Transgender and Intersex Sports Provision at the University of Cambridge

CUSU LGBT+
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Preface

Even today, trans* and Intersex people still face widespread discrimination and exclusion in the world of sports. Despite calls by the Department for Culture, Media and Sport and UK Sport, many sporting bodies have not issued guidance on whether trans* people are allowed to compete. Those that have issued guidance have only issued it concerning transsexual people in high performance sport. We believe that involvement in sport goes beyond just competition and that it far more frequently serves to promote a healthy lifestyle as well as helping students to contribute to their college and to form social groups. We believe that the guidance in this report will help to remove the barriers excluding people from this, however we must also change the attitudes of those involved in order to create a welcoming environment for trans* and intersex individuals.
Section 1: Background and context

1.1 Terminology

We recognise that the language used in this report may be new to potential readers, or more nuanced than one might expect. Therefore we have created the following glossary in order to fully define the terms that we are using. Please note that the following is neither an exhaustive list nor does it fully define each of the terms. It should be used as a reference guide to aid in the comprehension of this report.

Gender
Gender refers to people’s internal perception and experience of maleness and femaleness, and the social construction that allocates certain behaviours into male and female roles which vary across history, societies, cultures and classes. Gender is hence strongly linked to society’s expectations and is not exclusively a biological matter.

Binary gender
A model which refers to the norms derived from the idea of a dichotomy of two mutually exclusive and biologically defined sexes to whom different roles and behaviour are traditionally ascribed. Many individuals find that this is too simplistic to describe their identity and so they do not define themselves in terms of this model.

Preferred Gender
The gender that a trans* person wishes to be recognised as, including those outside of the female/male gender binary.

Transgender (or trans*)
An umbrella term for people whose gender identity and/or expression differs from that of their sex assigned at birth. Transgender people may or may not alter their bodies to better fit with their gender identity through means such as hormones or surgery. Some intersex people identify as transgender but the two are not the same. Should only be used as an adjective e.g. ‘transgender people’.

Cisgender
The antonym of transgender. Used to describe those whose gender identity is congruent with their sex assigned at birth. Should only be used as an adjective e.g. ‘cisgender people’.
Transsexual
Transsexual people are those who identify with the opposite binary gender to their sex assigned at birth and seek to live permanently in this gender role. This is often accompanied by with strong rejection of their physical primary and secondary sex characteristics and a wish to align their body with their preferred gender. Transsexual people might intend to undergo, be undergoing or have undergone gender reassignment treatment (which may or may not involve hormone therapy or surgery). Should only be used as an adjective.

FAAB/MAAB
Female/male assigned at birth. Used to differentiate between which binary gender identity a trans* person was assigned at birth.

Gender dysphoria and gender identity disorder
Gender dysphoria is a medical condition in which a person has been assigned one gender at birth but identifies as another gender, or does not conform to the gender role society ascribes to them. Gender dysphoria is not related to sexual orientation. People who have severe gender dysphoria are diagnosed with gender identity disorder.

A person with gender dysphoria can experience anxiety, uncertainty or persistently uncomfortable feelings about their gender assigned at birth. This dysphoria may lead to a fear of expressing their feelings or of rejection and in some cases deep anxiety or chronic depression. It is effectively treated using methods such as counselling, hormone replacement therapy, surgery or simply social transition.

Gender reassignment
Gender reassignment is a process undertaken under medical supervision to reassign a person’s gender by changing their physical sexual characteristics. Gender reassignment or transition may include some or all of the following: social, legal and medical adjustments: telling one’s family, friends, and/or colleagues; changing one’s name and/or sex on legal documents; hormone therapy; hair removal, voice therapy and possibly (although not always) chest and/or genital surgery.

Transitioning
Transitioning is the term used to describe someone changing from one gender to another, with or without medical intervention.

Gender neutral
Refers to something with does not have specific genders, e.g. gender-neutral toilet signage might include a WC or toilet symbol, but would not include any combination of the standard “male” and “female” figures.
Intersex
This refers to those people who have genetic, hormonal and physical features that are neither exclusively male nor exclusively female, but are typical of both at once or not clearly defined as either. These features can manifest themselves within secondary sexual characteristics such as muscle mass, hair distribution, breasts and stature; primary sexual characteristics such as reproductive organs and genitalia; and/or in chromosomal structures and hormones. This term has replaced the term ‘hermaphrodite’ which was used extensively by medical practitioners during the eighteenth and nineteenth centuries.

