Darlington Table with professional standards – Community Health Nurses

Darlington Statement Points	What this looks like in practice – Actions	Professional Standards – Registered nurse standards for practice
2. That intersex people **exist in all cultures and societies** throughout history, and that the existence of intersex people is worthy of celebration.	• Not expressing shock or concern or a sense of medical emergency. • Not being overly curious about the variation of sex characteristics.	Standard 1. (1.1, 1.6) Standard 2. (2.2, 2.3, 2.4, 2.5)
4. That the word "intersex", and the intersex human rights movement, **belong equally to all people born with variations of sex characteristics**, irrespective of our gender identities, genders, legal sex classifications and sexual orientations.	• Use the word Intersex or Variations of sex characteristics instead of pathologizing language. • Normalising Intersex variations.	Standard 1. (1.2) Standard 2. (2.2, 2.3, 2.4, 2.5)
5. Our rights to **bodily integrity, physical autonomy and self-determination.**	• No invasive or excessive examinations. • Discussions about cosmetic/deferrable surgical interventions kept to a minimum until the child is able to make an informed decision.	Standard 1. (1.2) Standard 2. (2.2, 2.3, 2.4, 2.5)
6. Our opposition to **Pathologising terminology** such as "disorders of sex development", not only because this promotes the belief that intersex characteristics need to be "fixed".	• Use the word Intersex instead of pathologizing language – although parents do need to be aware of what the pathologizing language is as some services may need this to gauge service need. • Never say the child needs to be fixed.	Standard 2. (2.3, 2.4, 2.5)
7. We call for the immediate **prohibition as a criminal act** of deferrable medical interventions, including surgical and hormonal interventions, that alter the sex characteristics of infants and children without personal consent. We call for freely-given and fully informed consent by individuals, with individuals and families having mandatory independent access to funded counselling and peer support.	• Refer the parents/caregivers to organisations that have peer-support and or counselling for children with variations to their sex characteristics (Intersex) and their parents/caregivers. • Organise support from the above if necessary. • Provide information on non-medicalised pathways. • Provide information of health service consumer feedback pathways.	Standard 2. (2.2, 2.3, 2.4, 2.5)
8. Regarding **sex/gender classifications**, sex and gender binaries are upheld by structural violence. Additionally, attempts to classify intersex people as a third sex/gender do not respect our diversity or right to self-determination. These can inflict wide-ranging harm regardless of whether an intersex person identifies with binary legal sex assigned at birth or not. Undue emphasis on how to classify intersex people rather than how we are treated is also a form of structural violence. The larger goal is not to seek new classifications but to **end legal classification** systems and the hierarchies that lie behind them. Therefore: a. As with race or religion, sex/gender should not be a legal category on birth certificates or identification documents for anybody b. While sex/gender classifications remain legally required, sex/gender assignments must be regarded as provisional. Given existing social conditions, we do not support the imposition of a third sex classification when births are initially registered. c. Recognising that any child may grow up to identify with a different sex/gender, and that the decision about the sex of rearing of an intersex child may have been incorrect, sex/gender classifications must be legally correctable through a simple administrative procedure at the request of the individual concerned. d. Individuals able to consent should be able to choose between Female (F), Male (M), non-binary, alternative gender markers, or multiple options.	• Child's gender is based on observed sex characteristics with the proviso that this can change. • Gender neutral language is used to refer to the child if their gender is still under consideration. • Parents/caregivers encouraged to use a nick-name or gender-neutral temporary name until gender is confirmed.	Standard 1. (1.4) Standard 2. (2.3, 2.4, 2.5)
14. We call for meaningful **participation** by, and **consultation** with, intersex people and community organisations in all issues and policies affecting us.	• Organise Professional Development from organisations that are capable of intersex education. • Develop practice guidelines in conjunction with intersex organisations. • Ensure parents are aware of intersex advocacy and support groups.	Standard 1. (1.6) Standard 2. (2.7, 2.8) Standard 3. (3.2, 3.3) Standard 4. (4.4) Standard 6. (6.3) Standard 7. (7.2)
15. We acknowledge **the long-term physical and psychological implications of harmful and continuing medical practices**, and limited access to supports and peers.	• Have flyers/pamphlets available and accessible from organisations that have intersex peer support and psychosocial support organisations.	Standard 3. (3.4) Standard 4. (4.4)

