

Some Examples

Intersex variations such as classic *Congenital Adrenal Hyperplasia* (CAH), *Partial or Mild Androgen Insensitivity* (PAIS or MAIS) or *5 α -reductase* deficiency can include the development of what is termed 'ambiguous genitalia'. This is where an individual's genitals do not clearly look like either a penis or a vagina. Where an individual has or develops 'ambiguous genitalia' there is a very high incidence of 'normalising' genital surgery, sometimes considered to be 'surgical sex assignment'. Other variations such as *hypospadias* (where the urethra does not fully extend to the tip of the penis) and *clitoromegaly* (an enlarged clitoris) also pose a risk of early surgical intervention, despite being benign. These unnecessary cosmetic interferences often result in complex and ongoing issues for the individual including pain, loss of sensation and sexual function, urinary incontinence, and the need for further surgeries. This can largely be avoided if such surgeries were not routinely performed without informed consent.

In other cases, anatomical variations may not be directly observable from birth, but may present during childhood, such as anatomical variations of the gonads (ovaries, testes, or ovotestes). In such cases, individuals are often subjected to invasive surgical interventions such as gonadectomies to remove gonads like internal testes where ovaries were expected. This is common with *Androgen Insensitivity Syndrome* (AIS), particularly with *Complete Androgen Insensitivity* (CAIS). This is also the case where gonads do not form as expected. These variations are also benign and include 'streak' gonads (those that do not contain reproductive tissue), as seen in some people with Turner's Syndrome and some types of gonadal dysgenesis, and ovotestes (gonads with both ovarian and testicular tissue). Removing gonadal tissue, particularly when it is healthy, has lifelong impacts for individuals who will then have a permanent reliance on hormone replacement therapy and associated bone density and skeletal health concerns such as osteopenia and osteoporosis.

If these gonads are not removed the individual is less likely to be dependent on hormone replacement therapy or go on to develop hormone deficiency-associated health concerns.

Deferrable, non-surgical interventions may include hormonal regimes for chromosomal variations such as *Klinefelter's Syndrome* (and other chromosomal variations) and hormonal variations such as *non-classical Congenital Adrenal Hyperplasia* (nCAH). Hormone regimes typically involve supplementing, suppressing, or substituting sex hormones in the body to masculinise, feminise, or suppress masculinisation/feminisation based on the assumed gender of the individual. This is often done prior to, and throughout puberty.

Other non-surgical practices such as vaginal dilation may also be prescribed, involving the insertion of progressively larger dilators designed to 'open-up' the vagina. Dilation is typical following genital surgeries such as vaginoplasty or in the absence of surgery for some people with AIS, *Mayer-Rokitansky-Küster-Hauser Syndrome* (MRKH), *5 α -reductase* deficiency and *17 Beta Hydroxysteroid Dehydrogenase* deficiency.

Impacts

Both surgical and non-surgical medical interventions can result in complex trauma and ongoing physical complications for many intersex people over their lifecourse^{ix}. This arises both from the physical realities of the procedures themselves, and the psychological trauma resulting from the absence of agency in the decision-making processes, often combined with a sense of secrecy and shame.

In some cases, the degree of secrecy is so great that intersex people may not even be aware of the medical interventions that they were subjected to at a very young age and may grow up with unexplained scars or pain as a result. Stigma, shame and sometimes well-meaning, but still misguided recommendations, may mean that the true nature of a medical interventions have been concealed by doctors and/or families. Intersex people may not be told anything, or they may be told that they had surgery for a hernia or other abdominal condition, when in reality they had an unnecessary surgical procedure related to their intersex variation, such as a gonadectomy (removal of ovaries/testes/ovotestes), a hysterectomy, and/or cosmetic genital surgery.

As a result, such individuals may not know their own medical history and may be confronted with unexpected changes or absence of changes at puberty. For the individual, this can lead to confusion and shame as they often do not have the information to fully understand their own experiences; such as what they have, are, or are not experiencing and why. This can make intersex people feel like they are unable to seek help or discuss their experiences with anyone else.

It is important to note that in a minority of cases, medical interventions may be non-deferrable and genuinely necessary, such as in cases of salt-wasting CAH which can be fatal if not rectified. Even in such cases, if the interventions and decision-making processes are not discussed openly and in age-appropriate ways, similar psychological impacts can occur^{x, xi, xii}.

This section serves to contextualise the broader knowledge in the context of the school, highlighting how and why this is relevant to schools and educators, and how this affects students in educational settings. This content aims to highlight why work is needed in this space and how these issues specifically fall under the remit of school staff.

IN A SCHOOL CONTEXT



Why is this important in educational settings?

It is estimated that intersex people account for up to 1.7% of the global population xiii. For example, in the ACT with a student population of 80,416 in 2020 xiv. across all school levels and systems, this equates to around 1300 to 1400 intersex students in the school system at any given point in time (roughly 1 student in every 2-3 classrooms). This statistic means that educators have almost certainly encountered intersex students in their school communities, whether they were aware of it or not. It is important for school staff to be aware and inclusive of such diversity, especially given they have ethical and legal obligations to promote positive learning environments and model prosocial values that reflect and respect diversity in our community.

In Australia inclusion is identified as a key priority in the Australian Student Wellbeing Framework, which applies to all students in school communities, including intersex students. Implementation of inclusion strategies across all levels of school administration and school environment is essential to implementing this framework. Additionally, intersex status is protected under the federal Sex Discrimination Act (1984).

It is important that schools are compliant with relevant legislation and policy frameworks, in relation not only to their administrative or student wellbeing policies and procedures, but also in the broader school environment and teaching curriculum.

In the ACT, the ACT Education Directorate's Safe and Supportive Schools Policy further affirms these objectives in ACT schools, extending these considerations to staff, parents, carers, and the community. Additionally, intersex status is protected under the ACT Government's Discrimination Act (1991).

Intersex Voices

*"I missed so much school [due to medical treatments] I actually had to drop out entirely. It changed my whole life. Immense emotional impact to this day ... I have struggled to get or keep jobs and felt trapped in a cycle of being outside of the normal social systems."*ⁱ

One purpose of this document is to assist schools to identify and operate according to best-practice approaches, rather than opting for a 'minimum compliance' approach regarding diversity and inclusion. This strategy remains the best means by which to mitigate and manage the risk of anti-discrimination litigation, whilst also meeting the needs of the whole school community.



Practice and implementation support materials for the Australian Student Wellbeing Framework schools can be found online at studentwellbeinghub.edu.au/educators/framework.

Why is this important for intersex students?

In a recent Australian based study, many intersex respondents reported that they were diagnosed, or informed of a diagnosis before the age of 18ⁱ. The period of disclosure and diagnosis encompasses an individual's entire school years and beyond. Puberty, especially, is a point where having an intersex variation can become a live issue for many individuals. It is a period of change and development, which for intersex people, can be quite varied from the experiences of their endosex peers.

Intersex students can experience disadvantages within Australian educational settings, reflecting a generally poor recognition and understanding of intersex experience, and this can contribute to higher rates of disengagement and student drop out. A 2016 study reported that 18% of the intersex people surveyed did not go on to complete high school, compared to around 2% of the general populationⁱ. This degree of school disengagement has lasting impacts on future employment, wellbeing, and socioeconomic status later in life. This impact is reflected further in the high rates of poverty and underemployment observed in the intersex community in Australia^{i,xv}. Despite this, the same research also found higher rates of tertiary qualification attainment, which perhaps points to cultural or social barriers that are present in primary and secondary institutionsⁱ.

BARRIERS & ISSUES

This content forms the bulk of the document, outlining five core areas where intersex students face difficulties in Australian educational settings.

THE FIVE CONTENT AREAS ARE:

- Enrolment, Uniforms and Administration
- Accessibility
- Absence From Schooling due to Medical Treatment
- Inclusive Curriculum
- Bullying and Harassment

Additionally, this section identifies two other areas for consideration:

- Support at Home, Family Breakdown and Abuse
- Mental Health and Substance Use

EACH TOPIC IS DIVIDED UP INTO 3 SECTIONS:

Identifying the Issue describes how these issues play out in the school context.

Ways to Address This provides strategies and methods to work towards resolving the issue.

Actions for Change provides affirmative ways to act on the presented issues.



BARRIERS AND ISSUES

Intersex Voices

*"I thanked my teacher that she taught teenagers about it [intersex variations] and that I was really feeling awkward last year because I knew what she was talking about, better than she knew. (The last part I skipped though, because I didn't want her to know that I am intersex)."*¹

Current Australian research indicates that intersex students face several barriers to comprehensive and inclusive education. Barriers to education exist on both structural and social levels, within the classroom and in the broader school environment.

Intersex students' educational performance and engagement can be negatively impacted across all areas of the educational environment – from administrative and procedural domains, academic and learning support, through to social and emotional interactions with peers.

Current research identifies a number of key barriers which are covered in more detail below.

These include:

- Enrolment, school administration and uniforms
- Accessibility
- Absence from schooling due to medical treatment
- Inclusive curriculum
- Bullying and harassment
- Support at home, family breakdown and abuse
- Mental health and substance use

It is important to remember that the scope of biological variations that are considered 'intersex' is diverse, and in turn, so are the needs and experiences of intersex students at school. For some students, their intersex variation may have little impact on their schooling experience, while others may require considerable supports and accommodations at school in relation to their variation.