Transphobia
Transphobia is an irrational fear of, and/or hostility towards, people who are or are perceived to be transgender or who otherwise transgress traditional gender norms.

1.2 Legal Obligations

Data Protection Act 1998
Under the Data Protection Act, a trans* identity and gender reassignment constitute ‘sensitive data’ for the purposes of the legislation. Therefore information relating to a person’s trans* status cannot be recorded or passed to another person unless conditions under schedule 3 of the Data Protection Act for processing sensitive personal data are met.

Equality Act 2010
Gender reassignment is one of nine protected characteristics within the act, and it is also included in the Public Sector Equality Duty. The definition of gender reassignment within the act gives protection from discrimination to a person who has proposed, started or completed a process to change their gender.

The act offers more far-reaching protection from discrimination on the grounds of gender reassignment than previous equality law as it protects:

- Trans* people who are not under medical supervision
- People who experience discrimination because they are perceived to be trans*
- People from discrimination by association because of gender reassignment. For example, it would protect the parents of a trans* person from being discriminated against because their child is transitioning

The act prohibits unlawful discrimination in providing services and recreational facilities such as denying a trans* person from using the facilities of their preferred gender.
Gender Recognition Act 2004
The Gender Recognition Act allows trans* people to be recognised in the opposite binary gender from their sex assigned at birth once they have met a set of requirements, however medical intervention is not required;

- have, or have had, gender dysphoria
- have lived in the acquired gender for at least two years, ending with the date on which the application is made
- intend to continue to live in the acquired gender for the rest of their life
- can provide medical reports containing specified information

Once a trans* person has received a Gender Recognition Certificate they are able to change their birth certificate and are treated as that gender for all purposes. It should be noted that the act does not afford recognition to those wishing to be recognised as holding a non-binary gender identity.

A Gender Recognition Certificate exists solely for the purpose of changing one’s birth certificate and the act specifies that it is a criminal offence to request to see a Gender Recognition Certificate for any other means.

The Gender Recognition Act recognises that, in certain circumstances, it may be appropriate to restrict trans* people from participating in sports in their preferred gender provided that;

- The sport is a “gender-affected sport”, which means one where the physical strength, stamina or physique of average persons of one gender would put them at a disadvantage to average persons of the other gender.
- The prohibition or restriction is necessary to secure fair competition or the safety of competitors (including the safety of transsexual competitors).

1.3 International Olympic Committee (IOC) Guidance
The IOC recommends that transsexual people are allowed to participate, in any gender affected sport, in their preferred gender, provided they meet the following criteria:

- Surgical anatomical changes have been completed, including external genitalia changes and gonadectomy (the surgical removal of the testes or ovaries)
- Legal recognition of the acquired gender has been conferred by the appropriate official authorities
- Hormonal therapy appropriate to the acquired gender has been administered in a verifiable manner and for a sufficient length of time to minimise gender-related advantages in sport competitions. The group recommends that eligibility should begin no sooner than two years after gonadectomy
1.4 British Universities and Colleges Sport (BUCS) Transgender Policy [1]

As an organisation which delivers over 50 sports, BUCS does not have the expertise in every sport to review and agree a single policy which works effectively in every situation. BUCS therefore recommends that where transgender issues arise, then the policy of each national governing body for that sport should be adopted with respect to any eligibility issues. These policies may take the following into consideration:

- Legal recognition of acquired gender
- Gender recognition certification
- Timescales post gender reassignment surgery

In cases where domestic NGB’s have not adopted a policy, then the international federation regulations should apply. Where international federations do not recognise gender reassignment, then BUCS will make a decision based upon a reasonable assessment of the sport against another sport played in similar conditions and subject to similar rules.

1.5 Government’s Charter for Action on Tackling Homophobia and Transphobia in Sport (2011) [2]

1) We believe that everyone should be able to participate in and enjoy sport – whoever they are and whatever their background.

2) We believe that sport is about fairness and equality, respect and dignity. Sport teaches individuals how to strive and succeed, how to cope with success and disappointment, and brings people together with a common goal.

