



Research Brief: Experiences and Mental Health Outcomes of Intersex LGBTQ+ Young People

Over three-quarters (77%) of intersex LGBTQ+ young people reported that someone in their life attempted to change their LGBTQ+ identity.

October 2024

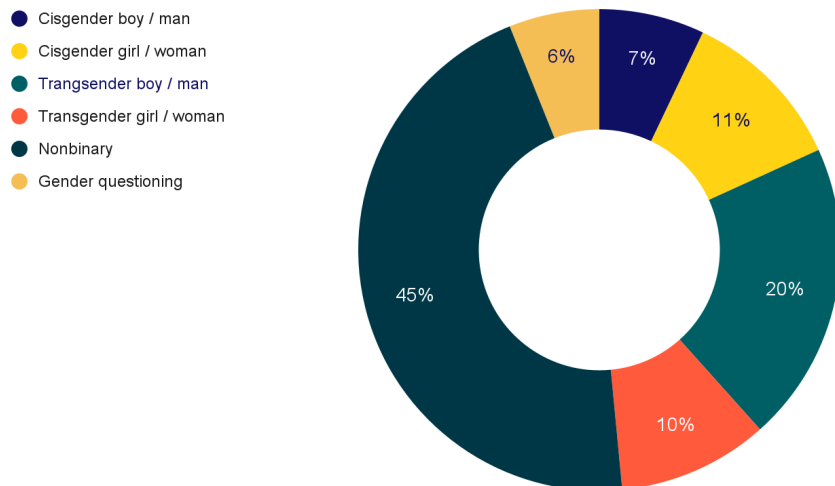
Background

The term intersex describes individuals with a wide variety of differences in sex traits or reproductive anatomy,¹ which are also commonly referred to as differences in sex development (DSD). Some intersex conditions are diagnosed at birth, when a child's anatomy does not adhere to traditional binary ideas of being male and female. Certain conditions may be diagnosed during puberty, others when trying to conceive; some individuals may never learn they have an intersex condition, which could lead to an underestimate of prevalence rates.² Though estimates of intersex conditions vary, one study estimates that 2% of the population have intersex variations,^{2,3} with 98% not having an intersex condition (i.e., endosex individuals). It is important to note that intersex identity is separate from transgender identity (when someone does not identify with the gender they were assigned at birth) and that intersex people can be transgender or cisgender.

Historically, intersex individuals have faced numerous challenges while navigating the gender binary in healthcare settings.^{4,5} For example, they have been subjected to a number of surgical and medical procedures seeking to “cure” their differences in sex development or to modify them to adhere to standards based on binary notions of being male or female. Many intersex individuals have been subjected to these procedures at very young ages or without their consent, which have often caused both physical harm and psychological distress to those subjected.⁵ Additionally, research has documented high rates of depression and anxiety among intersex individuals compared to their endosex (i.e. not intersex) peers,^{6,7} largely due to experiences of stigma, discrimination, and rejection.⁸ Intersex advocates, therefore, have advocated to ban these non-consensual medical procedures via proposed legislation in a variety of state and national legislatures.⁹ Despite the harms frequently inflicted on intersex individuals, there remains a lack of research on this population, especially in regard to LGBTQ+ youth. Using data from the [2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People](#),¹⁰ this brief seeks to contribute to the small but growing body of scholarship about intersex young people by examining the characteristics, experiences, and mental health among intersex LGBTQ+ young people.

