



# InterAction for Health and Human Rights

## **Federal pre-budget submission 2026-27: Proposal for resourcing of a national intersex community- controlled healthcare service**

January 2026

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## 1 Summary and recommendation

InterAction for Health and Human Rights (“InterAction”) is Australia’s national organisation controlled by people with innate variations of sex characteristics (intersex variations/differences of sex development). Formed through the merger of two long-standing organisations, we provide unique, community-led programs including our InterLink psychosocial support service, Intersex Peer Support Australia program, Yellow Tick training, and our Policy Program. Our work has shaped national and State and Territory reforms and filled critical service gaps, yet remains drastically underfunded. With key philanthropic funding ending in 2026, we urgently need new partners to help sustain and grow this life-changing work.

### 1.1 Our recommendation

**We recommend that the Government provides \$2,056,000 in annual resourcing to develop and sustain a community-controlled healthcare service, to support the provision of biopsychosocial health and medical services for people with innate variations of sex characteristics (intersex variations/differences of sex development) and families, and support provision of policy advice to government. The service will be developed and run by InterAction for Health and Human Rights.**

## 2 About us

People with innate variations of sex characteristics (intersex variations/differences of sex development) form a diverse population with many different kinds of bodies, sex characteristics, observed/assigned sex, genders, identities, life experiences, and terminology and word preferences. What we share in common is an experience of having innate sex characteristics (such as chromosomes, gonads, reproductive development or hormones) that differ from medical norms for female or male bodies. We experience discrimination, stigmatisation and harmful practices because of the ways our bodies are seen as different.

InterAction for Health and Human Rights is a new name for the 2024/5 unification of two national intersex community-controlled organisations: Intersex Human Rights Australia (founded to focus on policy and advocacy in 2010) and Intersex Peer Support Australia (founded to focus on peer support in 1985).

We promote the health, human rights, self-determination and bodily autonomy of people with innate variations of sex characteristics in Australia and internationally. Our goals are to help create a society where our bodies are not stigmatised, and where our rights as people are respected, protected and fulfilled. To do this, we build community, evidence, capacity, and education and information resources. We deliver psychosocial support, peer support and training programs.

We engage in policy and advocacy work, deliver professional peer-led psychosocial support and peer support services, and promote education and awareness through training. Cumulatively, our staff and board team have many decades of experience in human rights and health and data policy work, and peer and psychosocial support. We bring together qualifications and expertise in bioethics, psychology, social work and allied health, law, history and public administration.

Legally we are registered as Intersex Human Rights Australia Ltd, a Public Benevolent Institution and company limited by guarantee, with Deductible Gift Recipient (DGR1) status. All staff are part-time and employed in line with an Enterprise Agreement developed by (and adopted with permission

from) Queensland Council for LGBTI Health. All staff work remotely; InterAction does not have office facilities.

Our website is found at <https://interaction.org.au> and inquiries about this submission can be made to Dr Morgan Carpenter, Executive Director, at [morgan.carpenter@interaction.org.au](mailto:morgan.carpenter@interaction.org.au).

### 3 Characteristics, health needs and barriers in our population

People with innate variations of sex characteristics have innate reproductive development, genetics or hormones that do not fit medical norms for female or male bodies. A wide spectrum of innate variations exists in genital appearance, hormones, chromosomes and/or reproductive organs.

Characteristics of our population include:

- A diversity of nomenclature: other umbrella terms used to describe innate variations of sex characteristics are intersex or differences/disorders of sex development ('DSD').
- There are more than 40 different innate variations, each with different typical age of diagnosis, expression, likely observed/assigned sex, and health needs.<sup>1</sup> Variations may be determined prenatally, at birth, during puberty, when trying to conceive a child, or at other times. Examples include androgen insensitivity syndrome, gonadal dysgenesis, hypospadias, micropenis, sex chromosome variations, and multiple forms of congenital adrenal hyperplasia.
- Individuals can experience diagnosis-specific health issues, including potential for renal, cardiovascular, psychosocial and (with variable and often low-quality evidence) specific risks for gonadal tumours.
- Common and widespread issues across our population include experiences of shame, stigmatisation, lack of social understanding, and isolation.<sup>2</sup>
- The population includes infants and children, adolescents and adults.
- Individuals old enough to freely express an identity may be LGBTQ or may be cisgender and heterosexual.
- People with innate variations of sex characteristics have a range of different values and preferences that are poorly served by current medical pathways and dominant conceptions about identity, sexuality, sex, and gender diversity.<sup>3</sup>

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<sup>1</sup> Morgan Carpenter, 'From Harmful Practices and Instrumentalisation, towards Legislative Protections and Community-Owned Healthcare Services: The Context and Goals of the Intersex Movement in Australia' (2024) 13(4) *Social Sciences* 191.