As with all areas of inclusion, a student-centred and student-led approach is necessary to adequately meet the needs of individual. At the same time, broad inclusion and accessibility should also be at the forefront of any whole-of-school approach. This is an especially important consideration given many students with an intersex variation may either not yet be aware or fully informed that they are intersex, may not understand themselves in this way, and/or may not wish for this information to be known about them in the school context, even when the school is supportive and inclusive.

Enrolment, School Administration and Uniforms

IDENTIFYING THE ISSUE ENROLMENT AND SCHOOL ADMINISTRATION

Structural barriers to education occur as early as enrolment in a school: most schools require students to be enrolled as either male or female. In some cases, such identification can be complicated for intersex students as their legal sex may not be listed as either male or female. Different Australian States and Territories approach records management in different ways, which can add complexity to how school systems manage this personal information collection and use.

For example, in the ACT it is also possible to list one's sex as Unspecified, Indeterminate, or Intersex on official records, including birth certificates. In other jurisdictions, similar sex classifications exist on birth certificates such as 'Non-Specific', 'X', 'Non-binary' and 'Indeterminate Gender' are used.

This should be accounted for as many students in the ACT have relocated from other areas. In some cases, a student's legal sex may not accurately reflect their expressed or self-determined gender.

UNIFORMS

Schools that still impose gendered dress-codes for students based on official records or incorrect assumptions may inadvertently (and sometimes explicitly) require compliance with a dress code that is at odds with an intersex student's expressed gender.

Such requirements can establish a negative association with administrative interactions for intersex students and could mean they are less likely to engage with their schools, and/or are more likely to perceive the school as a hostile environment. Access to bathrooms and facilities of choice, and accommodation at school camps may also present similar difficulties when access determination is made based on assumptions of a student's anatomy or sex-assignment.

ACT SCHOOL UNIFORMS

In the Australian Capital Territory, all government schools are required to have a school uniform policy that does not place any gendered requirements or restrictions on items of the school uniform. This is specified in more detail in the ACT Education Directorate's *Dress Standard and Uniforms in Canberra Public Schools Guideline*.

WAYS TO ADDRESS THIS

As this is primarily an administrative issue, revision of school administration processes, and communications technology systems can sufficiently address these concerns. School databases and systems should be able to accommodate the full range of sex markers, changes to sex markers, names, and other data to reflect both legal documentation and student and family-nominated revisions of such information.

Additionally, internal school policy around gender/sex-based data collection on forms, shared school facilities (inclusive of bathroom access), school camp accommodation, segregating physical education, and gendered uniform requirements should be amended to be inclusive of all students and subject to student-led nomination and choice. In this way, all students feel represented, included, and supported by the school's administration.

ACTIONS FOR CHANGE

- The school's information and communications technology systems can accommodate all legal sex markers, record pronouns, and accommodate changes to sex markers and name changes (both official and unofficial) to reflect family and student-nominated choices.
- The school's administration/reception staff are trained in how to use these systems and to apply updates and changes.
- Gendered school policies and procedures are flexible and inclusive of all students, and responsive to amendments made to gendered student records.
- Data collection only seeks and records sex and gender specific data when it is necessary and appropriate to do so and clearly communicates what data is being collected and why. Such data collection provides comprehensive options and choices in recording sex and/or gender and is non-compulsory.
- The school uniform policy and guidelines have been considered to allow for a range of uniform items that are not gender-specific and provide students with varied uniform options.
- The school's policies around the use of bathrooms, shared facilities such as change-rooms, accommodation at school camps and other gender-segregated spaces and activities have been considered and/or revised to allow for meaningful inclusion and flexible amendments to make these spaces and experiences accessible to intersex students.

Accessibility Considerations

IDENTIFYING THE ISSUE

Whilst intersex variations should not inherently be considered disabilities, intersex variations can be considered under the social model of disability^{xvi}.

Intersex and disability communities share many similar concerns and experiences, particularly within educational settings. This means that existing disability inclusion approaches in educational settings can be useful when considering accessibility for intersex students.

There is also a high representation of disability within intersex communities both related and unrelated to some intersex variations.

For example, some people with specific intersex variations may experience associated cognitive, developmental, behavioural and/or learning disabilities and challenges that may require reasonable adjustments while at school.

This may include:

- intellectual and cognitive disabilities or challenges such as Attention Hyperactivity Deficit Disorder (ADHD), Autism Spectrum Disorder (ASD) and difficulties with auditory processing, spatial perception, and language
- low energy and concentration due to hormonal fluctuations or medical management resulting in fatigue and disengagement

While not directly related to the presence of an intersex variation, other considerations such as social or cognitive delays resulting from early exposure to anaesthesia^{xvii} and traumatic behavioural responses due to lived and embodied experiences may also need to be considered in a supportive school environment.

Additionally, there may also be some physical disabilities that arise alongside an intersex variation or because of medical interventions and treatments.

These may require special consideration in educational settings. Alongside the management of other ongoing health concerns these can also include:

- low muscle tone and reduced physical strength
- delayed physical development
- mobility and motor control issues

Rather than being associated with a student's intersex variation, these considerations are often isolated and addressed as stand-alone issues. This fragmented approach can contribute significantly to negative school experiences and outcomes. Often where additional considerations such as cognitive or behavioural issues exist, they are not understood in the context of an intersex variation, disadvantaging the student, and limiting the identification of relevant strategies to support them.

A holistic approach to student needs that is inclusive rather than dismissive or ignorant of intersex variation — when a variation is identified and known about — can go a long way to reducing these barriers.

Intersex Voices

*"[My intersex variation] may be why I left school early and found it hard... I was always called lazy, had no energy. Probably from low testosterone I reckon, they were pretty mean teachers"*ⁱ

Intersex Voices

*"[Knowing about my variation] helped to understand why I had such a hard time at school, too. But I did not like that my parents and doctor had known ALL ALONG and told me only then, when (a related learning disorder) was affecting my school work."*ⁱ

Intersex Voices

*"My High School PE Teacher was unaware and my diagnosis was fairly new. She didn't realise my physical inability and lack of desire for physical activity stemmed from an inability to do it due to being way behind my peers, physically. She should have clued in from my sheer extreme tiny size that something wasn't quite right"*ⁱ

Intersex Voices

*"I have speech disabilities related to being [intersex] and had delayed motor skill development (took longer to walk than most babies). The other symptoms are not obvious, in me anyway"*ⁱ

Intersex Voices

*"I use a wheelchair increasingly, which is its own difficulty as many people ask why I am in a chair when I can walk or used to be able to walk, and I have to explain my pain and difficulty"*ⁱ

WAYS TO ADDRESS THIS

As with all cases of disability and behavioural management, reasonable adjustments, and individual learning plans (ILPs) can be utilised to ensure the student has equal access and opportunity to comprehensive education. This may require adjustments in the classroom, learning supports, or individual support.

When a student is identified as requiring additional support, appropriate support of their identified needs should be provided, consistent with school policy. This should be holistically managed to be inclusive of the student's intersex variation.

Students may also benefit from competent academic mentoring and counselling services, as academic difficulties can contribute to high levels of frustration and poor self-esteem and, may be a source of bullying and exclusion in the classroom.

For ACT public schools, this falls under the ACT Students with a Disability - Meeting their Educational Needs Policy^{xviii}.

ACTIONS FOR CHANGE

- Teaching staff use reasonable adjustments and individual learning plans where appropriate.
- Teaching staff implement a range of accommodations and measures where possible that are tailored to individual student access needs.
- All considerations are managed holistically, and access to competent and ongoing counselling services is provided when required.

Absence from schooling due to medical treatment

IDENTIFYING THE ISSUE

A significant barrier to equitable education opportunities may arise for those intersex students who require additional time off from their schooling to engage with medical care.

This may include:

- medical treatments and therapies
- surgical procedures
- specialist visits
- recovery

These may be initial engagements or in response to previous medical intervention that requires ongoing management.

Frequent school absences can result in significant education gaps and difficulty in catching up on the missed content that was taught at school. It is important to consider other implications for student attendance records and disciplinary measures, to ensure that intersex students are not penalised for such absences.

Students may also be navigating and engaging in 'perception management' with their peers such as creating and maintaining alternate narratives around their absences to avoid needing to disclose their variation or the nature of their medical engagements. This can contribute to additional stress and anxiety around absences from school.

Intersex Voices

"My school principal, teacher and counsellor made it hard for me to get the time off school I needed and did not understand the need to deal with the situation in the time it took.

*My classmates either thought I was a freak or did not understand what was going on and saw me as a bludger trying to get out of class (I was bleeding like a stream from my vagina [following surgery] for god's sake, it is not something you want to say is happening or go to school with)."*¹

Other factors that contribute to absences from schools, particularly bullying, harassment and the lack of other adequate support, should also be considered.

Without addressing these issues in an inclusive and supportive manner, school environments may be perceived as hostile, and individual challenges seen as insurmountable obstacles. Under such conditions, students cannot learn, grow, and socialise effectively and their wellbeing is ultimately compromised. By addressing these areas effectively in school policy, procedures and practice, all students can feel supported by their schools and communities leading to better educational engagement.