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19. We recognise that **intersex people have health and medical needs**, sometimes related to having an intersex variation, and sometimes not. We recognise that, for people with an intersex variation, misconceptions and associated stigma can act as barriers to treatment. Current practices are often based on the needs of other populations. 21. We call for resourced access to necessary and appropriate health, medical and allied services and treatment, including surgeries and hormone treatment, psychosocial, psychosexual and psychological support, and including reparative treatments. Standards of care must support reparative treatments, and must not require conformity with stereotypical and clinical norms for female or male bodies, women and men, nor impose inappropriate psychiatric eligibility assessments.	• Encourage life-saving interventions not life-changing ones. • Support allied health/social services/ medical needs of the child when required.	Standard 2. (2.4) Standard 3. (3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7) Standard 5. (5.1, 5.2) Standard 6. (6.3)
22. We call for the provision of alternative, independent, **effective human rights-based mechanism(s)** to determine individual cases involving persons born with intersex variations who are unable to consent to treatment, bringing together human rights experts, clinicians and intersex-led community organisations. The pros and cons for and against medical treatment must be properly ventilated and considered, including the **lifetime health, legal, ethical, sexual and human rights implications.**	• Introduce and give information to contact Intersex Peer support and advocacy organisations to parents. • Educate parents on bodily autonomy and the rights of the child. • Advocate for the child's right for bodily autonomy, if necessary, refer to the AMA guidelines. • Understand the difference between life saving and life changing surgeries.	Standard 1. (1.6) Standard 3. (3.2, 3.3, 3.4, 3.5, 3.7) Standard 4. (4.4) Standard 5 (5.1)
23. Multi-disciplinary teams must operate in line with **transparent, humans rights-based standards of care**, for the treatment of intersex people and bodies. Multi-disciplinary teams in hospitals must include human rights specialists, child advocates, and independent intersex community representatives.	• Create a multi-disciplinary team (including psychosocial and community representation) to support the family and child.	Standard 1. (1.6) Standard 3. (3.1, 3.2, 3.5, 3.6, 3.8)
27. Intersex-led organisations must be resourced to develop **patient rights and human rights toolkits** for intersex people and our families to improve access to healthcare and ensure enjoyment of the highest attainable standard of physical and mental health. 31. We call for improved and ongoing **education of health, welfare and allied professionals** in issues relating to intersex bodies, including human rights issues.	• Promote intersex issues and training to your sector partners (referrals). • Continued Professional development in Intersex variations.	Standard 3. (3.2, 3.2, 3.4) Standard 4. (4.1, 4.4) Standard 5. (5.1) Standard 7. (7.3)
34. Children with intersex variations should never be subjected to **medical photography** and display.	• Minimal number of examinations on the child, no genital photography. • Minimal staff in attendance at any time during the child's stay and subsequent reviews in clinical spaces. • Not to be used as a teaching opportunity.	Standard 2. (2.3, 2.4, 2.5)
40. We recognise the fundamental importance and benefits of affirmative peer support for people born with variations of sex characteristics. 43. We recognise the fundamental importance and benefits of **peer support for parents, caregivers, and families** of people with variations of sex characteristics. We recognise the importance and benefits of **peer support for friends, partners, and others** who support intersex people in their day-to-day lives.	• Supporting the family and education about the specific variation and connecting family to other supports within the intersex community. • Provide recent diagnosis with Human Rights based information.	Standard 4. (4.1)
44. **Peer support must be integrated** into human-rights based multi-disciplinary medical approaches, teams and services.	• Peer supports are utilised when a baby is born with innate variations of sex characteristics – through a warm-referral process.	Standard 2. (2.2, 2.8) Standard 4. (4.1)
47. Intersex is distinct from other issues. We call on allies to actively **acknowledge** our distinctiveness and the diversity within our community, to **support** our human rights claims and **respect** the intersex human rights movement, **without tokenism**, or instrumentalising, or co-opting intersex issues as a means for other ends. "Nothing about us without us."	• Portfolio this learning so it becomes part of the culture in clinical settings. • Elevate intersex issues and those with lived experience through existing pathways and mechanism (consumer input, advisory committees, etc…)	Standard 2. (2.8) Standard 5. (5.3, 5.4) Standard 7. (7.1, 7.2, 7.3)