<sup>2</sup> Bonnie Hart and Jane Shakespeare-Finch, 'Intersex Lived Experience: Trauma and Posttraumatic Growth in Narratives' (2021) 13 *Psychology & Sexuality* 912; Tim C Van De Grift et al, 'Minority Stress and Resilience Experiences in Adolescents and Young Adults with Intersex Variations/Differences of Sex Development.' [2024] *Psychology of Sexual Orientation and Gender Diversity* <<https://doi.apa.org/doi/10.1037/sgd0000690>>; Peter Hegarty, 'The Psychology of People with Variable Sex Characteristics/Intersex' (2023) 49 *Current Opinion in Psychology* 101539; Aileen Kennedy, "'Humiliated and Ashamed, Again and Again": Regulating Genital Examinations of Children with Innate Variations of Sex Characteristics' (2025) 18(2) *International Journal of Feminist Approaches to Bioethics* 261 ("Humiliated and Ashamed, Again and Again").

<sup>3</sup> Morgan Carpenter, 'The Health and Human Rights of People with Intersex Variations' in Peter Aggleton et al (eds), *Routledge Handbook on Sexuality, Gender, Health and Rights* (Routledge, Second edition, 2023) 90.

Key healthcare needs and barriers include:

- Significant and pervasive experiences of stigmatisation, shame, marginalisation and incomprehension. These impact on social isolation, community engagement, and family and intimate relationships.
- Common health needs include issues relating to prior medical treatment; fertility/infertility; sexual dysfunction arising from shame, stigma and prior medical treatment; psychosocial support, and diagnosis-specific biopsychosocial health needs.
- Medical practices are biased towards heteronormative identities and function, ‘social and familial integration’, and pre-emptive medical interventions to make bodies appear and function in ways that are felt more typically female or male.<sup>4</sup>
- Infants, children and adolescents continue to experience life-changing but unnecessary and elective medical interventions, typically based on parental distress and low-quality evidence. These interventions assume future risks and values, meaning that many individuals continue to undergo interventions that they would not choose for themselves, without adequate evidence of benefit and without evidence of necessity. This is documented, *inter alia*, in a 2025 report by Equality Australia to which we contributed expertise, analysis, and individuals willing to tell their personal stories. This report is based on data released under Freedom of Information requests for the period 2018-2023, meaning that many of the children whose cases are discussed in clinical reports are still being treated in the paediatric hospital system.<sup>5</sup>
- Paediatric surgical and endocrinological services are over-emphasised and prioritised, and many early medical interventions are understood to be human rights violations.<sup>6</sup>
- Adult biomedical services are negligible and under-resourced, with no population-specific service in Australia (the UK provides an example<sup>7</sup> of such a service).
- Psychosocial support needs for individuals and families are neglected and under-resourced; InterAction (via the InterLink program) and the ACT government (via a new paediatric Variations of Sex Characteristics Psychosocial Support Unit in Canberra Hospital) deliver the first such services.
- There is often a lack of evidence identifying which medical interventions may be helpful.
- There is widespread lack of comprehension of the characteristics, needs and circumstances of the population, by institutions and service providers, in both mainstream and LGBT settings, impacting safety, disclosure, and access to treatment, leading to incoherent policy

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<sup>4</sup> Office of the High Commissioner for Human Rights, *Discriminatory Laws and Policies, Acts of Violence and Harmful Practices against Intersex Persons* (No A/HRC/60/50, 8 August 2025) <<https://docs.un.org/A/HRC/60/50>>; Australian Human Rights Commission, *Ensuring Health and Bodily Integrity: Towards a Human Rights Approach for People Born with Variations in Sex Characteristics* (Australian Human Rights Commission, 2021) <<https://humanrights.gov.au/intersex-report-2021>> (*‘Ensuring Health and Bodily Integrity’*); Morgan Carpenter, ‘Fixing Bodies and Shaping Narratives: Epistemic Injustice and the Responses of Medicine and Bioethics to Intersex Human Rights Demands’ (2024) 19(1) *Clinical Ethics* 3 (*‘Fixing Bodies and Shaping Narratives’*).