WAYS TO ADDRESS THIS

Working with existing policies and practice in schools around reasonable adjustment to learning delivery can greatly improve the academic outcomes for intersex students who face increased absences from classrooms for medical engagement. Working with an individualised learning plan or online resource study packs for students requiring extended stays in hospitals or in recovery away from school can enable students to stay up to date and engaged in their studies if they are unable to attend classes. This is a case-by-case solution that may help to address educational gaps caused by disruptive medical engagement, therapies, and other interventions. As with other school process, accommodations and systems, confidentiality is a key consideration when developing and implementing personalised student plans.

It is also important to establish processes that work with school administration systems to note time off school for healthcare that does not penalise the student or in any way disadvantage them due to multiple absences. Utilising a coded system that differentiates unexplained absences from medical absences or ensuring inclusive medical-leave protocols for students can assist in addressing this issue.

Where absence from school is the result of other structural and social barriers, the best approach is to address the underlying issues such as bullying and exclusion directly. Engagement with the student and their family is recommended to support the student's wellbeing at school. Improving the student's school experience is integral to improving school engagement outcomes for the student.

Proactive school communication and engagement with the relevant alternative education support and school programs available in a particular community or region is an important way to support intersex students when school attendance is affected by medical treatment.

Another consideration, given the increasing presence of technology in teaching and learning is to make learning materials available in an online or digital format so that students can access these offsite. Digital learning resources can also be emailed and sent directly to students, providing more flexible learning arrangements to students who need such accommodations.

Proactive school communication and engagement with the relevant alternative education support and school programs available in a particular community or region is an important way to support intersex students when school attendance is affected by medical treatment.

Another consideration, given the increasing presence of technology in teaching and learning is to make learning materials available in an online or digital format so that students can access these offsite. Digital learning resources can also be emailed and sent directly to students, providing more flexible learning arrangements to students who need such accommodations.

ACTIONS FOR CHANGE

- Staff develop individualised learning plans and other reasonable adjustments for students who require them.
- The school has measures to equitably record medical leave so as to not penalise students who require additional medical care and absence from classroom settings.
- The school can confidentially and appropriately provide the above to intersex students.

Inclusive Curriculum

IDENTIFYING THE ISSUE

A lack of informed, inclusive, and supportive classrooms and school environments, particularly in relation to curriculum content, contributes to poorer educational outcomes and experiences for intersex students. These students consistently report that intersex topics and information are absent from the school curriculum. On those rare occasions where intersex information is present, it is often delivered in an inaccurate and negative manner. In a 2016 Australian study, 92% of participants indicated that there was no positive intersex-inclusive education provided during their schooling years¹. In this study, many students also stated that age and stage-appropriate inclusion of intersex topics was something that would have benefitted them while at school¹.

When considering what is taught in schools, it is useful to consider the three main aspects of what is considered 'the curriculum':

- **Overt or formal curriculum** – content that is explicitly taught and learnt in the classroom and learning programs.
- **Hidden or implicit curriculum** – content that is not formally taught but is learnt through implicit messaging, social values, and the overall school experience.
- **Null curriculum** – what is not taught; the range of topics, experiences and perspectives that are not discussed or articulated. It is important to remember that what educators do not say speaks just as loudly as what they do say.

Unbiased, evidence-based, and affirmative intersex-related information can have an enormously positive impact on the educational outcomes and experiences of intersex students and reduces misinformation and stigma about intersex for all students.

Through the **formal curriculum**, educators can actively contribute to the destigmatisation of intersex people, communities, and experiences. The inclusion of accurate and positive content about intersex benefits all students, resulting in a more accurate and informed understanding, particularly in health and biological sciences. This brings classroom learning in line with understandings based on scientific inquiry on topics of natural human diversity and development.

It is in the **hidden curriculum** that cultural expectations, values, and perspectives are shaped, maintained, and reinforced, contributing to the framework through which students see and experience the world.

This curriculum includes how diversity is acknowledged and addressed in the school and wider community, and how students understand themselves in relation to the world around them. If diversity and difference are not explicitly acknowledged, and personal bias not examined critically, negative attitudes and stereotypes are often normalised. Developing critical thinking skills and engaging in critical assessment of socio-cultural attitudes in teaching and learning environments equips students to critically appraise information they engage with, and to develop their own informed opinions.

Similarly, the **null curriculum** also shapes the way all students conceptualise their broader social context and experiences. It communicates what is considered unacceptable, inappropriate, or taboo.

The null curriculum ultimately highlights social values and the importance placed on certain knowledge, topics, communities, and experiences. Without presenting a range of diverse experiences and perspectives, students may develop intolerances for those who are different and may find it difficult to understand and empathise with their peers. When only one perspective is taught and learnt it is easy to fall into the assumption that that is the only perspective or that it is the superior perspective. This is a disservice to all students, as they are not presented with the opportunities to learn about certain aspects of the world in which they live.

This is particularly relevant given the history of silence and stigma surrounding intersex topics and issues. Failing to discuss this content only further contributes to the shame, confusion and stigma faced by intersex people. Further, lack of awareness or acknowledgement can result in young intersex people feeling even more isolated.

In the ACT, school or school-system determined respectful relationships education (RRE) and Social and Emotional Learning (SEL) programs provide an important opportunity for relevant social skills, citizenship, and inclusion values to be discussed. Other Australian States and Territories have similar programs and approaches.

Intersex Voices
*"[schools should] discuss intersex bodies, chromosomes, and the many varied elements of sex as early as possible. Repeat this over the different grades. It will be the ray of light kids like me were looking for, and it is after-all, true"*¹

WAYS TO ADDRESS THIS

Given the breadth of the Australian Curriculum there are many opportunities for the explicit inclusion of intersex issues and topics in lesson plans and learning materials. As with all teaching and learning materials, it is up to the educator to identify and adapt relevant, accurate and appropriate materials to the learning needs of their students. Areas of the curriculum that are particularly well-suited to the inclusion of intersex topics include: Health and Physical Education, Science, particularly Biological Sciences, Humanities and Social Sciences (HASS) and key parts of the General Capabilities including Civics and Citizenship. There are also numerous opportunities to include intersex topics in other curriculum areas such as English, History and the Arts.

Schools and educators have a responsibility to establish a safe and respectful learning environment. As discussed, there are many benefits to intersex inclusion in the curriculum. However, as intersex students may be present, educators should be mindful that the way this information is introduced, presented, and discussed will be very important for them. Educators may be introducing relevant information for the first time, or risk that intersex students feel exposed or conspicuous even if others do not know about their intersex variation. Where educators are aware of intersex students in their classes, they should advise them before this material is presented or discussed.

Some content (for example, important information about non-consensual medical treatment), may be very challenging or evoke trauma responses for some students, even those who may not be intersex themselves. Effective classroom management and careful framing of any discussions is useful in mitigating this distress. Whilst these conversations can be challenging, it is important to promote and facilitate such discussions as this is considerably more supportive, and beneficial than avoiding these conversations altogether.

ACTIONS FOR CHANGE

- Staff recognise that intersex-specific topics are relevant to themes and issues faced by all young people and that inclusion of intersex-specific topics will address aspects of other student's experiences.
- Staff are aware that the Australian Curriculum provides ample scope and opportunities to meaningfully include intersex-specific content in lessons.
- Staff are aware of the null and hidden curriculum and that what is not taught or discussed openly is learnt implicitly alongside what is explicitly taught.
- Staff develop a clear rationale to explicitly address intersex issues and topics in their classrooms.
- Staff make a conscious effort to address intersex-topics in their classroom and to do so in an informed and appropriate manner.
- Staff take opportunities to share knowledge and experience, with including intersex topics, in their professional practice with co-workers and other school staff.
- Staff acknowledge that the inclusion of intersex topics in classroom learning can have positive impacts on all students both within and beyond school settings.

Intersex Voices

I was a teenager. I felt like a freak. I didn't know this was possible. I felt like I was very alone and that something was really wrong"... [I] dropped out of school early ... [school should] teach about it [intersex variations]"¹

Additional guidance on facilitating discussion about intersex is provided in the Appendices.

These conversations may also be facilitated by external organisations listed in APPENDIX F. Intersex-specific topics are also related to many other issues and themes faced by all young people throughout their schooling years. Educators can consider including intersex people and topics when addressing other themes and content such as identity, self-esteem and self-confidence, body image and body positivity, bullying and social pressure, puberty, sexual health and relationships education, power relations, gender inequality and human rights.

Additional guidance on information about intersex topics that are age and developmentally stage appropriate is provided in Appendix A.

PRACTICAL BENEFITS OF INCLUSIVE EDUCATION FOR STUDENTS

THERE ARE MANY REASONS TO INCLUDE LEARNING ABOUT INTERSEX DIVERSITY IN THE SCHOOL CONTEXT. INCORPORATING INTERSEX-SPECIFIC AND INTERSEX-INCLUSIVE CONTENT IN LEARNING BENEFITS BOTH INTERSEX AND ENDOSEX STUDENTS ALIKE.

Everyone will encounter intersex people at some point in their lives, at school or in their social circles. They may befriend an intersex person or meet intersex people later in life through work and hobbies. They may also have, or come to have, intersex relatives, or one day have a partner or child who is intersex.

All students can benefit from a more-accurate, holistic, and well-rounded understanding of bodies, biology, and human diversity through the inclusion of intersex topics in curriculum. This has a direct, positive influence on self-esteem, and a heightened appreciation of diversity amongst their peers and community.

