# Top Tips...
# for talking about sports and dsd with young people and families

## Why are we sharing Top Tips?

Questions about eligibility for elite sport competitions in the female category are not new, but they have become more visible in recent years. The way these discussions are framed by sporting bodies and the media can sometimes feel unsettling or confusing.

Our Top Tips are designed to help young people and their families stay informed at a time when public conversations do not always reflect the science or the lived reality of DSD.

On the dsdfamilies website, you can explore a timeline of discussions about eligibility in sport, dating back to the 1960s.

**It's our reality - it's not a reality show.**
**(Marta, living with CAIS, Spain)**

## Who is this resource for?

This resource is for young people and adults living with a range of natural biological variations that healthcare professionals describe as differences of sex development (DSD). Some sections focus particularly on girls and women with an XY variation (46, XY DSD), including conditions such as androgen insensitivity syndrome (AIS), 5-alpha reductase deficiency (5-ARD), and complete gonadal dysgenesis (CGD).

The resource is also intended for their families, friends, and healthcare professionals. It is available on the dsdfamilies website.

**Instead of DSD, most people prefer the name of their diagnosis/ condition. Some people use terms such as innate variations of sex characteristics (IVSC) or Intersex. This is a personal choice; there is no right or wrong.**

## Who created it?

Produced by dsdfamilies with expert input from advocacy groups, individuals with lived experience, families, and specialists in DSD psychology, endocrinology, gynaecology, sports science, and ethics.

## 1. YOU ARE VALUED AND UNDERSTOOD

We at dsdfamilies - together with many other family and adult organisations and healthcare professionals - understand what it's like to grow up with a difference of sex development. If you are a parent, we know you are committed to helping your child feel happy, confident, and resilient. Whether you want to connect with us directly or not, we are here for you.

## 2. SPORT AND EXERCISE IS A GOOD THING

For most people, sport and exercise is all about enjoyment, feeling good and connecting with people with similar interests. Staying active benefits physical and mental health, and it is recommended that everyone is as active as possible. Being involved in sports helps to:

- Improve fitness, strength and health
- Gain team skills and build feelings of belonging
- Build friendships and connections
- Take pride in progress
- Have fun
- Understand that losing is also part of life

Taking part in sport is great, and it is good for you – don't let unhelpful language in the public domain put you off sport and exercise.

## 3. WHAT DO CONVERSATIONS IN ELITE SPORTS MEAN FOR ME?

Sports rules are made for competition. They use basic language and often draw bold or crude lines between groups. These rules do not always take into account that people's bodies can develop in different ways. On social media, people often use terms like "male advantage" and "biological male". However, these words are not clearly defined in science or medicine.

When people say "male advantage", they usually mean that, on average, men, as a group, perform better than women, as a group, in some sports. It does not necessarily refer to individual performance.

Girls and women with XY variations are diagnosed with a Difference of Sex Development (DSD) because their bodies develop and work differently from what doctors call a "typical biological male".
We know that no two people with the same DSD are exactly alike. They may look different, have different bodies, different identities and different experiences.

Elite sport does not always make space for these differences. When DSD is discussed in policy statements, legal cases, and public debates, the conversation can oversimplify the reality that people with DSD live with and may seem disconnected from everyday life.

**If discussions about fairness are based on language or assumptions that misrepresent women with DSD, then those discussions are not accurate or fair, they are incomplete.**

**dsdfamilies believes that eligibility rules and processes must consider both fairness in sport and the dignity and well-being ]of the people they affect.**

## 4. IT'S OK TO FEEL UPSET

The language used by sporting authorities, picked up by social media, may be completely at odds with how you feel about yourself. If you find the narrow definitions, like what counts as female, threatening or disheartening, you are not alone.

Stepping away from online chatter for a while is a healthy choice. Talking with family, trusted friends, peers or a supportive healthcare provider can help you feel understood and less isolated.

> **I've been fine with how my body is, and I could chat about it if I needed to or wanted to. But now the way people talk about it online makes me feel like I shouldn't say anything - like it's something to hide.**
> (Maddy, UK)

## 5. KNOW THE FACTS

**Biological sex is not decided by *just* a single marker like genes, chromosomes, gonads and/or the gametes they produce, hormones, how genitals develop or how secondary sex characteristics change in puberty or young adulthood.**
**Fact:** The science of how sex develops in the body is well known, even though it happens in many steps. For most people, sex characteristics develop in a similar way. For a smaller number of people, their bodies develop differently. There are many different reasons why a person's sex characteristics may vary. DSD is not too complicated to understand; it is simply diverse. It is well-understood in medicine and familiar to those who live with it.