<sup>5</sup> Equality Australia, *The Missing Voice: A Thematic Analysis and Stories of Ongoing Medical Interventions on Intersex Children in Australia* (2025) <<https://equalityaustralia.org.au/take-action/campaigns/intersex-human-rights/>>; Morgan Carpenter, *Decision-Making by Australian Hospital Multidisciplinary Teams Regarding Treatment of Children with Innate Variations of Sex Characteristics, 2018-2023* (2025) <<https://interaction.org.au/resource/carpenter-foi-technical-report/>>.

<sup>6</sup> Australian Human Rights Commission (n 4); Office of the High Commissioner for Human Rights (n 4); AIS Support Group Australia et al, *Darlington Statement* (March 2017) <<https://darlington.org.au/statement>>.

<sup>7</sup> University College London Hospitals NHS Foundation Trust, ‘Differences in Sex Development (DSD) | Specialist Multidisciplinary Care at UCLH’, *University College London Hospitals NHS Foundation Trust* (2025) <<https://www.uclh.nhs.uk/our-services/find-service/womens-health-1/gynaecology/differences-sex-development>>.

development and lack of safe and accessible services. For example, Headspace and the Australian government wrongly frame intersex as a matter of gender diversity.<sup>8</sup>

- Intersex community organisations seek to scale-up psychosocial and other health services, but these are often believed to be already delivered to adult LGBTI populations.
- Without specific resourcing, unmet healthcare needs cannot be addressed.

## 4 Recommendations for service improvements

Our proposal implements previously unimplemented recommendations by the Senate Community Affairs References Committee,<sup>9</sup> by UN Treaty Bodies in recommendations to Australia, by the Australian Human Rights Commission<sup>10</sup> and by LGBTIQ+ Health Australia. These recommendations are summarised below.

In 2013, the Community Affairs References Committee recommended significant changes to clinical practices, including oversight to ensure that treatments occur within a human rights-affirming context. The Committee also recommended:

*“Recommendation 12: The committee recommends that intersex support groups be core funded to provide support and information to patients, parents, families and health professionals in all intersex cases.”<sup>11</sup>*

United Nations Treaty Bodies have made strong recommendations for reform to clinical practices in Australia, including the provision of adequate human rights-affirming support and counselling to individuals and families. In 2019, the Committee on the Rights of the Child recommended that Australia prohibit harmful practices and improve services:

*“31 (b) Enact legislation explicitly prohibiting coerced sterilisation or unnecessary medical or surgical treatment, guaranteeing bodily integrity and autonomy to intersex children as well as adequate support and counselling to families of intersex children.”<sup>12</sup>*

In the same year, the Committee on the Rights of Persons with Disabilities recommended that Australia protect the integrity of the person, provide redress, and improve services:

*“34 (b) Adopt clear legislative provisions that explicitly prohibit the performance of unnecessary, invasive and irreversible medical interventions, including surgical, hormonal or other medical procedures on intersex children before they reach the legal age of consent ... without their free and informed consent of the person concerned; also provide adequate counselling and support*

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<sup>8</sup> Carpenter, ‘From Harmful Practices and Instrumentalisation, towards Legislative Protections and Community-Owned Healthcare Services: The Context and Goals of the Intersex Movement in Australia’ (n 1); Attorney General’s Department, *Australian Government Guidelines on the Recognition of Sex and Gender (2015)* (2015) <<http://www.ag.gov.au/Publications/Pages/AustralianGovernmentGuidelinesontheRecognitionofSexandGender.aspx>>; Headspace, *Clinical Toolkit Clinical Tips: Gender Diversity* (18 July 2020) <<https://headspace.org.au/assets/download-cards/CT-Gender-Diversity.pdf>>.