For intersex students particularly, the benefit of inclusive, affirmative, and positive representation has a profound impact on their mental health and wellbeing. This inclusion ultimately normalises and destigmatises their experiences and begins to address (and in some cases can even help avoid), patterns of negative self-talk and poor self-esteem.

Positive self-image and self-esteem are correlated with good self-care, a strong sense of self/identity, establishing and enforcing healthy boundaries and proactive engagement with healthy behaviours^{xx} ^{xxi}. This is to the benefit of all students in a school environment. Fostering healthy behaviours and positive self-image, self-esteem and boundaries are also notably among the core components of a school's student welfare and wellbeing efforts.

There is a clear link between the inclusion of intersex topics, and other prosocial learning in schools. Valuing and respecting diverse bodies and perspectives is consistent with the purpose of programs that develop prosocial values, intrapersonal awareness and social skills and understanding. Effective diversity education encompasses this, creating a solid foundation for respectful relationships that are cognisant of diverse bodies, boundaries, and consent.

These positive attitudes help young people understand their human rights and empower them to self-advocate in situations where they may otherwise feel unsupported. In such settings it can be incredibly difficult for young people to voice their opinions and concerns around their rights and boundaries. Better social and emotional literacy, and the associated empowerment this fosters, allows young people to participate more meaningfully in decisions that affect them, across a breadth of areas in their life. This has far-reaching impacts both in and out of school environments.

"The best thing that schools can do to support intersex students is to incorporate age-appropriate and body positive information about intersex variation into the curriculum"^{xix}

A strong sense of identity and self-esteem, and concepts such as bodily autonomy and an expectation of consent, support children and young person to establish and protect healthy, appropriate boundaries.

For intersex people these boundaries are often transgressed in cases of non-consensual and coercive medical interventions, as the non-consensual and coercive nature of these interventions do not respect the bodily autonomy of the individual. This can signal to the young person that their comfort, consent, and bodily autonomy is either unimportant or unenforceable.

These beliefs can be pervasive, and may arise in future interpersonal relationships, where an intersex individual feels unable to self-advocate and set boundaries with others or considers doing so futile.

For this reason, respectful relationships education and social skills development require an affirmative approach that is inclusive of intersex people and their experiences.

Intersex Voices

"I did not feel I could ask questions really until much later... [teaching about intersex variations] would have helped people to understand me and what I was going through, and even now I wish my friends knew more so they could understand, and the place to get that is school."ⁱ

Intersex Voices

"My principal and teachers could have learned more too. Some people in the class and some friends bullied me for how I look or what I find harder than them"ⁱ

Bullying and Harassment

IDENTIFYING THE ISSUE

High rates of bullying, harassment and exclusion have been shown to occur in school environments on the basis of a known intersex variation, and also around physical traits that may be associated with intersex variations^l.

This may include:

- deviations from typical expectation of height (students that are very tall or very short) or the size of body parts (i.e. hands or feet)
- secondary sex characteristics such as the amount or absence of facial or body hair and breast development
- precocious (early) or absent onset of menstruation and other pubertal development
- body shape
- surgical scars
- and, where shared toilets, showers and changing facilities are concerned: size, form, and development of genitalia.

These perceived or observed differences in physical traits often form the basis of bullying and harassment, even when they are not understood within the context of an intersex variation. For students with a known intersex variation who are targeted by such bullying, there is a direct and obvious relationship between the bullying and their intersex status.

It is well documented that bullying and harassment have profoundly detrimental effects on the ability of students to concentrate in class, engage with their learning and to actively participate in their schools. Many intersex students respond to harassment and bullying by trying to 'blend-in', mask, or conceal their differences and avoid drawing attention to themselves.

This withdrawal can lead to avoidance of certain activities such as sports lessons, swimming, and school carnivals. Students missing classes (or even dropping out of school entirely) further reinforces a sense of isolation and difference from their peersⁱ. Furthermore, evidence shows that modifying behaviours in these ways has a direct relationship to reduced levels of self-confidence and self-esteem due to the reinforced negative messaging of stigma and shame^{xxii}.

AN ACT CASE STUDY

The 2019, Management and Minimisation of Bullying and Violence in ACT Schools Report^{xxiii} found that whilst reported incidents of bullying appeared to be infrequent in ACT schools, the received reports of bullying were still concerning in their severity. This report looked at the issues of bullying and harassment broadly and does not specify the source or reasons for the bullying or harassment. While this report points to general issues, the experiences of intersex students being bullied are subject to the same systemic issues described in this report.

The report found that in Canberra Public Schools, responses to bullying behaviours are often directed by school principals, with a large degree of autonomy, resulting in broad inconsistencies when dealing with bullying across schools. It further indicates that in some cases, this means that these incidents are not always appropriately or effectively responded to.

One example of these findings was the lack of consistent and clear engagement with social and emotional learning programs and the difficulty in accessing information about the programs being delivered^{xxiii}.

As there is a large range of these programs being accessed by schools, staff should be able to easily access information about the programs and which programs are being run in their school. Clearer and more accessible information around these programs and the school's engagement with them can help clarify the in-school responses to bullying and engagement in proactive and protective anti-bullying measures. The Report also calls for full-time social and youth workers in schools, additional school psychologists, more engagement with support workers, more involvement with Network Student Engagement Teams, designated sensory spaces and a review of school and government policies, among other government-focussed recommendations^{xxiii}. Even if this is not immediately achievable, a concrete first step that all schools could take, is ensuring that their current student welfare staff are appropriately knowledgeable about intersex variations and the needs of intersex students.

The ACT Government response to the Management and Minimisation of Bullying and Violence in ACT Schools report is also available^{xxiv}.

Some students report that teachers, student welfare and executive staff are reluctant to consider harassment and bullying behaviour in the context of a student's intersex variation¹. For intersex students, such responses to bullying are often viewed as being dismissive or promoting social and gender norms as something that intersex youth should conform to, in order to avoid being bullied.

WAYS TO ADDRESS THIS

Educators can respond to incidences of bullying by interrupting and challenging discriminatory language and behaviour, and by proactively establishing respectful standards of interaction in their schools and classrooms. Acknowledgement of, and appropriate responses to, bullying are critical. Educators and school counsellors should be careful not to dismiss or ignore disclosures and be mindful not to suggest that students who are targeted need to 'blend in' at school to avoid being harassed or bullied.

Appropriate management and response to bullying concerns and strengthening evidence-based social skills programs and anti-bullying approaches are integral to maintaining a safe and supportive school environment for all students.

Support needs for intersex students are as broad and diverse as the school community. As any form of support or intervention is best implemented with a student-centred approach, the needs for different students are likely to vary greatly. It is important to remember that different students will have a range of different contacts, relationships, and comfort levels with various members of staff, community workers and adults in their lives and therefore will each have unique help and support-seeking behaviours. As students may feel uncomfortable approaching their classroom teachers for help, it is important that all students have a sense of the range of people and places they can go to for support.

When considering the needs of intersex students in the classroom it is important to remember that help-seeking behaviour may be impeded by personal trauma, shame, stigma, and fear of discrimination, meaning that some students will be unable to independently seek help, self-advocate or reach out for support.

It is important for educators to be mindful of such students who may be struggling, becoming withdrawn and disengaging from their learning. In such cases, educators may need to initiate the help-seeking behaviours by offering support interventions such as a referral to the school psychologist or other support services. Support staff within the school such as social workers, youth workers, school counsellors, chaplains and pastoral care staff, school psychologists, student wellbeing officers, inclusion officers and in the ACT, Safe & Supportive Schools contact officers (or equivalent contact officers in Catholic and independent schools) should be accessible and known to all students.

Having an informative contacts-list poster up in your classroom is a useful way of making such information accessible to all students.

Intersex Voices

*"I had a hard time as I looked different and was called names from primary to high school. I was called retard or Downs' syndrome, lots of nasty names. I was physically less mature and that became so tough in high school. I wanted more help from staff than I got, definitely"*¹

Intersex Voices

*"I always knew I had a penis and a vagina, but I didn't find out that it was abnormal until I saw a diagram of the penis at school when I was eight. (...) I didn't consider it a bad thing, I was mostly just amazed that not everyone was like that. (...) I knew I'd have to hide it from the other kids to avoid being bullied"*¹

Intersex Voices

"[My] hair was pulled, I was pushed into walls, and I was hit a few times before my brother started walking me in, which I know he resented having to do" ... "[the principal said] 'Boys are boys, what did I expect, everyone has a hard time'.

*He somewhat dismissed it to get me out of the office, did not pass on my complaints, and left me alone with nobody but my brother to protect me. Offered me no help or sympathy...just said it was not his area"*¹

Intersex Voices

*"10 student doctors standing around staring up my vagina as the doctor put his fingers in me and spoke about me like I wasn't there. Everyone was complicit in this, my parents, extended family, the doctors, the state as far as I knew, the whole world."*¹

ACTIONS FOR CHANGE

- Social and emotional learning/anti-bullying programs are transparently and consistently engaged with within the school.
- The school has made a concerted effort to strengthen existing anti-bullying measures and to ensure rigorous, consistent reporting protocols.
- The school's student wellbeing and support staff are appropriately knowledgeable and comfortable discussing intersex variations and issues.
- The school's student wellbeing and support staff are knowledgeable and connected to supportive referrals including peer support organisations for intersex students and families.