**Women with CAIS, and some with PAIS, have XY chromosomes and testes, but their bodies are completely or partially insensitive to testosterone.**
**Fact:** Their body naturally converts testosterone into oestrogen through a process called aromatisation. This aromatisation process also happens in other women, for example, peri-menopausal women who are taking testosterone as part of hormone replacement therapy (HRT).

**Girls with 46, XY DSD respond to testosterone/androgens differently.**
**– Some girls have no notable androgen response and do not experience any physical effects of testosterone.**
**– Some girls have a degree of androgen response. How their body responds is highly variable. Many girls are fine with this. Those who are not may wish to explore options, but access to a supportive medical team is not always available.**
**Fact:** No two bodies are the same. And no person is just their body. How someone has grown up and how they have come to understand themselves in their world counts. (As such, it is important for sporting authorities to approach this discussion in an informed way.)

> **Using SRY gene screening to establish biological sex is wrong because all it tells you is whether or not the gene is present. It does not tell you how the SRY gene is functioning, whether a testis has formed, whether testosterone is produced and, if so, whether the body can use it'**
>
> **(Prof. Andrew Sinclair, DSD specialist who discovered the role of the SRY gene in 1990, Murdoch Children's Research Institute, Melbourne)**

We now ask policymakers, sports federations, and media to comprehend DSD. From the outside, it may seem simple and practical to 'draw a line in the sand,' yet human biology and lived reality defy such neat divisions.

That does not mean eligibility cannot be discussed, but discussions and any resulting actions must comply with the established medical and psychological body of work on DSD.

Sex development itself is well understood. What is truly complex is holding a respectful conversation that honours science, fairness, and lived experience at the same time.

## 6. DSD AND TRANSGENDER ARE NOT THE SAME

Some international sporting authorities are confusing the differences between the DSD and the transgender population by, e.g., combining the eligibility criteria under a single sporting policy.

The decision to combine two distinct populations may be convenient for sporting authorities, but it denies the biology, lived experiences and identities of girls and women with XY variations. It also misleads a public already prone to confusing DSD and trans.

We believe this step, taken e.g. by World Athletics, is unnecessary and risks causing harm. We will continue to advocate for our community to be recognised as a distinct group.

**Fact:** Athletes with DSD compete in the female category because they have only ever lived as female. This reality is not disputed medically, legally or socially.

dsdfamilies respects gender diversity, but DSD is not the same as gender diversity. We are a small population with complex concerns seeking to be understood and acknowledged on our terms. We hope that our claim for the right of girls and women with DSD to be recognised as a distinct and separate group in sport will be respected and supported.

> **"We can't conflate a medical condition, a genetic alteration in cases of DSD, with transgender. Many women whose chromosomes are not the 'correct' ones have developed as women from birth."**
>
> **(Prof Maria José Martínez Patiño, former Olympic Athlete, Professor of Olympic Studies, living with a DSD)**

## 7. IF YOU ARE INVOLVED IN COMPETITIVE SPORT...

If you are an exceptional athlete progressing to higher levels, it is reasonable to want clarity about the eligibility rules for your sport. However, much of the confusion arises because policies differ between sports, between countries, and between different levels of competition. In addition, policies appear to be changing in ways that are not always predictable or clearly explained, and that do not always reflect the full scientific and clinical nuance relevant to DSD (e.g., the British Football Association’s policy).

dsdfamilies is further concerned that new eligibility rules are being introduced by international sporting authorities **without** sufficiently robust safeguarding frameworks, particularly in relation to genetic testing and the protection of minors.

While these rules are said to apply only to elite athletes, similar regulations are now emerging in non-elite settings with potentially wider impact (for example, Nike Outdoor Nationals in the USA).