<sup>9</sup> Senate of Australia Community Affairs References Committee, *Involuntary or Coerced Sterilisation of Intersex People in Australia* (2013) <[http://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Involuntary\\_Sterilisation/Sec\\_Report/index](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Involuntary_Sterilisation/Sec_Report/index)>.

<sup>10</sup> Australian Human Rights Commission (n 4).

<sup>11</sup> Senate of Australia Community Affairs References Committee (n 9).

<sup>12</sup> Committee on the Rights of the Child, *Concluding Observations on the Combined Fifth and Sixth Periodic Reports of Australia* (No CRC/C/AUS/CO/5-6, 1 November 2019).

*for the families of intersex children and redress to intersex persons having undergone such medical procedures.”<sup>13</sup>*

In 2021, the Australian Human Rights Commission recommended legislative reform to ensure oversight of medical interventions, accompanied by national guidelines to ensure adherence, plus:

*“Recommendation 5: All people born with variations in sex characteristics should have access to comprehensive, appropriately qualified multidisciplinary care, with input from mental health and other key professionals, and other people with variations. Care should be available across their lifespan and regardless of where they live.”*

*“Recommendation 10: The Australian Government and state and territory governments should provide sufficient public funding for:*

- a) *sustainable operation of advocacy and peer support organisations led by people born with variations of sex characteristics*
- b) *comprehensive psychological and psychiatric health services, for people born with variations of sex characteristics, their parents and other family members*
- c) *improved access to peer support and health services, including online and by telephone*
- d) *comprehensive and up-to-date consumer resources for people born with variations in sex characteristics, their parents and other family members informed by clinical, peer support and human rights experts.*

*“The Australian Government and state and territory governments should also consult on establishing and funding coordinator positions to integrate care across multiple specialties and institutions.”<sup>14</sup>*

In previous federal budget submissions LGBTIQ+ Health Australia (LHA) noted the crucial importance of a robust community-controlled health sector in order to address LGBTIQ+ health and wellbeing disparities. LHA specifically called for core funding to establish the sustainability of our founding organisations<sup>15</sup> but necessary funding levels were not specified. This submission specifies the necessary funding.

#### 4.1 Our proposals support the National Action Plan

Our Executive Director participated in a federal expert advisory committee that contributed to the development of National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035,<sup>16</sup> and we are strongly supportive of the Guiding Principles, through which the government is “working towards”:

- “A society where LGBTIQ+ people have equitable opportunities to live fulfilling and healthy lives.
- “A health system that is designed to meet intersecting health and wellbeing needs and support person-centred care for LGBTIQ+ people.

<sup>13</sup> Committee on the Rights of Persons with Disabilities, *Concluding Observations on the Combined Second and Third Reports of Australia* (No CRPD/C/AUS/CO/2-3, 23 September 2019).

<sup>14</sup> Australian Human Rights Commission (n 4).

<sup>15</sup> LGBTIQ+ Health Australia, *Submission for the 2023-2024 Federal Budget* (2022)

<<https://consult.treasury.gov.au/pre-budget-submissions/2023-24/view/426>>.

<sup>16</sup> Department of Health and Aged Care, *National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035* (2024) <<https://www.health.gov.au/resources/publications/national-action-plan-for-the-health-and-wellbeing-of-lgbtiqa-people-2025-2035?language=en>>.

- “Supporting LGBTIQ+ people who have experienced trauma within and outside of the healthcare system to receive care that is safe, high-quality and affirms a person’s identity and lived experience.
- “Empowering LGBTIQ+ people to have agency over their healthcare and be supported in making decisions to improve their health and wellbeing outcomes.
- “Supporting LGBTIQ+ people to make their own decisions about their bodies.
- “LGBTIQ+ people, including First Nations LGBTIQ+ people are represented and involved in decision making, design and implementation of strategies, policies and programs that impact their health and wellbeing.
- “Drawing on the strengths of communities, including expertise held in community organisations.
- “Policy and planning that recognise LGBTIQ+ people as priority populations in an enduring way, with health disparities measured and addressed. This should be evaluated and tracked to ensure there continues to be system-level improvement.
- “Reliable national data and research relevant to LGBTIQ+ people that underpins policy. This allows service provision and health promotion to be targeted in a meaningful way that is driven by evaluation of evidence.”<sup>17</sup>