Results

Gender Identities of Intersex LGBTQ+ Young People

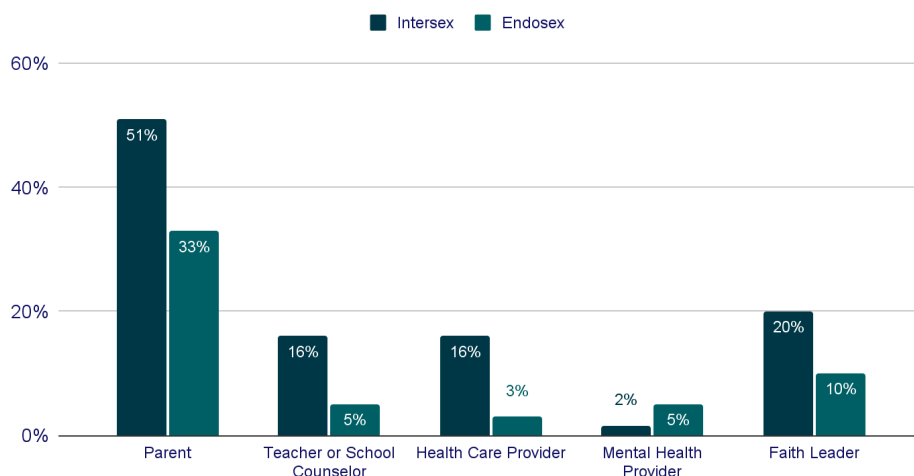


Overall, 256 LGBTQ+ young people, or 1.4% of the analytical sample (N = 18,663), self-identified as being intersex. Ninety percent of the analytical sample reported that they were not intersex, with 8% reporting that they were not sure and 0.6% reporting that they did not understand the question. Among intersex LGBTQ+ young people, 17% reported that they had experienced a surgical procedure to alter their sexual

anatomy and/or reproductive organs to fit normative expectations for males or females. When asked how old they were when they received their first intersex-related surgery, the ages reported ranged from less than one to 24 years old. The median reported age was less than one year old, with 58% of the sample reporting this age. Five-percent of respondents reported that they did not know or were unsure. Respondents who reported experiencing a surgical procedure were also asked if they had agreed to undergo that procedure. Two-thirds of respondents (67%) reported that they did not consent to these surgeries, 14% reported that they had consented to some of them, and 17% reported that they had consented to all of them.

Intersex LGBTQ+ young people in our sample reported a number of diverse sexual and gender identities. In terms of sexual orientation, 22% of intersex LGBTQ+ young people identified as bisexual, 18% as queer, 18% as lesbian, 16% as

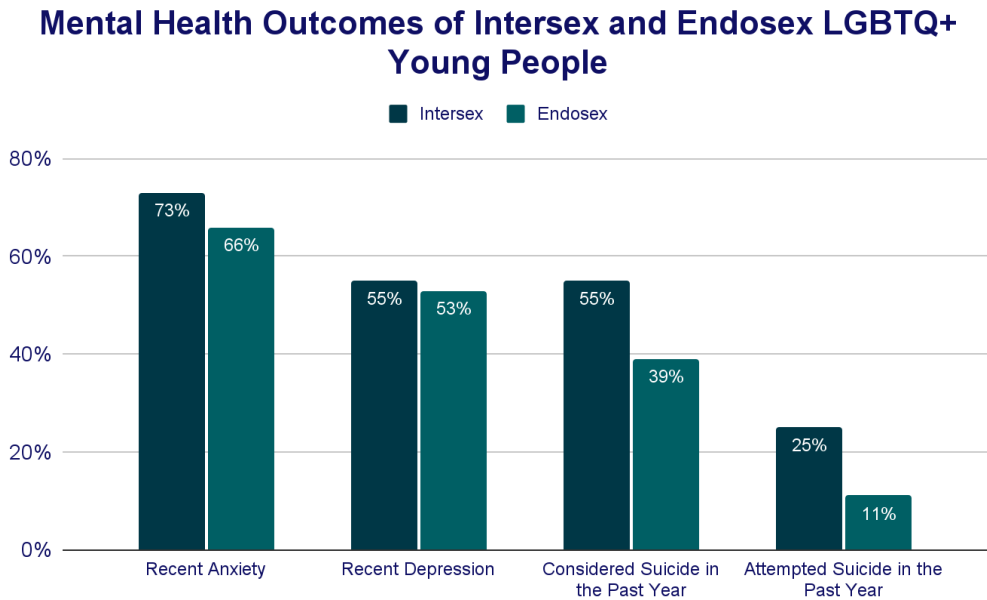
Adults Who Attempted to Change Intersex and Endosex LGBTQ+ Young People's Identity



gay, 14% as pansexual, 10% as asexual, 2% as heterosexual, and 1% as questioning their sexual orientation. Three-quarters (75%) of intersex LGBTQ+ young people reported that they were also transgender or nonbinary, with 19% reporting that they were cisgender and 6% reporting that they were questioning their gender identity. More specifically, 45% of intersex LGBTQ+ young people identified as nonbinary, 20% as transgender men or boys, 11% as cisgender women and girls, 10% as transgender women and girls, and 7% as cisgender boys and men. In terms of race, 52% of intersex LGBTQ+ young people in our sample identified as White, 20% as Multiracial, 10% as Latinx, 8% as Black, 4% as Asian American or Pacific Islander, 3% as Native or Indigenous, and 2% as Middle Eastern or North African.