Regardless of sporting level, **strong governance should be expected** in relation to data protection, access to genetic counselling, and appropriate follow-up healthcare, including psychological support. If such policies extend beyond elite sport, **equivalent standards of safeguarding and support must also apply to younger athletes.**

Remember, you do **not** have to manage all the complexity alone. You can:

- **If you are not sure what the rules mean, ask your healthcare team** to help you clarify or understand whether the rules might apply.
- **Talk with someone you trust** if anything feels confusing or unsettling. National safeguarding charities and related non-profit organisations (NGOs) may also offer advice or support.
- Request clear, written information from your national federation about their eligibility approach — without needing to share personal medical details. If this makes you uncomfortable, perhaps you can ask someone you trust, or an advocate, to request this information on your behalf.

Sporting organisations do not always have a full understanding of DSD, and explanations can sometimes be unclear or overly simplified. It is reasonable to expect clear information, respectful and confidential communication, and appropriate support. **You should not have to share private medical details simply to understand how eligibility rules may affect you.**

## 8. SHAPE THE LANGUAGE

Thanks to advocacy and research, the way people talk about DSD has changed for the better, though there is still a long way to go. Behind the scenes, professionals, scientists and organisations are working to ensure that sports policies are more accurate, respectful, and workable. Your voice can help shift misunderstanding, when and if you feel ready.

## 9. FOCUS ON HEALTH, HAPPINESS, AND CONNECTION

As of winter 2026, rules regarding the participation of athletes with DSD in the female sports category mainly apply to elite-level sport. There is, however, evidence that policies are trickling down without minimum safeguarding levels and follow-up in place, especially for younger athletes. Working with others, we will continue to challenge this.

Whatever happens, and whether or not sport is a big part of your life, remember what really matters: staying healthy, feeling good about who you are, and spending time with friends and people who make you happy and value you.

## 10. WHAT IS YOUR TOP TIP?

If you have advice and suggestions for other young people and families – you can write confidentially to dsdfamilies on **info@dsdfamilies.org**

**Want to learn more?**

- Take a look at dsdfamilies Global Coverage and dsd in sport for more information.
- World Athletics approached dsdfamilies to provide a stakeholder response to its March 2025 consultation. You can read our consultation response here.
- Prefer a podcast? PSII Sports Podcast: On what basis is elite sports fair? (Sep 2025)

---

dsdfamilies

dsdfamilies is a UK-based charity with a strong global record of producing evidence-based educational resources to support families, children and young people living with DSD.

Our objective is to support the development of confident young people who accept and understand their different biological make-up and can talk about this with loved ones and others, if and when they choose to.

We work with international experts to provide evidence-based, psychologically informed care and regularly contribute to policy debates. Our resources are used in homes and in clinical settings worldwide.

This leaflet is dedicated to the memory of Marta Rozas Huertas. Marta learned she had CAIS in her early 40s and became an advocate for the Spanish DSD family group GrApSIA. For many years, she worked alongside European advocates and healthcare professionals on large-scale research projects such as DSD-Net. dsdfamilies reached out to her in November 2025, and she was the first reviewer of this leaflet. She encouraged us to tackle the lack of knowledge in society, too. In follow-up, we asked her if we could use a quote and her name, and she responded, reinforcing her belief that more openness will lead to more understanding.

Marta passed away unexpectedly in late 2025. We reproduce some of our correspondence below.

**“Society should try to understand our realities and consider some options that are more respectful of our bodies, feelings, and rights. Intersex/DSD - or whatever name each person decides to use to name our condition - is our reality, not a reality show. It is a fact, a truth - something that happens naturally and must be preserved as part of human reality.”**

**“You can mention me; I have nothing to hide. It’s my reality, and I think that talking openly makes it easier to be listened to. So do as you wish - I give you my consent.”**

Special thanks go to Kristina Suorsa-Johnson (Utah, USA) and Lih-Mei Liao (London) for helping to kick-start and finalise these tips. Many thanks also to Chloe Hanna (Melbourne), Hazel Learner (London), Alun Williams (Manchester), Silvia Camporesi (Leuven), Angela Lucas-Herald (Glasgow), Dani Eddy (Bristol), Kylie (InterAction, Australia), Kate Seary (Kyniska Advocacy, UK), Piet Hoebeke (Ghent), María José Martínez-Patiño (Vigo), Julie Alderson (Bristol), Anita Freeman (London), Natalie Nokoff (Colorado), and all other reviewers. Responsibility for the final copy rests with dsdfamilies.

Leaflet produced: 1 March 2026
Next review due: 1 October 2026.