The 2024 National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035 states that the federal government is working towards enhanced accessibility and safety of healthcare services, workforce training and more:

- Improved access to suitable health and wellbeing services for LGBTIQ+ people, in terms of both geographic access and timeliness of care, including peer-led services.
- Specialist LGBTIQ+ care (including for mental health and sexual and reproductive health) is more readily available.<sup>18</sup>

Action Plan actions relevant to this submission include:

**Action 3: Support and drive consistency in key models of care and to establish best practice frameworks**

- best practice frameworks are recognised as being led by people with lived experience.
- the Action Plan recognises opportunities to improve protections and care for people with innate variations of sex characteristics, considering the findings of a 2021 Australian Human Rights Commission report.

**Action 4: Reduce modifiable risk factors and improve preventive health measures**

- create capacity in our Policy Program and Intersex Peer Support Australia to address evidence gaps and participate in research aimed at establishing risk levels in people with innate variations of sex characteristics.
- enable our psychosocial and peer support programs to support individuals to engage in screening and preventative health programs, and engage with geneticists.

**Action 5: Foster community connections within and across LGBTIQ+ communities**

**Action 6: Improve the health literacy of (and about) LGBTIQ+ people**

**Action 7: Build capacity and scale of health and wellbeing services for LGBTIQ+ people, including “supporting LGBTIQ+ community-controlled organisations providing targeted care and support” and “support services providing health care”<sup>19</sup>**

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<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

- we will expand our InterLink psychosocial support services and Intersex Peer Support Australia to support parents and carers, to improve the health and wellbeing of LGBTIQ+ people, foster community connections, and improve health literacy.
- we will expand our service delivery to include new health and medical services, of a kind currently unavailable in Australia.
- our Policy Program and Yellow Tick training services will build the capacity of service providers and lead development of new resources.

**Action 8: Support LGBTIQ+ people navigating through the health system**

- our InterLink psychosocial support services and Intersex Peer Support Australia peer support services provide peer navigation and professional services to help individuals, and their family members, to navigate the health system

**Action 9: Support LGBTIQ+ people to access appropriate family, domestic and sexual violence supports**

- the InterLink program has developed sexual violence resources, with support from the DSS; an evidence base is lacking in relation to people with innate variations of sex characteristics; we aim for our programs to have capacity to participate in research aimed at addressing research gaps.

**Action 10: Minimise barriers to accessing LGBTIQ+ inclusive care**

- our psychosocial, peer support, policy and training services all act to reduce barriers to safe and inclusive healthcare.

**Action 11: Ensure mental health and suicide prevention services are culturally safe and responsive to the needs of LGBTIQ+ people**

- enable our services to act as a centre of expertise to develop the capacity and responsiveness of third-party services

## 5 Our programs and services

We meet the needs of our heterogeneous population through the following programs and services. Each of these face significant limitations and resource constraints that this proposal addresses.

### 5.1 Policy Program

We actively engage in work promoting recognition of the human rights and health needs of people with innate variations of sex characteristics in policy, law and regulation, with a particular focus on improving health outcomes and ensuring respect for fundamental human rights norms. We promote coherent, consistent understandings of our population to ensure that policies, programs and services can meet the needs of all people with innate variations of sex characteristics and our families. We promote effective, transparent and accountable methods of regulating medical interventions on children and other people who are not able to personally consent to elective treatments. We contribute to policy on a diverse range of issues from genetics and genomics, to sport, to physical and mental health, transitions from paediatric to adult healthcare settings, combatting discrimination and violence, data and statistical classifications, and development of infrastructure to support our heterogeneous needs.

Our work and values are grounded in fundamental and universal human rights norms. We apply these to the needs and circumstances of people with innate variations of sex characteristics. We are active participants in both practical and theoretical work. Our work is guided by a common

community platform for Australia and Aotearoa New Zealand, known as the Darlington Statement.<sup>20</sup> It is also informed by the Yogyakarta Principles plus 10, on the application of international human rights law in relation to sex characteristics and other attributes.<sup>21</sup>

These underpin our organisational Theory of Change<sup>22</sup> which, in turn, is complemented by a peer-reviewed journal article on the context and goals of the intersex movement in Australia,<sup>23</sup> also by Dr Morgan Carpenter, published in March 2024.