Other Considerations

SUPPORT AT HOME, FAMILY BREAKDOWN AND ABUSE

It is an unfortunate reality that many intersex people feel they do not have an affirming, supportive home environment. Often the complexities that arise in navigating diagnoses, disclosure, healthcare decisions, and social issues when parenting an intersex child or living with an intersex variation can create additional pressures and tensions in family dynamics.

This is compounded by a long history of shame, stigma and secrecy surrounding intersex variations and body diversity. It is not uncommon for parents to be advised directly or to conclude that it is better to withhold information from their intersex children about the child's diagnosis, treatment, or medical history, under the assumption that this is what is best for the child. As some intersex variations are also hereditary, there may also be an existing family culture or history of shame and secrecy that may be activated when a child is diagnosed, or their variation is otherwise made apparent.

From the outset, this creates a relationship of secrecy and distrust, which often turns to resentment when children discover this information at a later stage of their lives.

Often parents feel pressured into making life-altering, irreversible decisions about medical interventions on behalf of their children who are too young to be involved in the decision-making process. Doctors may advise parents to make complex medical decisions with a sense of urgency and necessity, and parents feel pressured to act without being adequately informed about what alternative options exist that may be best for their children. In such cases it is not uncommon for parents to defer to the suggestions of clinicians, leaving them unwittingly complicit in their child's trauma arising from non-consensual medical interventions.

Intersex people who have experienced non-consensual medical interventions commonly share experiences of blame, resentment or anger towards their parents/carers who authorised the medical interventions they were subjected to, and likewise many parents/carers experience extreme conflict and guilt around making or having made these decisions.

Parents may not choose to disclose intersex status to their children until they feel that they are old enough to understand what this means. For many parents, this information falls into the difficult area of conversations about sex, sexuality and bodies, and the information can be wrongly viewed as 'taboo' or not age appropriate. Intersex people report that this lack of information can have significant and lifelong effects.

In some cases, parents/caregivers can also unhelpfully force their own expectations and values on their children, particularly as a rationale for authorising medical interventions. Familial breakdown can occur in cases where there is disagreement and conflict between parents/caregivers about these important decisions. When parental decisions conflict with the desires of the intersex person directly affected by these decisions, repairing the relationship may no longer be possible.

Intersex Voices

*"I left school when I left home, and now I couch surf or live in my car. I never had support from my family. We just fought all the time over my body and what they let happen to it, and how they wanted me to act. They wanted the perfect quiet little girl. They got me and I can't help that. I feel really angry and lost right now"*¹

Intersex Voices

*"...my father sexually abused me on the basis that I was an 'Hermaphrodite'"*¹

*"I recall them talking about me saying I was a girl around my mother and a boy around my father, at age five I was beaten by my stepmom with a cat food can as she screamed at me asking if I wanted to be a boy or a girl, there were other instances as well"*¹

In other cases, the presence of an intersex variation may even trigger physical or sexual abuse.

Connecting the student and supportive parents/carers with intersex-led peer support can provide strong social support and affirmation for the young person.

It is important that the young person does not blame themselves or their intersex variation for what happened to them, and in such cases affirming their intersex variation is an additional need that may be overlooked by standard responses to child abuse.

Even when families are supportive, silence about these issues, other communication barriers, or lack of understanding can still exist which create disconnection, isolation, and loneliness.

This often disadvantages the intersex young person as they generally do not receive adequate support at school or at home.

Some students may feel supported at school but not at home, while others may feel safe and supported at home but not at school. And for some intersex students both home and school may be environments where they feel unsupported.

Family stressors around the presence of an intersex variation/ intersex variations may also be exacerbated when other socioeconomic pressures are also present.

Mental Health and other impacts

Intersex students, on average, face higher rates of bullying, harassment, and social exclusion than other minority groups. This is consequently linked to higher rates of anxiety, depression, self-harm, and suicidality¹.

The traumas of (frequently non-consensual) medical intervention and abuse can also contribute to poor mental health, body image concerns such as eating disorders and body dysmorphia and associated risk-taking behaviour such as substance use.

Substance use is a common response to experiences of trauma. This may be sought out recreationally to 'escape' or block out traumatic memories and symptoms or may be developed following repeated medical engagement and the use of prescription medications.

It is important to consider support needs holistically for all students in relation to mental health and wellbeing, addressing the use of tobacco, alcohol, and other drugs, alongside the provision of competent, affirmative, and inclusive counselling services and referral pathways.

Intersex Voices

"I find it ironic that the body changes doctors recommended actually caused my mental health problems. Trauma and PTSD often co-occur with eating disorders..."

*By the time I turned 13, the shame and anger built up inside me with nowhere to go. I started restricting my intake of food, and I started exercising more and more. Within a year I had completely starved myself and developed a compulsive exercise addiction with no plans to change. Despite thinking I finally felt in control of my body, I spiraled [sic.] even further out of control"*¹

CREATING INCLUSIVE LEARNING ENVIRONMENTS

The information in this section relates to the benefits of creating inclusive spaces for learning and provides some guidance on how inclusion can be achieved.

This content provides information on setting clear expectations and how to model appropriate language and behaviour.

This section also includes an Actions for Change section to highlight the key concepts that underpin inclusive learning environments.

CREATING INCLUSIVE LEARNING ENVIRONMENTS

Establishing a safe and inclusive learning environment

Creating and maintaining a safe, supportive, and inclusive learning environment is crucial to establishing an equitable learning space for all students. This is important for all classroom contexts, but particularly so when there is discussion around marginalised communities, who face social and historical prejudice, discrimination, and stigma. It is especially important for these discussions to occur in positive ways where all students can feel confident that the topics will be addressed sensitively and respectfully. By introducing content about intersex people or intersex variations without first establishing a positive expectation for a safe, respectful, and supportive environment, educators may inadvertently generate anxiety, stress, and unease for students in their classrooms, especially those with lived experiences of the issues being discussed.

Establishing a safe and respectful learning environment can be done in the early stages of lesson delivery by framing lessons and discussions by:

- acknowledging the diversity of ideas or opinions
- informing and respecting students right to abstain from answering questions or participating in discussions that make them uncomfortable
- establishing and adhering to respectful behavioural guidelines with students through the reinforcement of existing classroom rules and school values

Following these basic guidelines will encourage students to ask questions, share information and develop their interpersonal communication, conversation and reasoning skills when discussing topics with their peers.

Students can be encouraged to participate in discussions that are relevant to their lived experience and the community in which they live. Staff can also create classrooms that foster respect for other people's privacy when personal information is shared. It is important to clearly establish expectations or 'rules' that set out what information is shared, and how others will listen respectfully, both during and following classroom discussions.

These kinds of discussions are an opportunity to coach students in how they can avoid using people's names or identifying information. In some situations, it may be appropriate for educators to stress confidentiality and discourage the sharing of information about other people outside of the classroom.

More tips and guidance on facilitating discussion and lessons about intersex can be found in the Appendices.

Normalising and Destigmatising language

“Educational anti-stigma interventions present factual information about the stigmatized condition with the goal of correcting misinformation or contradicting negative attitudes and beliefs. They counter inaccurate stereotypes or myths by replacing them with factual information.”^{xxvi}

When establishing a safe and inclusive learning environment it is also important to model respectful and prosocial behaviours, and through this, the use of appropriate and inclusive language.

School is a significant site where stigmatising attitudes and ideas can be challenged and addressed. Such attitudes are usually the product of ignorance and misunderstanding rather than intentional malicious efforts. But they are not always accidental or unintended. Stigma is complex and socially entrenched, making it difficult to acknowledge or address as it can occur in implicit biases and unconscious assumptions.

Providing factual information and addressing misconceptions when they are encountered is one of many ways to address this. Self-awareness of, and reflection on, the values and attitudes educators hold and bring into the educational setting is an important consideration, as these will likely impact the way that educators communicate information is communicated to students. In learning about intersex variations and the needs of intersex students, most educators will be encountering new ideas and experiences. When this occurs, consider how these new understandings can be communicated accurately, succinctly and without stigma or prejudice to others.

Classroom language should always be respectful and aim to normalise diversity. Terms such as “normal”/ “abnormal” should be avoided when talking about human diversity and experiences as these words are not value neutral. They implicitly establish a degree of ‘acceptability’ and value, either positively or negatively on the subject. For example, the use of “normal” presupposes that anything different is of lesser value, ‘unnatural’, undesirable, or less acceptable.

When discussing intersex-specific topics or content, it is important to remember the history of stigma and harmful use of language faced by intersex people. There are also a range of other words, terminology or phrases that have been used to describe intersex people. Current human-rights-based advocacy opts for self-determination in the use of terminology, and it is important to remember that intersex people may refer to themselves in many ways.

Detailed guidance about appropriate and respectful language & age and stage appropriate content can be found in the Appendices.

ACTIONS FOR CHANGE

- Staff acknowledge the role of schools in normalising and destigmatising diversity, through inclusive education.
- Staff understand what respectful and inclusive language looks like when discussing intersex topics in their school and classroom.
- Staff confidently use and model respectful and inclusive language with students.
- Staff confidently address disrespectful language and explain how and why to use respectful and inclusive language to students.