3) We are committed to making these values a reality for lesbian, gay, bisexual and transgender people. We will work together, and individually, to rid sport of homophobia and transphobia.

4) We will make sport a welcome place for everyone – for those participating in sport, those attending sporting events and for those working or volunteering in sports at any level. We will work with all these groups to ensure they have a voice, and to challenge unacceptable behaviour.
Section 2: Barriers to Trans* and Intersex Inclusion

2.1 Changing Facilities

Trans* and intersex people frequently display concern over exposing their body in public. This may be because the characteristics of their body do not match with those of their preferred gender or because their body does not match either binary gender. There is significant fear that they will face discrimination and possibly physical assault if this is seen by those around them. This is particularly relevant to those who are MAAB using a designate female changing room, as those around them may view them as potential aggressors.

Many trans* or intersex individuals may not have a gender identity within the gender binary and so only offering facilities designated male or female is not sufficient to meet their needs.

In the recent CUSU LGBT+ survey, Trans* Inclusion in Sport it, was found that 80% of respondents would happily use gender neutral single stalls most or all of the time, but only 45% of respondents would be happy using gender neutral communal changing facilities.[3] This suggests that providing gender neutral single stalls and private showers would be sufficient to meet the needs of all.

2.2 Supporting transition

Being socially accepted in ones preferred gender is of paramount importance to trans* people and significantly reduces the mental health symptoms of gender dysphoria and other common related conditions, such as depression. Being denied the opportunity to be involved in sport as ones preferred gender is seen as a sign that the trans* person is not accepted as who they are. It further encourages transphobic views that trans* people are not really members of their preferred gender.

Current NHS criteria requires that trans* people show consistent identification with their preferred gender in order to receive or continue to receive treatment. Participating on a team that was not for their preferred gender could thus be used as evidence to exclude them from medical treatment. Therefore it is invalid to believe that policies which limit, for any period of time, trans* people to only participate in their sex assigned at birth are anything but exclusionary of trans* people.
2.3 Exclusive Policies

Surgical Requirements
The IOC guidelines state that a trans* person must have undergone Gender Reassignment Surgery in order to be included. Many trans* people may not wish or may not be able to have this costly and potentially dangerous procedure and this should have no effect on whether they are allowed to take part in sport.

A recent UN report concluded that forced gender reassignment surgery or forced sterilisation of trans* people, in order for them to gain recognition in their preferred gender, constituted “cruel, inhuman or degrading treatment or punishment, and if there is State involvement and specific intent, it is torture.” [4] Thus gender reassignment surgery or any form of sterilisation should not be the basis of any policy, as it may force people to undergo these procedures in order to compete.

Medical Barriers
The IOC criteria focuses heavily on medical transition and places, near impossible, restrictions on trans* people’s participation. If medical transition is sought privately then the time required to meet the IOC criteria can be estimated as approximately 5 years. If medical transition is done through the NHS this figure rises to approximately 8 years. In the October 2010 minutes of The Gender Governance Group (an association of specialist ‘medical clinics’) it is recorded that, in York, the “waiting list [for a first appointment] is currently four and a half years, most students only at Uni for three years.”[5] Thus these criteria are, effectively, a ban on trans* people’s participation.

International Students
Not all countries have the same legal recognition of trans* people as we do in the UK and similarly may not provide the appropriate health services. This may make it impossible for international students to meet the IOC’s guidance and shows that this guidance is not sufficient to cover sport on a local level.

Invasion of Privacy
Most policies that allow trans* people to compete in sport require them to provide ‘proof’ of their current medical status and in many cases this process is not clearly defined. Trans* people already face a vast amount of bureaucracy in their lives and resist any attempts by people to gain further access into their private lives. Such processes greatly deter trans* people from becoming involved and only those looking to compete at a very high level might be willing to subject themselves to this, in pursuit of sporting achievement.

