



## ***International Association of Athletics Federations***

### **IAAF POLICY ON GENDER VERIFICATION** Prepared by the IAAF Medical and Anti-Doping Commission 2006

#### Purpose

The purpose of this paper is to establish a policy and mechanism for managing the issue of gender amongst participants in women's events.

#### Background

Gender has since many years been an issue that surfaces from time to time in women's events at athletic meets. Gender verification for the purpose of competition has undergone significant evolution since attempts were made to introduce measures aimed at ensuring fair competition amongst female athletes. The first mechanism (introduced for international competition in the mid sixties) involved rather crude and perhaps humiliating physical examinations. This very quickly gave way to the method of determining 'sex' chromatin through buccal smear examination. However as there were too many uncertainties associated with this method, many experts in the field clamored for its discontinuance resulting in it being abandoned first by IAAF in 1991 and then the IOC since Sydney 2000. However a search has continued for an acceptable and equitable solution in order to be able to address the occasional anomalies that do surface either as a chance observation during the ubiquitous anti-doping controls these days or through a 'challenge' by a competitor.

Whilst this issue is far from completely resolved there is sufficient consensus of opinion amongst experts in the field as well as sports medicine specialists to be able to introduce a formal policy and mechanism, at least ad interim, so that proper guidelines can be given to event organizers, national associations, athletes and officials as to how to approach this problem and to come up with a satisfactory solution when faced with a case.

The IOC has also been looking into this issue and in October 2003 came up with a 'consensus document' which we have used as a guide in the development of our own policy.

## A. THE POSITION OF IAAF

1. There will be no compulsory, standard or regular gender verification during IAAF sanctioned championships;
2. In resolving cases that may arise, determination should not be done solely on laboratory based sex determination;
3. Any problems related to this issue are expected to be picked up by the national team doctors during health checks or by medical/doping delegates at specimen collection during doping control at major championships;
4. If there is any 'suspicion' or if there is a 'challenge' then the athlete concerned can be asked to attend a medical evaluation before a panel comprising gynecologist, endocrinologist, psychologist, internal medicine specialist, expert on gender/transgender issues. The medical delegate can do an initial check;
5. Reconstructive surgery and sex reassignment
  - if sex change operations as well as appropriate hormone replacement therapy are performed before puberty then the athlete is allowed to compete as a female
  - if the sex change and hormone therapy is done after puberty then the athlete has to wait two years after gonadectomy before a physical and endocrinological evaluation is conducted  
(The crux of the matter is that the athlete should not be enjoying the benefits of natural testosterone predominance normally seen in a male)
6. Conditions that should be allowed:
  - (a) Those conditions that accord no advantage over other females:
    - Androgen insensitivity syndrome (Complete or almost complete - previously called testicular feminization);
    - Gonadal dysgenesis (gonads should be removed surgically to avoid malignancy);
    - Turner's syndrome.
  - (b) Those conditions that may accord some advantages but nevertheless acceptable:
    - Congenital adrenal hyperplasia;
    - Androgen producing tumors;
    - Anovulatory androgen excess (polycystic ovary syndrome).

## **B. PROCESS FOR HANDLING CASES OF GENDER AMBIGUITY**

1. The gender related issues will be handled as per the 'position paper of IAAF' and the consensus agreement of IOC on the subject.
2. The gender issue is likely to arise as a result of:
  - a. 'challenge' by another athlete or team as brought forward to authorities at an athletic event, including the President of the meet, technical delegate, medical delegate;
  - b. 'suspicion' raised as to an athletes' gender as witnessed during an anti-doping control specimen collection;
  - c. an approach made to the IAAF/regional AAA or National federation by an athlete or his representative for advice and clarification.
3. The matter can be expected to be handled at the level of the
  - national federation;
  - the medical delegate of an athletic event;
  - the IAAF medical committee.
4. Steps:
  - a. The case is brought to the attention of the relevant medical authority at the above level where the issue is first brought up;
  - b. The authority decides if there is a case to investigate;
  - c. The authority then determines who will investigate the matter, e.g. special panel appointed at an international event;
  - d. The athlete is referred to the investigating authority in confidence for further investigation and advice;
  - e. The verdict is passed on to the national federation with advice for further action including appropriate advice to the athlete as the need to 'withdraw' from competition until the problem is definitively resolved through appropriate medical and surgical measures;
  - f. Evaluation of the effects of such measures to determine if and when the athlete can return to competition as per the IOC consensus on this matter.
5. The IAAF should also set up a resource panel at the HQ level that may need to be called upon if there is a need for resolution of difficult cases.

