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Policy Statement (March 2026)

Differences of Sex Development and Eligibility in Sport - Ensuring a Fair, Proportionate, and Ethically Governed Approach

Issued by dsdfamilies (UK)

Background and Scope

dsdfamilies is a UK-based non-governmental organisation supporting children, young people, adults, and families living with Differences of Sex Development (DSD). Our work is informed by contemporary clinical guidelines, psychological care standards, and lived experience within the Global North. The education and support resources we develop for our community and for the public are grounded in scientific evidence and internationally recognised standards of care.

This statement should be read alongside the concerns raised by professional societies including the Australian and New Zealand Society for Paediatric Endocrinology and Diabetes (ANZSPED, 2025), the Human Genetics Society of Australasia (HGSA 2025), and international experts in endocrinology, genetics, ethics, and sport science regarding the introduction of blanket SRY screening and the absence of robust governance frameworks (see links here). We also acknowledge the advocacy and peer support offered by organisations such as Humans in Sport, which represent elite athletes with DSD.

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We note the increasing global effort to review eligibility rules in elite women's sport. Some international federations have now introduced SRY gene screening for athletes competing in the female category, effectively reintroducing forms of sex verification that were abandoned in the 1990s.

Supporters of SRY screening argue that this is a necessary step to protect 'fairness', even that it 'is for our own good'. Fairness in competition does matter — to athletes, sporting institutions, and the public alike. However, fairness requires proportionate regulation, aligned with contemporary international standards of DSD care, and must not create avoidable or disproportionate harm to another minority group.

Our concern is that **current approaches fall short of both responsible governance and accepted, evidence-based DSD standards of care**. Existing SRY-screening frameworks permit the testing of minors, meaning some young people may learn about a DSD diagnosis for the first time through sport — without genetic counselling, without guarantees of confidentiality, and without access to appropriate medical or psychological follow-up. This is not compatible with ethical practice.

In addition, sporting authorities must acknowledge the wider consequences of their actions: the language they use (and which is amplified by media), the unnecessary conflation of distinct populations, the absence of equitable care pathways, and the disproportionate impact on girls and women with DSD — the vast majority of whom have no involvement in elite sport at all.

Girls and women with DSD face physical, psychological, and social challenges, and they have specific healthcare needs. Over the past two decades, substantial progress has been made in supporting all people with DSD to live well, more confidently if not openly, and without shame.

Being born with a DSD — or having a child or grandchild with a DSD — can happen to anyone, anywhere. It is not shameful, and we are not prepared to see sporting policy and media discourse reverse this progress by reintroducing stigma, fear, or secrecy.

Executive summary:

Our concerns focus on how eligibility debates in elite sport and the introduction of SRY screening without robust governance spill into everyday life for girls and women with DSD — including those with no connection to elite competition. Specifically, we are concerned with the disproportionate impact on the wider population, the language being used to define eligibility, the grouping of DSD and transgender, the risk to younger athletes, and the safety and privacy of all athletes. We condemn the villainisation and targeted abuse of individuals with DSD in sport.

- **Fairness in competition is important, but eligibility rules must also be proportionate and aligned with contemporary international standards of DSD care, rather than creating foreseeable and avoidable harm to this minority group.**
- **Language and policy frameworks developed for elite sport have real-world consequences — influencing media narratives, social media, and how girls and women with DSD are perceived and treated in everyday life.**
- **DSD and transgender athletes are distinct populations with different biology and clinical pathways. A single combined policy increases confusion and is not proportionate or evidence-based.**
- **Responsible governance requires accurate language, informed consent, privacy protections, and equitable medical and psychological support pathways. Current SRY-screening models allow *testing of minors* who may learn about a DSD diagnosis for the first time through sport, without counselling, confidentiality guarantees, or follow-up care — a clear conflict with ethical standards.**
- **No young person with a DSD should feel pressure to hide personal biological information in ordinary life because of how elite-sport debates are framed. Protecting competition must not come at the cost of stigma, silence, or fear for an entire population.**

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1. A question of language

Contemporary standards in the care of girls and women with DSD are grounded in three principles:
(1) accurate information using clinically appropriate and inclusive language;
(2) a safe psychological environment in which people can understand and discuss their diagnosis;

and
(3) shared decision-making about medical care.