We have made significant and evidenced contributions to health and human rights policy and practice in Australia and internationally. In promoting the health and human rights of people with innate variations of sex characteristics, our staff and advocates have been commended for our 'diligent, passionate and highly intellectual work' and Executive Director Morgan Carpenter was specifically commended for his 'tireless work' by Andrew Barr, ACT Chief Minister.<sup>24</sup> Staff and directors played a key role in an Australian Human Rights Commission inquiry into the health and human rights of people born with variations of sex characteristics, reporting in 2021.<sup>25</sup>

We contribute to the development of coherent and respectful standards and methods of representing our population and our needs in statistics, classifications and codes. For example, we have contributed to improvements to research and data collection, including through the development and implementation of national statistical standards, in the 2020 Australian Bureau of Statistics standard on sex, gender, variations of sex characteristics and sexual orientation.<sup>26</sup>

The program is funded until the end of 2026 by Wellspring Philanthropic Fund. Wellspring has announced its impending closure.<sup>27</sup> Funding beyond this date is currently uncertain.

This program has been led by Dr Morgan Carpenter, Executive Director of InterAction (and formerly Intersex Human Rights Australia), since September 2013.

Demands for policy work from all Australian jurisdictions considerably exceed our capacity, and our inability to contribute to work in many spaces contributes to a situation where current incoherent policy and understandings prevail in them. We seek funding to ensure the survival of this program, and recruit a policy team to contribute to health and social policy.

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<sup>20</sup> AIS Support Group Australia et al (n 6).

<sup>21</sup> Yogyakarta Principles, *The Yogyakarta Principles Plus 10: Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics, to Complement the Yogyakarta Principles* (2017) <<http://www.yogyakartaprinciples.org/principles-en/yp10/>>.

<sup>22</sup> InterAction for Health and Human Rights, *Theory of Change* (18 November 2023) <<https://interaction.org.au/resource/theory-of-change/>>.

<sup>23</sup> Carpenter, 'From Harmful Practices and Instrumentalisation, towards Legislative Protections and Community-Owned Healthcare Services: The Context and Goals of the Intersex Movement in Australia' (n 1).

<sup>24</sup> 'Daily Hansard: Transcript 22 March 2023' <<https://www.hansard.act.gov.au/hansard/10th-assembly/2023/HTML/week02/p495-p585.htm#p506>>; 'Daily Hansard: Transcript 8 June 2023' <<https://www.hansard.act.gov.au/hansard/10th-assembly/2023/HTML/week06/p1801-p1904.htm#p1813>>.

<sup>25</sup> Australian Human Rights Commission (n 4).

<sup>26</sup> Australian Bureau of Statistics, 'Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020' (21 September 2023) <<https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>>.

<sup>27</sup> Wellspring Philanthropic Fund, 'A Message From Wellspring', *Wellspring* (21 September 2024) <<https://wpsfund.org>>.

**Our ask: We need funds of \$360,000 to continue the employment of our existing Policy Program staffer, recruit 2 additional policy staff, and provide for associated costs.**

## 5.2 InterLink psychosocial support program

InterLink is our unique professional and peer-led psychosocial support program for people with innate variations of sex characteristics and our families. It fills a gap in access to informed psychosocial support that was the subject of recommendations by Senate and Australian Human Rights Commission inquiries. InterAction's services, most notably InterLink, are the only services to be named as referral destinations in clinical papers released to Equality Australia for the period 2018-2023.<sup>28</sup>

Delivered since 2022 using video conferencing, the service provides a unique peer-led model incorporating individual and group counselling, and peer navigation. The aim of InterLink is to bring together people of all ages, parents and carers of young people to talk about living with innate variations of sex characteristics with the support of trained counsellors and intersex peer navigators.

The program is designed and managed by Bonnie Hart, who is also Deputy Executive Director of InterAction. Our mental health practitioner, Derek Tys, is an accredited mental health social worker. Our peer navigator, Gwen Smith, is an experienced support worker who has completed qualifications in psychology and counselling.