Community Considerations

FOR INTERSEX STAFF:

Intersex staff are another often overlooked group in the school community. They can be faced with many of the same issues and experiences as those affecting intersex students.

While some intersex staff may already know that they are intersex, or may have grown up knowing this from a young age, for many adults a common point where intersex variations may become apparent is when people begin to actively consider family formation/planning and investigate their fertility or reproductive options. As many people may not learn about their intersex variation until well into adulthood, a period of new diagnosis and all of the social and emotional processing that this confers may be something that intersex staff experience in their work environment.

Intersex staff may experience a range of issues including:

- discrimination, bullying or harassment from others in the school community, including colleagues, student and/or families
- personal issues such as familial, relationship, or marital breakdown (especially when infertility or financial stress are an issue)
- stress and other burdens related to seeking peer support, medical information, making medical decisions and, in some cases, potentially undergoing necessary surgery or treatments
- financial strain from medical engagement or assisted reproductive treatment (ART)

These, and many other issues may contribute to higher levels of stress, burn out, reduced job satisfaction/interest in work, and poor mental health, especially anxiety and depression.

Schools can consider reviewing their anti-discrimination and human resources policies and procedures to ensure that they are appropriate to meet the needs of all staff, including intersex people.

Schools can consider reviewing their anti-discrimination and human resources policies and procedures to ensure that they are appropriate to meet the needs of all staff, including intersex people.

All staff should be involved in actively creating and promoting a safe, supportive, and inclusive work environment, and school leaders may need to assess whether there are any workplace culture issues that may make some staff feel unsupported or unsafe.

School leaders can ensure all staff have appropriate knowledge and access to workplace supports or an Employee Assistance Program (EAP) that is equipped to offer intersex aware counselling and mental health support. To be accessible, EAPs must be able to have the flexibility to address medical/ personal leave arrangements. Intersex employees may not feel confident to disclose the reason or need for such leave and are entitled to privacy.

For Parents, Guardians and Family

School staff may also be the parent or caregiver of an intersex child or young person.

At the time of birth or the adoption of a child, there may be additional time required in hospitals or, there may be extra leave or support required while they seek peer support, information around medical decision-making or undergo any potentially necessary medical interventions.

There may also need to be negotiations or alternative arrangements around family leave if staff have children who need to travel interstate for medical engagement or spend extended periods of time undergoing medical treatments and recovery.

These accommodations and arrangements are best managed on an individual, case-by-case basis at the school-level, with the involvement of executive and administrative teams. Schools should consider what accommodations or flexibility already exists in their policies and procedures, or where reasonable adjustments can be made.

School executives and relevant contact officers (for example, RED contact officers) should also be able to confidently refer staff to affirmative intersex led peer and family support services.

PARTING MESSAGES

“Teachers who do include intersex issues in their curricula can provide their intersex students with a sense of community. Intersex people, whether children, teenagers, or adults, often feel that they are going through their experiences absolutely alone.

For them, realizing that there are others out there with similar experiences, facing similar challenges, can be life-affirming. Having intersex people’s lives and experiences acknowledged, represented and discussed in the classroom can be profoundly empowering- indeed, it can be life-saving.”

Christopher Breu, Intersex Educator, and Associate Professor of English at Illinois State University – Middlesex Meditations: Understanding and Teaching Intersex (2009).

“I am a 16 year old girl with Swyer Syndrome. Most people have never heard of Swyer Syndrome or the dozens of other intersex variations. Because of this, there is a lot of confusion around what intersex is, and what intersex people, especially students, need. ... There are intersex people everywhere. At the mall, the grocery store, and even in our classrooms. We may not publicize our whereabouts or who we are but we do exist.

We are your bosses, your friends, your employees, your classmates, and your students.

In the classroom, we deserve to be respected and treated like every other student, despite the fact that we’re not exactly the same as every other student.”

Kenna
Intersex highschool student
glsen.org/blog/8-ways-you-can-be-ally-intersexstudents



The appendices of this resource serve to provide a repository of external and additional source material that both supplements and complements the content within the resource.

There are 6 appendices:

- A. Unpacking What is “Age and Stage Appropriate” Content
- B. Guidelines for Teaching Intersex Issues
- C. Additional Guidance for Classroom Teachers
- D. Appropriate and Respectful Language
- E. The Darlington Statement
- F. Services, Groups and Other Resources



APPENDICES

APPENDICES

APPENDIX A Appropriate and Respectful Language

INAPPROPRIATE	CONTENTIOUS	BEST PRACTICE
Hermaphrodite Disorder Birth/Congenital Defect Normal/Abnormal Aberration 'it'/'shim'/'heshe' DSD (Disorder of Sexual Development)	Intersexed Intersexual Intersexuality Intersex Condition Medical Condition Atypical sex development DSD (Differences in sex development)	Intersex Intersex person Intersex variation Intersex trait/s People born with intersex variation/s Variations of sex characteristics Biological diversity Bodily diversity Hormonal diversity Individual diagnostic terms: i.e. Congenital Adrenal Hyperplasia (CAH)

As educators it is important to be cognisant of the ways in which you use language and the effect this has on students. Educators' language should always be respectful and aim to normalise diversity. Terms such as "normal"/ "abnormal" should be avoided when talking about human diversity and experiences as these words are not value neutral. They implicitly establish a degree of "acceptability" and value, either positively or negatively on the subject. For example, the use of "normal" presupposes that anything different is of lesser value, 'unnatural', undesirable, or less acceptable.

Terminology that is disrespectful and moralising should always be avoided in the classroom and school environment. Discussion about intersex people and intersex issues should be respectful and dignify the subject. This is particularly true when such language is coming from an educator or other member of staff.

Moralising language usually reflects personally held beliefs and attitudes that can be inconsistent with anti-discrimination and professional conduct policies. Clinical and pathologising language should also be avoided as it can be traumatic and dehumanising.

Other 'contentious' words such as "intersexed", "intersexual" and "intersexuality" generally feel grammatically incorrect because they appear from the translation of information sources into English from other languages. The term 'intersex' itself should be treated as an adjective and used to describe people, traits, and variations.

The term 'hermaphrodite' is both antiquated and misleading. It is also widely considered to be pejorative in the intersex community and should be avoided.

It is always best practice to use language that highlights the natural diversity of our community and that centres the humanity of the individual and their personhood. It is also important to remember the complex and unique relationships people have to language. This means that some intersex people may prefer obscure, third-person, diagnostic or reclaimed offensive terms to describe themselves and their experiences. It is important to respect those choices, however this does not give you permission to use such language yourself, or to allow it in a classroom setting.

APPENDIX B Unpacking What is "Age and Stage Appropriate Content"

All intersex-related learning content and information can be communicated in a manner appropriate to students' age and developmental stage. When considering age and stage appropriate content, it can be helpful to consider the concepts of 'breadth of information' and 'depth of information'. The breadth of information covers all conceivable topics, all of which are appropriate to be communicated with any individual on a level that they can understand and comprehend. The 'depth of information' addresses the level of detail, and conceptual complexity in which the topic is communicated.

The depth of information conveyed to children and young person must be guided by their ability to understand and process the information provided to them, with further detail offered in response to their line of questioning. For educators and for parents, asking clarifying questions to gauge where the young person is approaching the topic from, is critical to providing an informative and useful response.

For example, a child in kindergarten is unlikely to need to know a lot of information about specific intersex variations and diagnostic terms but could easily be informed about bodily diversity through messages such as "people have all kinds of bodies that look all kinds of ways" and "It is not important for you to know what private body parts a particular person has. This is private information". These kinds of statements are an inherently inclusive, accurate and age and stage appropriate way to communicate about bodily diversity in an affirmative manner.

Intersex topics are not inherently more complex or inappropriate than comparable content that is covered in relation to endosex people and bodies. Relevant information about intersex people should be included where such comparable topics are addressed in curricula and learning programs.

The following are examples of "age and stage appropriate" inclusive messaging:

EARLY YEARS

- All bodies are different and are made up of different parts.
- Your body has: ... (nipples, a vulva, a penis, testicles/testes, a bottom).
- Not all private parts look the same, every penis/vulva etc. looks different.
- Your body is unique and special.
- It is important to look after your body and private parts

- No one is allowed to touch your private body parts unless they are a parent/carer who is helping you to stay healthy, or to help you wash/wipe your private parts until you can do this for yourself.
- Sometimes a doctor may need to check your private body parts to help keep you healthy, or stop them from hurting. It is okay to say no if you do not want this to happen. You should always be with a trusted adult such as a parent or carer when this happens. They can help make sure this is a safe experience for you.
- Parents/carers and doctors have a responsibility to your health, safety and wellbeing. Their actions and behaviours should always protect and ensure your health and safety and wellbeing.

LATE PRIMARY

(Including all the information from previous early years)

Body Awareness, Body Differences & Body Changes

- Our bodies change and grow as we get older.
- Puberty is one of the ways our bodies change as we grow up.
- Not everyone experiences puberty in the same way or at the same time.
- All changes around puberty are different for each person. You may not experience all changes and you may experience different changes at different times and in different ways to your peers.
- Some people may experience delayed puberty, or they may start puberty at a very young age.
- Puberty can include a lot of different changes, sometimes these can be unexpected.
- Sometimes people need to see a doctor to help them start puberty and some people may need extra support around puberty.
- Not everyone's genitals look the same (for example, due to genetics, surgery, cultural practices).
- Some people are intersex. This means that they may have parts of their body, hormones or chromosomes that are different from what we usually expect.
- Intersex variations are naturally occurring and are a natural part of human diversity.
- Having an intersex variation does not make someone sick or bad. It is not a disease or disorder.
- People have, and develop, different amounts of body hair on different parts of the body. Some common areas include on your face, under your arms, around your genitals and on your arms and legs.

