



# WORLD RUGBY *Putting players first*

## Gender Identity Disorder (GID) and Disorders of Sexual Differentiation (DSD) Policy document

### World Rugby – Gender Identity Disorder (GID)

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1. The World Rugby policy related to the Gender Identity Disorder and the ability of those whose sex has been reassigned, to play Rugby, is based upon the IOC Stockholm Declaration (see Appendix 1). Any person who has had their sex reassigned and wishes to play Rugby is covered by this policy and it is the duty of the player, and the Union having jurisdiction over the player, to follow the requirements contained within this policy.
2. Individuals undergoing sex reassignment of male to female before puberty are regarded as girls and women (female). This also applies to individuals undergoing female to male reassignment before puberty, such persons shall be regarded as boys and men (male). Individuals who have had sexual reassignment before puberty are considered to be female or male and will be allowed to play Rugby in the reassigned gender group.
3. Individuals undergoing sex reassignment from male to female or female to male after puberty will be eligible for participation in female or male Rugby respectively, where all of the following conditions are demonstrated to have been satisfied:
  - 3.1 Surgical anatomical changes have been completed for that individual usually including external genitalia changes and gonadectomy;
  - 3.2 Legal recognition of their assigned sex has been confirmed by the appropriate official authorities; and
  - 3.3 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 (see 4 below).
4. The supervising physician responsible for the management of an individual's Gender Identity Disorder must provide the following evidence:
  - (a) A diagnosis from a psychiatrist;
  - (b) That surgical reassignment has been completed for that individual usually including external genitalia changes and gonadectomy; and
  - (c) That the appropriate hormonal therapy has been ongoing continuously for a two year period when gender reassignment is considered complete.
5. In the absence of a supervising physician evidence must be presented as follows:
  - (a) A diagnosis from a psychiatrist;
  - (b) A report from an accredited specialist (ordinarily an endocrinologist) to confirm that external genitalia changes and gonadectomy have taken place; and
  - (c) That the appropriate hormonal therapy has been ongoing continuously for a two year period when gender reassignment is considered complete.



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6. In respect of 4 and 5 above the following provisions shall apply:
  - 6.1 Eligibility to play Rugby will begin no sooner than two years after gender reassignment is considered complete for that individual.
  - 6.2 A confidential case-by-case evaluation shall occur in accordance with this policy.
7. In the event that the gender identity of a competing player is questioned, the medical delegate (or equivalent) of the competing player's Union shall have the right to take appropriate and reasonable measures, consistent with this policy to determine the eligibility to play in their chosen gender. The Union may refer the matter to the World Rugby Chief Medical Officer.
8. In the event of there being queries relating to GID in the context of a particular player, such queries will be referred by the Union of the player to the World Rugby Chief Medical Officer who will request an appointed, accredited specialist (ordinarily an endocrinologist) to review the case on an individual basis.
9. Following confirmation by the accredited specialist that a player has satisfied the requirements outlined in this policy in respect of a change in sex, the case will be referred to a Gender Referral Panel to determine if the applicant player may participate in Rugby in the assigned sex.
10. The Gender Referral Panel will take into consideration the medical reports submitted to it in each case. The Gender Referral Panel will also undertake a risk management assessment based upon the effects of the applicant playing Rugby, taking into consideration the safety of both the applicant player and other participants in the sport.
  - 10.1 The Gender Referral Panel shall comprise of
    - (a) The World Rugby Chief Medical Officer;
    - (b) A gynaecologist;
    - (c) A genetic expert; and
    - (d) An endocrinologist.
11. The costs of the review by the accredited specialist and/ or the Gender Referral Panel will be borne by the Union having jurisdiction over the applicant player. In the case of a challenge, the Union challenging the gender of a player shall pay the costs of the review save in circumstances where the player is found not to be of the appropriate gender, in which case the costs shall be borne by the player challenged.

## World Rugby – Disorders of Sexual Differentiation (DSD)

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1. Disorders of Sexual Differentiation are extremely complex and individual in their nature. It is a situation where an individual cannot be assigned as a male or female. The individual may wish to play Rugby. This policy has been developed to provide a process whereby decisions can be made bearing in mind that Rugby is a gender affected sport but needs to deal sensitively with an individual with a DSD who wishes to play Rugby.
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2. Due to the individuality of each situation, assessment will be on a case by case basis. An accredited specialist (ordinarily an endocrinologist) will be required to assess the player and provide a report as to the diagnosis (if possible) and determine the dominant active hormone(s). The individual's supervising physician will also be required to provide medical comment on the perceived dominant gender characteristics displayed by the individual.
3. A World Rugby DSD Panel will be appointed to consider each case on its merits to determine whether an individual can play Rugby in their preferred gender group.
  - 3.1 World Rugby will also appoint a Gender Referral Panel (see 10.1) which will take into consideration the medical reports and will also undertake a risk management assessment based upon the effects of the individual playing Rugby taking into consideration the safety of both the individual and other participants in the sport.
  - 3.2 In the event of there being a query relating to an individual with a DSD, this must be referred to the World Rugby Chief Medical Officer for consideration and referral to a World Rugby DSD Panel.
  - 3.3 The costs of the review by the DSD Panel and the Gender Referral Panel will be borne by the Union having jurisdiction over the player. In the case of a challenge, the Union challenging the gender of a player shall pay the costs of the review save in circumstances where the player is found not to be of the appropriate gender, in which case the costs shall be borne by the player challenged

## Medical and Risk Protocols

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The policies above will be those published and will be used for the purposes of World Rugby tournaments. In addition there will be the need for operational protocols in relation to the medical and risk assessment processes including confidentiality in accordance with the appropriate Medical Council policies.

## Appendix 1

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### 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)

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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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