Lack of Policy
Many sporting bodies, such as the BUCS, do not have their own policy in place, which covers the inclusion of trans* and intersex athletes, and instead adopt the policies of other organisations. These organisations may similarly have no policy regarding inclusion and so trans* people are frequently unsure if they are allowed to participate. IOC guidelines currently only govern the inclusion of transsexual athletes and no official guidance exists pertaining to trans* people who do not fall into the category of transsexual.
The CUSU LGBT+, Trans* Inclusion in Sport, survey found that while 79% of respondents believed that trans* people should be allowed to participate in any sport regardless of medical condition, 70% did not know if trans* people are currently allowed to participate in sport. [6]

2.4 Fair Competition

This was the most commonly cited concern among trans* respondents to the Trans* Inclusion in Sport survey with respondents stating that they were afraid that they “might be thought to have an ‘unfair advantage’” or that there would be a “general perception/presumption of inferiority”. One trans* sportsperson expressed that “if I am not as good as others I want it to be because I am actually not as good, not because they assume it before I even begin”.

Appendix C, contains several case studies of trans* athletes competing on a comparable level to the rest of their fellow competitors.

Arguments calling for the exclusion of trans* or intersex people on the grounds of fair competition are based upon the following factors;

- all those assigned as male are better than all those assigned as female at birth
- medical transition does not affect sporting ability
- some may attempt to cheat if the system is changed

Human Variation

Human beings are incredibly diverse and the variation within the categories of ‘men’ and ‘women’ is far higher than the variation between categories[7]. We only have to look at our personal experience of the people around us to realise that the generalisations used in these arguments are completely unfounded. Furthermore, a number of different factors contribute to variation in sporting ability including economic background and environment. None of these factors are regulated in the same way as gender categories.

Effects of Medical Transition

Cross-sex hormone administration to trans* individuals results in testosterone/oestrogen levels, “haemoglobin, subcutaneous fat content and muscle cross-sectional areas similar to those values in [cisgender] men and women” [8]. The hormone level changes are instantaneous and the rest of these effects occur as soon as after one year of hormone therapy [9]. Organisations such as Badminton England have adopted one year of hormone therapy as the main criteria of their policy [10].

“In addition, what counts as a competitive advantage may shift dramatically depending on the sport. What is an advantage in one context may be a disadvantage in another.” [11] “Despite women generally being lighter than men, total body weight increased in response to estrogen and anti-androgen supplementation in transitioned women, despite a decrease in muscle mass. Thus, for sporting events where an athlete would have to carry their own body weight (i.e. running) an
increase in body weight following estrogen and antiandrogen treatment may be detrimental to performance” [12].

Unfortunately, “to date, no study has examined the effects of cross-sex hormones on any objective measures of athletic performance (maximal aerobic capacity, time trials). Additionally, no trial has been conducted in [transgender] athletes as compared with [cisgender] athletes. As such, there is no concrete evidence to support or refute the position that [transgender athletes] compete at an advantage or disadvantage as compared with [cisgender athletes].” [13]

Cheating
Fears that boys or men will pretend to be female to compete on a girls’ or women’s team are unwarranted given that in the entire 40 year history of “sex verification” procedures in international sport competitions, no instances of such “fraud” have been revealed. [14]

2.5 Sporting Culture

[all quotes are form the CUSU LGBT+, Trans* Inclusion in Sport, survey]

The culture surrounding sports is still deeply transphobic, even today. The effects of this are clearly seen with many being driven away from sport; “the thought of the pressure completely closes off the idea [of participating]”

Some have suffered transphobic discrimination firsthand; “I have experiences social transphobia/homophobia/queerphobia especially from sports such as rugby” or “have witnessed indirect transphobia eg rumours and gossip”. Some sports have cultures that are encouraging this behaviour more than others with a common observation being “I know there is a lot of transphobia in rugby.”

Overall, people’s perception of sporting culture was very negative with many expressing that they “would expect some” discrimination. One respondent further elaborated “I don't have a particularly positive impression of a lot of university teams, I tend to associate them with laddishness/drinking societies/etc.”

Most of these views are built upon the previous points in this report, however little is being done to combat them; “It surprises me that there isn’t some sort of initiative to simply say [this] is not cool and it is not to be tolerated”. “There need to be guidelines about how sports clubs are run, and the welfare of people who do sports [as] at the moment people can 'get away' with it.”

To combat this culture we need to have clear policies that promote inclusion and that are not based upon myths. Sport should be accepting of all, though it is clear that the current culture is designed to unjustly target many who would wish to participate. One survey respondent sums it up; “It is NOT just a laugh.”
Section 3: Recommendations

CUSU LGBT+ recommends that;

- Any new changing facilities to be equipped with private showers, gender neutral changing cubicles and toilets. Where possible these should be housed within a gender neutral space and not within a changing room designated female or male.