Since commencement, InterLink has had 147 client registrations and delivered in excess of 767 individual and 156 group sessions nationally. In November 2025, InterLink (and InterAction more broadly) achieved accreditation in line with the National Safety and Quality Digital Mental Health Standards.

With support from the federal Department of Social Services, we have co-designed a suite of supporting resources to meet the needs of these populations, including diagnosis-specific resources, resources for parents and youth, and information on combatting sexual violence all available on the website [www.ilink.net.au](http://www.ilink.net.au). Since mid 2025, the InterLink service is primarily funded by the Commonwealth Department of Health, Disability and Ageing. The grant opportunity document sets out the standing of our organisation and the identified need for the service:

*The eligible organisation is the peak advocacy group for people with innate variations of sex characteristics, is invited to apply for this grant as they have been assessed to have the appropriate expertise, experience, and existing infrastructure to deliver safe and appropriate supports to people with innate variations of sex characteristics. It has been assessed to have the greatest capacity and capability to quickly and effectively scale up services, noting the current high demand and significant unmet need among this population. This unmet need is articulated in the Ensuring health and bodily integrity (2021) report by the Australian Human Rights Commission.*

*People with innate variations of sex characteristics are a cohort that face significant barriers in accessing safe and appropriate healthcare, and with the existing InterLink program that is*

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<sup>28</sup> Carpenter, 'Decision-Making by Australian Hospital Multidisciplinary Teams Regarding Treatment of Children with Innate Variations of Sex Characteristics, 2018-2023' (n 5).

*delivered by the eligible organisation, it is well positioned to continue the delivery of safe, appropriate, and targeted peer healthcare support for this cohort.*<sup>29</sup>

We receive \$150,000 in funding for this service in the 2025-2026 financial year, with the same funding in 2026-2027. This funding does not support the provision of services to parents and carers, meaning that we currently deliver services to parents and carers unsustainably, via reserves. We additionally receive \$42,500 in funding per year until December 2026 from a Queensland alliance of LGBTIQ+ organisations to support peer navigation services. We have approached most States and Territory governments seeking additional resourcing to deliver InterLink, with no commitments to date.

**Our ask: We need additional funds of \$396,000, to deliver a full suite of services.**

- The psychosocial service currently funds three part-time roles and casual peer support staff, limited hours and availability.
- The service will add a new clinical psychologist and increase paid time from other staff.

### 5.3 Intersex Peer Support Australia

Peer and community connection is life-changing and life-enhancing for all people with stigmatised bodies or experiences. Intersex Peer Support Australia (IPSA) was established as a support group for people with androgen insensitivity in meetings in a Victorian hospital in the 1980s, becoming peer-led in 1996. IPSA became a program of InterAction in December 2024. The program provides life-changing support and community connections for people with innate variations of sex characteristics and our families.

Intersex-led peer support is essential to equitable and effective community support. It provides safe, informed spaces for intersex people to share lived experience, develop self-understanding, and build confidence using affirming language about their bodies. Mainstream LGBTIQ+ services often lack the specific expertise and lived-experience leadership required to meet intersex needs, which can deepen isolation, stigma, and exclusion particularly for heterosexual and cisgender intersex people. Dedicated intersex peer support programs address this gap, strengthening wellbeing, reducing isolation, and fostering belonging, while promoting broader community understanding and acceptance of intersex people.

The program was previously entirely volunteer run, with associated sustainability and workload challenges which led to the decision to merge into InterAction. We recruited Kylie Bond as our Peer Support Coordinator in early 2025, initially using reserves. The program has received multiple event and project grants, primarily from the Victorian Department of Families, Fairness and Housing. This has supported its survival and growth, with a focus on work within Victoria. However, this position and work currently lack ongoing sustainable funding.

**Our ask: We need additional funds of minimum \$190,000, to support staffing and community development from mid 2026.**

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<sup>29</sup> Australian Government, 'Archived Grant Opportunity View - GO7614: GrantConnect' (13 March 2025) <<https://www.grants.gov.au/Go/Show?GoUuid=99c79815-b79e-4b2b-9836-346e76623644>>.