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- Some people will have a lot of body hair and some people may have no body hair at all. All body hair is natural and healthy. There is no medical or hygiene reason to remove body hair, however people are free to make their own decisions about keeping or removing their body hair. There are different ways this can be done safely.
- Some people who expect to get a period, may never get a period and that is okay. Sometimes people may not have the organs or hormones that are necessary to have a period. You can always talk to a doctor if you have any concerns about this.
- Not all people can have babies. There are many reasons that people cannot have biological children. Sometimes an intersex variation or medical treatment may mean that that person is unable to have their own biological children.
- There are alternative options for people who want to be parents but can't have their own biological children. This includes reproductive assistance through in vitro fertilisation (IVF) and fertility treatments, adoption and fostering.

SOCIAL AND EMOTIONAL

- There are many reasons why we are similar or different from people. Being different is not wrong, bad, or shameful.
- Consent is necessary before touching another person. This also includes hugging, as people have different boundaries that we may not know or share.
- No one has the right to touch your body or make you feel like you must give them permission to touch or look at your body. You can always say no to someone who wants to touch or look at your body, even your doctor/s.
Sometimes your parents/carers or a healthcare worker (doctor, nurse) will need to look at or touch your body for medical reasons, but they should always be able to explain why they are doing that. When healthcare workers need to touch or look at your body, they there should always be another trusted adult like your parent/carer present (who you also agree can be there) when this is experience for you.
- Peer support is always available if you wish to discuss your experiences with people who have shared experiences with you. Your doctor should be able to recommend a peer support group or community organisation who can point you in the right direction. You can also seek support from the community organisations and health services.

See those listed at the back of this resource in Appendix F.

- Different people can know different bits of information about you. You do not have to tell people anything you do not want them to know. You should be supported by your parents, and family in telling people anything important to you that you would like them to know.
- Intersex people can have any gender identity or sexuality. Being intersex does not mean that you are part of a '3rd' or 'other' sex or gender category. People use all sorts of words to describe and identify themselves, and intersex people are no different.
- Intersex variations are about biological sex characteristics that people are born with. Being intersex is not the same as being transgender or gender diverse. Most intersex people are cisgender (not transgender) and identify their gender in binary terms.

SECONDARY AND COLLEGE

(Including all the information from previous years)

SOCIAL AND EMOTIONAL

- Self-esteem can affect the way people make and keep friendships, and how they develop their relationships with other people.
- There are many reasons why people may experience poor self-esteem and feel uncomfortable or shamed for their body, including their weight and body shape, scars, birthmarks, and secondary sex characteristics. This may mean that people have difficulty getting changed with other people around, going swimming, and playing sports or wearing certain clothes. It is important to respect people's personal boundaries around these things.
- All touch, including sexual touch, must have consent. All touch, including for healthcare, must have consent.
- Not having consent respected, especially in sexual situations or healthcare situations, can have big effects for people. They can feel disrespected, scared, ashamed, angry, sad, embarrassed, ignored, and may worry that it will happen again.
This can affect the way they interact with others, and whether they trust other people. They may not feel like they can tell anyone about it, especially if the person who did not respect their consent threatened them. Or they may feel that they caused it to happen, especially if the person who did not respect their consent blamed them, or because they needed help when it happened.

- Friends and peers can be very important when someone talks about an experience of not having their consent respected. Friends can say "I believe you," "it's not your fault," and "do you want me to help find out who else can help you?"

Friends can understand that building trust takes time, and that sometimes people can still have strong feelings and reactions even when the situation has stopped.

SEXUAL ATTRACTION, SEXUAL IDENTITY AND BEHAVIOURS

- Not all people experience sexual attraction at the same age, in the same way or at all. Sexual feelings and relationships may feel scary and challenging for some people even when they do experience sexual attraction.
- Feeling attracted to someone can feel exciting, but it can also make people feel nervous, uncomfortable, vulnerable or alone (especially if they don't know how the other person feels). People can feel worried that the other person will not accept them.
- Intersex is not a sexuality or a gender identity. Intersex people are not automatically LGBTQ+. Most intersex people are heterosexual (straight), and most are cisgender.
- Not all people will feel comfortable and confident in sexual relationships, this can be impacted by negative past experiences and poor self-esteem that can arise from people having negative and wrong ideas about intersex bodies and intersex people.
- Being sexual with another person (whether through sexual intercourse or other sexual behaviours) can be different for different people. People's boundaries, bodies and preferences vary greatly, and sex may not involve penetration at all.

It is important to consider the range of sexual behaviours and the types of sex that are possible and pleasurable for all individuals involved. All sex must have consent. Sometimes there may be physical limitations to what sort of behaviours are possible and enjoyable.

BIOLOGY AND DIVERSITY

- There are more than 2 sex chromosome patterns (more than just XX and XY).
- Sex chromosomes alone do not determine a person's sex or anatomy.
- Biological characteristics do not determine a person's gender identity.
- Intersex is not a "third sex".
- Intersex people are not all the same.

APPENDIX C Guidelines for Teaching Intersex Issues

ADAPTED FROM: KOYAMA & WEASEL (2002) ^{xxvi}

- Give authority to intersex people. When teaching intersex topics, introduce students to first-person narratives as well as writings by intersex authors and videos made by intersex people. Be careful to not indulge voyeuristic attitudes and avoid presenting intersex voices as in need of legitimisation by endosex (non intersex) 'specialists'.
- Assume that intersex people are everywhere, including your classroom. Do not ask hypothetical questions as if none of the students or their family members are intersex. Do not expect intersex students to "come out" in class or interpret the absence of openly out intersex students as the absence of intersex students in the room.
- Educate yourself about intersex issues. Learn what language, words and phrases are preferred or not preferred by intersex people and why.
- Address real-life issues faced by intersex people. Do not exploit the existence of intersex variations to make points about gender or to deconstruct gender.
- Recognise that it is not the responsibility of intersex people to deconstruct the sex and gender binary or to be used as the case study for gender theories. Acknowledge that most intersex people do not want to be considered as a 'third gender' or 'third sex'.
- Engage yourself and your students in intersex activism and advocacy to give back to the intersex community they are learning from.
- Recognise that intersex activism may have priorities and strategies beyond those of the LGBTQ+ community. Do not automatically treat intersex issues as an extension of LGBTQ+ issues or treat intersex people as a subgroup within the LGBTQ+ community.
- Draw connections to many issues, not just LGBTQ+ issues. Consider the issues of disability communities, medical and psychiatric trauma survivors, medical ethics, human rights, health activism, feminist anti-violence movements (child sexual abuse, domestic violence, genital mutilation), reproductive rights, child and youth rights, consent, bodily autonomy, bullying and respectful relationships etc.

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APPENDIX D Additional Guidance for Classroom Teachers

ANSWERING QUESTIONS AND MANAGING DIFFICULT DISCUSSIONS

Once you have established a safe and supportive environment it is likely that students will approach you, the class or their peers with a range of questions as young people possess a wealth of natural curiosity about themselves and the world around them. This is particularly true in relation to areas of sex, sexuality, gender, and body development.

The secrecy, shame and stigma around these topics means that often such information is seen as elusive and mysterious. As an educator it is always best to give accurate and age-appropriate information to students to dispel any myths or misunderstandings that they may have.

When dealing with challenging questions it is important remember that there may not be a simple or clear answer. It is also ok for you not to immediately know the answer.

Some useful tips include:

- Rephrasing the question to clarify the intent with the student. This will confirm that you have understood the student and provide the student with an opportunity to rethink the question, perhaps allowing them to come to an answer on their own. Otherwise, asking the student to rephrase the question may also make you more aware of the student's understanding of the topic and any potential knowledge gaps or misunderstandings that you may need to address.
- Reflect the question back to the student and ask them about their thoughts and opinions on the topic or question. This can be useful if you need to challenge assumptions or resolve any misinterpretations.
- Assist students to differentiate between evidence, assumptions, and opinions. This may require you to guide some further learning or re-learning of information to address this by providing high quality resources and information.
- Keep your answers age and stage appropriate and if possible, relate it back to other topics of discussion in the classroom. See Appendix B - Unpacking What is "Age and Stage Appropriate Content."
- If a student asks questions that seem very important to them, but are either not interesting or more complex than the rest of the class or group needs, you can invite the student to speak to you at the end of class or at another time. When you offer this, you can also see from the class reaction if other students actually are interested in the answer or not.