Intersex LGBTQ+ young people reported higher rates of formal conversion therapy from professionals and informal attempts to change their sexual orientation or gender identity from other adults in their lives, compared to their endosex LGBTQ+ peers. Over one in ten (13%) intersex LGBTQ+ young people reported having been subjected to conversion therapy and 20% reported having been threatened with it, compared to 5% and 7% of their endosex LGBTQ+ peers, respectively. Over three-quarters (77%) of intersex LGBTQ+ young people reported that someone in their life attempted to change their LGBTQ+ identity, compared to 56% of endosex LGBTQ+ young people. Intersex LGBTQ+ young people reported higher rates of change attempts from a number of sources compared to their endosex LGBTQ+ peers, including parents (51% vs 33%), teachers or school counselors (16% vs 5%), healthcare providers (16% vs 3%), mental health providers (16% vs 5%), and faith leaders at their place of worship (20% vs 10%). Both conversion therapy and change attempts were associated with higher rates of attempting suicide in the past year. Forty-three percent of intersex LGBTQ+ young people who were subjected to conversion therapy reported attempting

suicide in the past year, compared to 22% of intersex LGBTQ+ young people who did not experience conversion therapy. Thirty percent of intersex LGBTQ+ young people who experienced a change attempt reported attempting suicide in the past year, compared to 12% of intersex LGBTQ+ young people who did not experience change attempts.



Intersex LGBTQ+ young people reported poorer mental health and higher suicide risk than their endosex LGBTQ+ peers. Nearly three-quarters (73%) of intersex LGBTQ+ young people reported recent symptoms of anxiety, compared to 66% of endosex LGBTQ+ young people. Similarly, 55% of intersex LGBTQ+ young people reported recent symptoms of depression, compared to 53% of endosex LGBTQ+ young people. Over half (55%) of intersex LGBTQ+ young people reported seriously considering suicide in the past year, compared to 39% of endosex LGBTQ+ young people. A quarter (25%) of intersex LGBTQ+ young people reported attempting suicide in the past year, compared to 11% of endosex LGBTQ+ young people. We also observed differences in suicide risk among intersex LGBTQ+ young people. Intersex LGBTQ+ young people who reported undergoing surgery to alter their anatomy and/or organs to fit normative expectations had higher rates of attempting suicide in the past year (34%), compared to their intersex LGBTQ+ peers who had not undergone such surgery (18%).

Looking Ahead

These findings highlight the unique experiences and needs of intersex LGBTQ+ young people. Just over one percent of the sample identified as intersex, which aligns with some of the best estimates of intersex conditions among the general population.^{2,3} It is important to note that these findings do not reflect the experiences of intersex young people who identify as both straight and cisgender, as they were excluded from survey participation. Among intersex respondents, nearly one in five reported that they had a surgery altering their sexual anatomy and/or reproductive organs to fit normative expectations for males or females. More than half of those who had undergone surgery reported that it occurred when they were less than one year old. This likely explains why two-thirds of participants who reported undergoing surgery shared that they did not consent or agree to it, although 14% reported that they had consented to some surgeries and 17% reported they had consented to all of them.

Generally, the demographic characteristics of intersex LGBTQ+ young people did not significantly differ from those of endosex LGBTQ+ young people in our sample. However, in terms of gender identity, three-quarters (75%) of intersex LGBTQ+ young people reported being transgender or nonbinary, 19% reported being cisgender, and 6% reported that they were questioning their gender at the time of survey administration. Among all intersex LGBTQ+ young people, nearly one half (45%) identified as nonbinary. Of note, the rate of transgender, nonbinary, and gender questioning youth in the intersex sample is higher in comparison to their endosex peers and LGBTQ+ national estimates.¹⁰ Because this study was not designed to be representative, more research is needed to understand if the comparatively high rates of transgender and nonbinary identity among LGBTQ+ intersex young people in our sample is true of LGBTQ+ intersex young people overall. If so, it may reflect the experiences of intersex young people whose bodies do not fit neatly into the medical gender binary.

Intersex LGBTQ+ young people in our sample reported high rates of experiencing conversion therapy and attempts to change their LGBTQ+ identity compared to their endosex LGBTQ+ peers. This aligns with previous research from The Trevor Project, [The Mental Health of LGBTQ Youth who are Intersex](#), which found similarly high rates.¹¹ The alarmingly high rates of change attempts from health care providers and mental health professionals illustrate the urgent need for intersex-inclusive cultural competency training for healthcare professionals, especially given the historical mistreatment of intersex patients.