## 5.4 Yellow Tick training program

Led by training and communications coordinator Margie McCumstie, we build knowledge and inclusive practice through tailored training and resources. We soon hope to launch a set of publicly available e-learning modules, developed with funding to IPSA from the Victorian government's Department of Family Fairness and Housing.

Training delivered by people with lived experience of innate variations of sex characteristics is qualitatively and quantitatively different to generic LGBTI training. It facilitates a much deeper understanding of the actual circumstances, experiences and needs of people with innate variations, in all our diversity.

We expect Yellow Tick to be able to contribute to federal government objectives to ensure workforce capability and capacity across both mainstream and LGBTIQ+ led services.

Margie McCumstie's position is part-funded by NSW Health until June 2026.

**Our ask: We need \$164,000 funding to continue this work from July 2026.**

## 5.5 Operations

Our programs and services are supported by a small operational team led by Mira Bouchmouny, our Operations Coordinator. These functions are primarily funded by the funding we receive for our Policy Program.

- The operations team is made up of an operations coordinator, an externally contracted project assistant, and an external accounting firm.
- To date, all internal staff work from home with no access to office facilities. Provision is made in this proposal for access to shared office facilities that deploy teleconferencing services and telehealth to the maximum extent possible. We will utilise co-working spaces and deepen partnerships with other service providers (including Queensland Council for LGBTI Health, Living Proud, Working It Out and others) to the extent possible.

**Our ask: We need \$183,000 to continue this work from July 2026. We also seek funding to set up a robust online workspace system, including a client management system that works with Australian-based companies with Australian-based servers for data sovereignty, and for physical co-located office services, estimated cost \$136,000.**

## 5.6 New health services

Australia has no national nor state-specific health service for adolescents and adults with innate variations of sex characteristics, unlike the UK which has a single national service located at University College London.<sup>30</sup> We seek to evolve such a service in Australia, as part of our remit to promote the health and wellbeing of people with innate variations of sex characteristics, and reflecting our desire that such services be community-controlled.

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<sup>30</sup> University College London Hospitals NHS Foundation Trust (n 7).

We propose to establish such a service, seeking to deliver services including a part-time general practitioner, plus regular clinics by other medical and allied health practitioners, including a genetic counsellor, paediatric speech pathologist and paediatric and adult endocrinologist.

We seek funding to enable us to develop this proposal into a service that will maximise the potential for telehealth delivery. We will seek to achieve this in partnership with established health organisations in both LGBTQ+ and mainstream settings.

**Our ask: Establishment and operational costs are anticipated at \$633,000.**

## 6 Proposal

This proposal ensures that InterAction can support the currently unmet healthcare needs of children, parents and carers, prospective parents, and adults, across the lifespan, and beyond current funding arrangements. It incidentally seeks to ensure the sustainability of InterAction as an intersex community-controlled healthcare service provider.

Specifically, the proposals seek to ensure continuity of funding for current policy and psychosocial support positions, none of which are fully funded to be able to run a full service 5 days a week, and none of which are funding beyond early 2027.

A proposed annual budget for 3 years follows.

## 7 Annual budget

Costs per year for 3 years are as follows.

<b>Policy Program and management</b>	360,000
Staffing: executive director and senior policy and projects staff	
<b>InterLink Psychosocial support services</b>	396,000
Staffing: service manager, clinical psychologist, mental health workers and peer navigation	
<b>Intersex Peer Support Australia</b>	190,000
Staffing: peer support coordinator, peer support hybrid community connection sessions, community development events	
<b>Yellow Tick training and education</b>	164,000
Staffing: training staff and resources	
<b>Operations</b>	183,000
Staffing: operations manager and project assistant; external project support and accounting services	
<b>Co-office facilities and overheads</b>	130,000
Overheads and new provision for co-office services in Brisbane, Canberra, Hobart, Melbourne/regional Vic, regional/metropolitan NSW, Perth	
<b>Development of new medical and allied health services</b>	633,000
Development of a new health service, with the goal of recruiting a part-time general practitioner, plus regular clinics including a genetic counsellor, child development specialists including speech pathology, and paediatric and adult endocrinologists	
<b>Total</b>	<b>2,056,000</b>