The vocabulary now appearing in some sporting and media discussions around athletes with XY variations—such as “male DSD,” “male testes,” “male advantage,” or “biological male for sporting purposes”—is not used in clinical practice and is widely recognised by clinicians, researchers and advocacy organisations as stigmatising and scientifically inaccurate. These terms do not reflect the current understanding of DSD in medicine, nor the lived experiences of girls and women born with these variations.

The terminology male (or female) DSD does not exist in medical science. The modern classification of DSD into three broad headings —46,XX DSD, 46,XY DSD, and sex-chromosome DSD—was created in 2005 to facilitate diagnosis of the underlying DSD and to **modernise outdated medical terminology.** These headings do not represent sex categories, and using them as such **misrepresents the science and intention behind the DSD classification system**.

The language currently used risks spreading misinformation and undermining the progress made internationally in helping young women grow up with confidence, openness and psychological safety.

When regulatory bodies make decisions on eligibility and provide guidance, these should be evidence-based / science-backed, ethical, protect the well-being of those they apply to as best they can, and reflect the current medical language and global clinical consensus guidelines for those affected.

(dsdfamilies is preparing guidance on how media and sport authorities can use both accurate and non-stigmatising language; please check DSD and Sport pages on our website).

2. DSD and transgender athletes require two separate policies

In 2025, World Athletics announced that it would merge eligibility regulations for DSD and transgender athletes under a single framework for the female category. Bringing two different populations under the same rule set does not reflect how these groups are understood in medicine, psychology, or the law. **The result is that girls and women with 46,XY DSD are treated as part of a policy that was designed for a different group and does not accurately reflect their biology, their history, or their needs.**

DSD and transgender are not the same . Individuals with DSD and transgender people have distinct and separate developmental pathways, clinical care needs, and lived experiences. These differences are recognised in medical practice, international care guidelines, and family and peer support communities. These differences must also be recognised in sport.

When these populations are merged in policy, the public is encouraged to see them as interchangeable. This contributes to misunderstanding and stereotypes, and the practical consequences fall on girls and women with DSD who must carry the burden of that confusion. This adds an unnecessary and disproportionate increased risk to an already stigmatised and marginalised group.

In our invited response to the World Athletics consultation (March 2025) and directly related to the then-proposed merger of DSD and transgender regulations, we highlighted that “sport-only solutions" can have consequences for people far beyond the sporting arena. It remains disappointing that these concerns were ignored.

World Athletics has stated that it is focused solely on biological criteria. However, elite sport does not operate in isolation. **Sporting policy influences public understanding and how young girls and women with DSD are perceived in daily life. Responsible governance, therefore, requires consideration not only of competition rules, but of their wider consequences.** Any eligibility framework that ignores these effects risks producing social and psychological harm in ways that fall outside the limits of its stated objectives.

Many people first encounter the term DSD through headlines about sport. When eligibility policies treat DSD as a subset of transgender, that misunderstanding spreads into national sports rules, media coverage, school policies, and social media. The Nike Outdoor Nationals Transgender policy is one example where this confusion appears downstream.

A single combined framework cannot meet the needs of both groups. Separate, population-specific approaches are necessary if policies are to accurately reflect science, avoid confusion, and uphold the principles of clarity, safeguarding, and fairness.

3. The framing of eligibility debates has consequences far beyond elite sport

Language used in eligibility policies shapes how media, commentators and social networks talk about DSD, and this in turn influences how girls and women with these variations are perceived in everyday life — including the overwhelming majority who will never enter elite competition.

Clinics and support organisations report increasing distress among young people who feel misrepresented, or reluctant to speak openly about DSD for fear of scrutiny, misunderstanding or challenge. These effects are not abstract — they are predictable outcomes when a medical variation is framed publicly through exclusion-focused sporting discourse.

These are the ripple effects of policy. This is why proportionality is critical: current debates and SRY-based rules affect an entire population of girls and women born and living with 46,XY DSD while addressing only a very small number of potential competitors.
Eligibility rules are relevant to the few who reach elite sport — yet the language and mechanisms used shape the lives of all girls and women with 46,XY DSD, including those with no connection to competition.

Policies designed for a minority of elite athletes must not unintentionally place stigma or burden on an entire population. A proportionate approach requires acknowledging both sporting fairness and the wider social and psychological effects of policy language and implementation.