- Only give factual answers. This may require you to defer the question for another time and to inform the student that you need to get some more information before you are able to get back to them with an answer.
- Where students ask questions about themselves, or ask share information that raises concerns about their safety and wellbeing, validate their approach to help get information and look after themselves. You may need to remind the student of established boundaries surrounding the sharing of personal information (including limits of confidentiality). Where any personal disclosures are made, refer to your school policies and procedures in order to document and follow up on this if necessary.
- If your students ask confronting questions that may seem inappropriate or offensive it is best to assume good intent on their part initially. The nature of such questioning can often be attributed to discomfort or not being familiar with the content or subject matter rather than anything malicious. Point back to expectations of behaviour, group or class rules around respectful communication and appropriate questions. Gently correct or restate what has been said using more appropriate language. For example, rephrase 'slang' or vulgar language when clarifying or answering the question, modelling appropriate and respectful language, and clearly communicating appropriate information to address the student's concerns.
- If inappropriate or personally intrusive questions and comments continue, even after redirection, move on (call on someone else, move to a new question, topic or activity) or end the discussion. Firmly but respectfully point out that the behaviour is not consistent with expectations, so you are not continuing the dialogue.

DISCLOSURES AND CONFIDENTIALITY

When discussing topics relating to diversity and identity it is common for students to relate to the content. This may lead to personal disclosures of a known intersex variation, presence of intersex traits, or similar experiences.

Whilst separate from intersex issues, disclosure of gender identity, sexuality, relationships, and other kinds of body diversity may also be raised, which educators need to manage appropriately and sensitively.

Modelling appropriate, respectful, and informed discussion of intersex issues is likely to increase student confidence that an educator or other staff member is an approachable person who may be able to assist them.

This is an incredibly important moment for a student who has decided to take this step. It is important to remember that you may be the first or only person with whom they have shared this information. Ultimately their comfort in communicating such information to you speaks to the degree of openness, inclusivity, and respect you have already modelled, and in the respectful engagement with the content that you have been addressing in class. In responding to the student, it is important to remember to acknowledge the significance of what they have shared with you and to thank them for trusting you with the information that they have shared. It is also important to keep the interaction positive, proactive and student-led.

Asking the student about what outcomes they would like to see, what you can do to help or how best to support them, allows the student to have agency over their needs, decisions, and support. This can ultimately help empower the student after the vulnerable experience of disclosing personal information.

Unless it would put you or a student at risk of harm, or further harm, it is always better to talk openly with a student about the kinds of information you cannot keep confidential. This is best done proactively in advance of any disclosure, but it is also important after a disclosure to let the student know if you need to do something more with the information. As much as possible, you should work with the student to do this in a way that best supports them.

APPENDIX E The Darlington Statement

WHAT IS IT?

The Darlington Statement is a joint consensus statement resulting from the collaboration between intersex advocates and organisations from Australia and Aotearoa (New Zealand).

The statement establishes the priorities and positions of the intersex human rights movement in our region.

SCHOOL-RELEVANCE

Supportive schools are encouraged to discuss, address and, where possible, affirm the Darlington Statement.

This statement can be utilised by schools alongside existing government policies to foster a school position that is human rights compliant and consistent with the interests of the intersex community.

HIGHLIGHTS FROM THE DARLINGTON STATEMENT: "EDUCATION, AWARENESS AND EMPLOYMENT":

- 51.** *We acknowledge that stigma is often the result of misconceptions about intersex which is compounded by a lack of education and awareness.*
- 53.** *We acknowledge the impacts of stigma, trauma, and unwanted medical interventions on access to education and on employment, and consequences that include high rates of early school leaving, poverty, self-harm and suicidality.*
- 54.** *We call for the inclusion of accurate and affirmative material on bodily diversity, including intersex variations, in school curricula, including in health and sex education.*
- 55.** *We call on education and awareness providers to develop content with intersex-led organisations, and promote delivery by intersex people.*
- 57.** *We call for policies in educational institutions and employment to recognise that some people born with intersex variations may benefit from accommodations and reasonable adjustments, including special needs requirements, workplace adjustments, job access assistance, and provisions for medical leave.*
- 58.** *We acknowledge the vital importance of positive stories and role models and the existence of some positive media coverage of intersex people. We acknowledge that much media work unfortunately perpetuates the stigmatisation of intersex people and bodies. We call on the media to work with intersex-led organisations to improve their understanding of intersex people and our human rights issues.*



READ
darlington.org.au/statement

AFFIRM
darlington.org.au/affirmation/

APPENDICES

APPENDIX F Services, groups and other resources

Peer and family support are an important part of addressing holistic individual and familial wellbeing over a person's entire life course.

Many groups and organisations advertise themselves as support groups or support services, however they may not take an affirmative, or human rights centred approach to supporting intersex individuals and their families. For example, some diagnosis-specific groups online still advocate for deferrable medical intervention and 'corrective' procedures and therapies. Such groups take a pathologising, 'othering' or clinical approach that actively perpetrates and perpetuates harm against intersex people.

These group often also hold rigid ideas around identity and gender, and positions on what the "correct" gender identity of people with a particular diagnosis is. For example, there are pervasive ideas such as everyone with AIS, Turner's, MRKH and CAH are women/girls and that those with Klinefelter's and Hypospadias are men/boys. Some of the diagnostic-focussed peer support groups exclude or ostracise people who have gender identities that do not align with these assumptions.

There is a range of varied content available online and not all groups and services provide the appropriate quality of support and information. It is important to know that it is possible to find affirmative alternatives such as the ones listed on this page.

Intersex Voices

"Another aspect of my healing was finding my place in the intersex community. I started connecting with intersex people all over the world on Facebook. I never imagined this possibility for myself. After all, I was told I had a "syndrome" so rare that there was no one else like me. Many doctors might want us and our families to believe this.

I went years knowing only the medical language of "androgen insensitivity syndrome" before hearing the word intersex. The term immediately resonated with me"^{xv}

STUDENTS

Peer support may be difficult to access within a school environment but can make a critical difference for intersex students. Local peer support services and groups - such as A Gender Agenda (ACT) and Intersex Peer Support Australia (national) - provide relevant services and points of contact for intersex people and their families. These services provide an affirmative approach, are led by and catered to the needs of intersex people in Australia. Engaging with such groups can be instrumental in feeling connected and supported, providing a chance to interact and network with individuals who have similar and shared experiences.

There are both strengths and limitations to the various support options that exist, it may be important to access more than one form or source of support. Professional support and counselling is strengthened and solidified by social peer support and vice versa, as each allows the individual access to different spaces within which to work through trauma and the burdens of isolation and stigma.

FOR FAMILIES

Peer support is also available for the families, parents and carers of intersex people, especially intersex youth. Services such as A Gender Agenda and Intersex Peer Support Australia offer support to families, parents, carers, and siblings of intersex people.

It is important for families of intersex people to also access support where needed, particularly if they are tasked with navigating health pathways and advocating for the intersex individual.

School staff should be aware of these affirmative and appropriate services and be able to confidently refer parents, families, and carers to these supports where and when appropriate.

This is especially true where there has been communication and disclosure to the school from the family or carer on behalf of the child.

INTERSEX PEER SUPPORT

IN CANBERRA

A Gender Agenda (AGA)
genderrights.org.au



A Gender Agenda aims to support the goals and needs of the intersex, transgender and gender diverse communities of Canberra and the surrounding region. Through education, advocacy, peer support and professional networks we connect people to each other and build off the wisdom of collective experiences. For over ten years, AGA has represented a gold standard of TGD+I support that is unique in Australia.

AUSTRALIA WIDE

Intersex Peer Support Australia (IPSA) isupport.org.au
Formerly: aissga.org.au



Since 1985 the AIS Support Group Australia has helped individuals and families with intersex variations. We're rebranding to make us more inclusive.

Intersex Peer Support Australia (IPSA) is an intersex peer support, information and advocacy group for people born with variations in sex characteristics and their families. We tackle stigma and misconception surrounding intersex through education, and advocate on issues affecting the wider intersex community.



We work towards improving affirmative healthcare, fostering intersex pride, strengthening our community and deepening social culture. IPSA is a peer-led, not-for-profit intersex organisation and a registered health promotion charity.

What We Wish Our Teachers Knew

Educators play an important role in young people's lives and have the ability to ensure that students feel respected, heard, and seen for who they are. Making them feel safe, understood, and included can go a long way towards building self-esteem and lifelong happiness. This brochure is the 4th in a series created by members of interACT Youth and informed by their personal experiences.

interactadvocates.org/wp-content/uploads/2018/07/BROCHURE-interACT-Teachers-final.pdf



OTHER INFORMATION AND RESOURCES



Intersex Human Rights Australia (IHRA)
ihra.org.au



Intersex Human Rights Australia is a national not-for-profit company by and for people born with variations of sex characteristics. We were formerly known as OII Australia. We promote human rights, health and bodily autonomy. Our goals are to help create a society where intersex bodies are not stigmatised, and where our rights as people are recognised. We build community, evidence, capacity, and education and information resources.



Webinar
Raising awareness and visibility of the 'I' in educational settings
ihra.org.au/38837/webinar-agli-education-2021/



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This section collates all the referenced source material from throughout the document, making it easy for the reader to follow up any content, while also allowing for further reading to be undertaken at the reader's discretion.



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INCLUDING INTERSEX

RESPONDING TO ISSUES
AFFECTING THE EDUCATIONAL
EXPERIENCES OF INTERSEX
STUDENTS IN AUSTRALIA



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SHFPACT & AGA work and operate on Ngunnawal country. We acknowledge and pay our respects to the Ngunnawal Elders past, present and emergent.

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