## Attachment A

### **IOC Explanatory note to the recommendation on sex reassignment and sports**

In the past there have been rare cases of athletes who have competed under one gender and later in life undergone sex reassignment. Occasionally, such an athlete has gone on competing under the new gender. Such cases seem to have been dealt with individually by the responsible sports federations without any clear rules. They have, however, been extremely rare and do not seem to have created a significant problem for sport in general.

With the arrival of improved methods for the identification of transsexual individuals, and improved possibilities to rectify any sexual ambiguity, the number of individuals undergoing sex reassignment has increased. The increase has become particularly significant after the introduction of legislation with respect to sex reassignment in many countries.

The increasing number of cases of sex reassignment has also come to affect sport. Although individuals who undergo sex reassignment usually have personal problems that make sports competition an unlikely activity for them, there are some for whom the participation in sport is important. Thus, the question has been raised whether specific requirements for their participation in sport can be introduced, and what any such requirements should be.

Hormonal therapy appropriate for the assigned sex has been administered in a verifiable manner and for a sufficient length of time to minimize gender-related advantages in sport competitions.

The first international sports organization to address the issue was IAAF in 1990. An expert seminar unanimously recommended that any person who has undergone sex reassignment before puberty should be accepted in sport under the assigned gender. Individuals who have undergone sex reassignment after puberty were considered to represent a more complex problem, since they have been under the influence of hormones under their former gender during their puberty. In particular, a male puberty would mean an influence of testosterone, which could, in theory, be of importance even after a reassignment to female gender. It was, therefore, recommended that any such case be evaluated on an individual basis by competent experts before a decision be taken by the relevant sports authority. These recommendations have served as guiding principles also by the IOC when questions have been asked.

In recent years it has become apparent that the recommendation to make a case-by-case evaluation of athletes who have undergone sex reassignment after

puberty is insufficient. The IOC has been asked to explain what such an evaluation should include. What requirements should be fulfilled before the athlete be allowed to compete under the new gender?

The present recommendation is the result of an updating of the IAAF guidelines by a panel of experts and to which clear requirements have been added with respect to eligibility for competition under the new gender following sex reassignment after puberty. The most debated aspects have been: (A) For how long will the hormonal influence of the earlier puberty be of importance? (B) Will the testosterone influence on the muscular strength during male puberty ever disappear? (C) For how long should the treatment with female hormones last in order to be considered sufficient? (D) How can one make sure that the required treatment with female hormone does really take place? All those questions were addressed by the panel, which also sought advise from further outside experts, before the enclosed recommendations were agreed upon.

Arne Ljungqvist  
IOC Medical Committee Chairman

## Attachment B

### **Statement of the Stockholm consensus on sex reassignment in sports**

On 28 October 2003, an ad-hoc committee convened by the IOC Medical Commission met in Stockholm to discuss and issue recommendations on the participation of individuals who have undergone sex reassignment (male to female and converse) in sport.

This group was composed of:

Prof. Arne Ljungqvist (SWE)  
Prof. Odile Cohen-Haguenaer (FRA)  
Prof. Myron Genel (USA)  
Prof. Joe Leigh Simpson (USA)  
Prof. Martin Ritzen (SWE)  
Prof. Marc Fellous (FRA)  
Dr Patrick Schamasch (FRA)

The group confirms the previous recommendation that any “individuals undergoing sex reassignment of male to female before puberty should be regarded as girls and women” (female). This applies as well for female to male reassignment, who should be regarded as boys and men (male).

The group recommends that individuals undergoing sex reassignment from male to female after puberty (and the converse) be eligible for participation in female or male competitions, respectively, under the following conditions:

- Surgical anatomical changes have been completed, including external genitalia changes and gonadectomy
- Legal recognition of their assigned sex has been conferred by the appropriate official authorities
- Hormonal therapy appropriate for the assigned sex has been administered in a verifiable manner and for a sufficient length of time to minimise gender-related advantages in sport competitions.

In the opinion of the group, eligibility should begin no sooner than two years after gonadectomy.

It is understood that a confidential case-by-case evaluation will occur.

In the event that the gender of a competing athlete is questioned, the medical delegate (or equivalent) of the relevant sporting body shall have the authority to take all appropriate measures for the determination of the gender of a competitor.

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