Finally, intersex LGBTQ+ young people in our sample reported higher rates of recent anxiety, recent depression, seriously considering suicide in the past year, and attempting suicide in the past year compared to their endosex LGBTQ+ peers. While comparisons between intersex and endosex LGBTQ+ young people can provide valuable insights, it is essential to consider the implications of conducting such comparisons when the intersex sample is much smaller than the endosex sample. A smaller sample size increases variability of statistical estimates, so caution should be taken when interpreting these results. Rates of attempting suicide were higher among intersex LGBTQ+ young people who had undergone a surgery which altered their anatomy and/or organs to fit normative expectations, compared to their intersex LGBTQ+ peers who had not undergone such a procedure. This discrepancy highlights the long-lasting harm and psychological damage which can be caused by medical attempts to “cure” intersex individuals.⁵

Additional research is needed on the mental health of intersex young people, including how their experiences of stigma, discrimination, and harassment may impact their mental health and well-being. Firstly, we need improved questions that can better identify intersex individuals in large population studies, as they are frequently not identified, and therefore, not understood. More work is also needed to protect intersex young people from non-consensual medical procedures aimed at altering their bodies to fit binary norms. Furthermore, adults working with LGBTQ+ young people should educate themselves about intersex conditions, including the best ways to affirm and support intersex youth.

The Trevor Project seeks to support all LGBTQ+ young people in our crisis services, research, and advocacy, including intersex individuals. Our TrevorSpace social media platform connects LGBTQ+ young people with supportive peers, and our 24/7 crisis services are available in three different modalities – phone, chat, and text – for LGBTQ+ young people to connect with affirming counselors when they are in crisis. Our education team helps equip adults to support LGBTQ+ young people of all identities and our advocates are working to promote access to mental health services in schools and local communities. We are also committed to publishing research on intersex individuals. More reading about intersex LGBTQ+ young people from The Trevor Project can be read here: [Intersex: Not Invisible. Understanding Gender Identities](#), and [The Mental Health and Well-being of LGBTQ+ Youth Who Are Intersex](#).

Methods

Data were collected through The Trevor Project's [2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People](#). In total, 18,663 LGBTQ+ young people between the ages of 13 to 24 were recruited via targeted ads on social media and 256 (1.4%) identified as intersex.

The question assessing respondents' intersex identity asked, "Some people are assigned male or female at birth but are born with sexual anatomy, reproductive organs, and/or chromosome patterns that do not fit the typical definition of male or female. This physical condition is known as intersex. Are you intersex?" Response options included "No", "Yes", "I am not sure", and "I don't know what this question means." Respondents who answered "Yes" were subsequently asked, "Have you ever had a surgical procedure to alter your sexual anatomy and/or reproductive organs to fit normative expectations of males or females?" Response options included "No", "Yes", "I am not sure." Respondents who answered "Yes" were then asked, "At what age was your first surgery to alter your sexual anatomy and/or reproductive organs to fit normative expectations of male or female?" with response options including "Less than one year old", "I don't know", and integers between one and twenty-four. Finally, respondents who indicated that they had experienced a surgery were asked, "Were any surgical procedures to alter your sexual anatomy and/or reproductive organs something you agreed to have done, or consented to?" Response options were "No", "Yes, some of them", "Yes, all of them", "I am not sure if I had any surgical procedures" and "I don't know what this means." For one analysis, these options were recoded into "No" and "Yes", with both "Yes" responses grouped together and "I don't know" being coded as missing data.

Conversion therapy was measured via a question which asked, "Did you ever receive treatment from someone who tried to change your sexual orientation or gender identity (such as trying to make you straight or cisgender)? This is sometimes referred to as 'conversion therapy.' Please select all that apply." Response options included 1) "No," 2) "No, but someone threatened to send me to treatment," 3) "Yes, from a healthcare professional (such as a psychologist, social worker, or counselor)," 4) "Yes, from a pastor, priest, or another religious leader at my church or house of worship," and 5) "Yes, from a religious leader that was not from my church or house of worship (such as a spiritual counselor or another member of a religious community)." Informal change attempts were measured by asking, "Have any of the following people ever tried to convince you to change your sexual orientation or gender identity?" Respondents could select multiple responses from a list of 17 individuals, including "Parent," "Sibling," and "Healthcare provider."

Recent anxiety was assessed using the GAD-2,¹² recent depression was assessed using the PHQ-2,¹³ and seriously considering suicide and attempting suicide in the past year were assessed using questions from the Centers for Disease Control and Prevention's Youth Risk Behavior Survey.¹⁴ For all included demographic

questions, participants were provided a list of possible responses, of which they chose a single option from.

Chi-square tests were used to determine whether there was a significant association between categorical variables. All reported comparisons are statistically significant at least at $p < 0.05$. This means there is less than a 5% likelihood these results occurred by chance.

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