For further context on psychosocial impacts and communication considerations, we refer you to our recently published practical guidance for families: Top Tips for Talking About Sports and DSD (dsdfamilies, 2026), available here: Top Tips

4. Ethical governance requires safeguarding minors and equitable care pathways

Safeguarding minors

Eligibility testing must not become the pathway through which a young person learns life-changing personal information. Yet current regulations — including those of World Athletics — permit genetic screening of minors.

This means some girls will discover they have a DSD through a sports-driven testing process, without psychological support, genetic counselling, or family-led disclosure.

That is not compliant with international paediatric and DSD care standards, and it is not compatible with basic principles of safeguarding.

Young people have the right to learn about their bodies gradually, safely, and with appropriate clinical support — not as a consequence of a sporting rule.

Equity in healthcare

Girls with variations in sex development/46, XY DSD will continue to be born.

Many, particularly in low-resource settings, lack confidential access to psychological support, diagnosis, or medical care.

Excluding athletes without parallel investment in safe, voluntary pathways to information and care is not aligned with contemporary medical ethics nor with responsible governance.

We would welcome the opportunity to discuss partnerships with regional paediatric endocrine and psychological networks, such as the African Society for Paediatric Endocrinology.

5. A gap in public awareness and education

It should not be possible that in 2026, largely due to the way sport -and by consequence the media- frames these debates, girls and women with a DSD feel additional pressure to hide, in everyday life, a condition they were born with.

Sport wields significant cultural authority. Decisions and language used by international federations shape public understanding well beyond the field of play. World Athletics itself acknowledges this responsibility through initiatives such as *Athletics for a Better World* (ABW), which recognises the organisation's influence and duty of care beyond competition. Eligibility policies and communications **should therefore be aligned with this stated commitment**, including through structured education that reflects contemporary medical standards and lived realities of DSD.

The International Olympic Committee, as the leading global authority in sport, has a critical role in setting expectations for responsible governance. There is a clear need for coordinated education and guidance across:

- international and national sporting federations,
- media and communications environments, and
- schools, youth sport systems and wider public education

Without such leadership, misinformation and stigma will continue to proliferate, with predictable harm to girls and women with DSD who have no involvement in elite sport. Accurate, evidence-based education is not an optional add-on to eligibility policy; it is a necessary safeguard to ensure that regulatory decisions do not undermine dignity, well-being, or public understanding of DSD as a natural, diverse part of human biology.

6. A constructive way forward *is* possible

We respectfully encourage a shift away from polarising and unbalanced debates toward a constructive, evidence-based approach that balances fairness in sport with scientific accuracy and dignity for all stakeholders.

- Develop **distinct, population-specific eligibility frameworks** for DSD athletes and Transgender athletes.
- Start from a **presumption of inclusion** of girls and women with 46, XY DSD. Work in partnership with DSD clinicians, psychologists, geneticists, sports scientists, and lived-experience communities on eligibility rules that *combine* science and dignity.
- When referencing DSD, commit to a **socially inconclusive and non-stigmatising language** in all official documents.
- **Apply proportionality:** we feel that broad SRY screening of all women, to identify very few athletes, is not justified by the scientific evidence *nor by the wider burden it places on ordinary girls and women who are not connected to elite sport but are nonetheless affected by the language, assumptions, and processes these policies introduce.*
- **Ensure robust governance and safeguards**: Minors should never be put at risk. Any system should include voluntary and informed consent, genetic counselling, and provide confidential follow-up medical and psychological care by experts in this field.

  In addition, to reduce the risk of misogyny and abuse *for all female athletes*, clear information has to be available around: 1. Who is sanctioned to perform tests and who is not 2. Where they are sanctioned to take place and not 3. What happens during the test and follow-up - and where is their data stored? 4. What support is available? 5. How you can report maltreatment and abuse.
- **Support global capacity-building**, including access to ethical care, **and an awareness-raising programme** for sporting bodies, media, and schools.

dsdfamilies is available to work with sport authorities to ensure eligibility rules are fair, proportionate, and humane — and that they do not unintentionally undo decades of progress in DSD care and public understanding. Regulations that have the potential to be injurious to minoritised communities must be grounded in science, ethics, dignity, and respect.

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