- The university should review whether existing facilities can be upgraded to include gender neutral facilities and private showers.

- For all sporting bodies or clubs in university to have a publicly available inclusiveness policy in line with the Equality Act (2010). These should incorporate the principles of the government’s Charter for Action on Tackling Homophobia and Transphobia in Sport.

- For all staff working in relation to sport to be made aware of the rights of trans* students.

- For the University to issue guidance on the inclusion of trans* and intersex students in sport. An example policy for high-performance sport has been included in Appendix B.

- The University should commit to encouraging trans* and intersex people to participate by removing the barriers detailed in this report.

- If any disputes arise, surrounding the eligibility of a trans* or intersex person to compete in a sport, the university should notify and collaborate with CUSU LGBT+ to resolve the matter.
Appendix A - CUSU LGBT+ survey – Trans* Inclusion in Sport

Preliminary results of the CUSU LGBT+ survey on trans* inclusion are below. Please be aware that we are still collecting data and experiences and so the results may be subject to subtle change. Results for the period 28/3/13 - 16/4/13. Number of responses = 57

Are trans* people currently allowed to compete in sports?

- Yes, always, 21%
- Don’t know, 70%
- If they’ve been on hormones, 7%
- If they’ve had lower surgery, 2%
- No, never, 0%
Should trans* people be allowed to compete in sports?

<table>
<thead>
<tr>
<th>Category</th>
<th>Always</th>
<th>Never</th>
<th>If they’ve had lower surgery</th>
<th>If they’ve been on hormones</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>All sports</td>
<td>79%</td>
<td>11%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Contact sports in teams (e.g. rugby)</td>
<td>84%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Contact sports by themselves (e.g. boxing)</td>
<td>84%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Non-contact sports in teams (e.g. rowing)</td>
<td>84%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Non-contact sports by themselves (e.g. athletics)</td>
<td>85%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Would you use gender neutral changing facilities?

<table>
<thead>
<tr>
<th>Facility</th>
<th>Most or all of the time</th>
<th>If gendered ones weren’t available</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communal</td>
<td>45%</td>
<td>42%</td>
<td>13%</td>
</tr>
<tr>
<td>Single Cubicles</td>
<td>80%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Appendix B – Example Policy

The Gay Games’ (previously known as the Gay Olympics) policy on the participation of athletes in their high-performance sporting events is reproduced below as a guide. Please note that this policy does not constitute best practice for non-high performance sport. Full details can be found at http://gaygames.org/wp/sport/sports-policies/gender/

a) An athlete may demonstrate the right to compete in the gender of his or her choice by providing proof (a letter or certificate from their doctor) that he or she has been undergoing hormone treatment for at least one year. This requires uninterrupted treatment over the period up to and including the beginning of the Gay Games unless there is a medical reason that may have resulted in short breaks from that treatment. Any breaks in treatment should be outlined in the medical practitioner’s letter.

b) An athlete may demonstrate the right to compete in the gender of his or her choice by providing documentation that he or she has been living as the chosen gender for at least two years. The Host must implement procedures for collecting such proof in a discreet and confidential fashion. Proof may be provided by legal documents such as a driver’s license, evidence of employment as the chosen or self-identified gender, personal letters, testimonials or statutory declarations, bank accounts, leases, property titles, etc. Considering the challenges that may be involved in changing legal documents in some countries, the accreditation officials may exercise discretion when evaluating the adequacy of the type of documentation provided for proof of an individual’s gender.

Appendix C – Trans* athlete Case Studies

Out of the many trans* athletes who have competed over time we have picked a few that we think demonstrate that; trans* men are able to compete with cisgender men, trans* women, while they may be successful, do not win every competition they enter and that there are still those that wish to discriminate against trans* people, even though they may have completed their transition far in the past. We hope that their examples will help to dispel some of the myths around trans* involvement and also highlight the stresses under which trans* people have to compete.

Laurence Michael Dillon (1915–1962)
Dillon attended St Anne’s College Oxford becoming president of the Oxford University Women’s Boat club and won a blue for rowing. After testosterone therapy he enrolled in medical school at Trinity College Dublin, where he again became a distinguished rower, this time for the men’s team.

Renée Richards (born August 19, 1934)
Richards attended Yale where she played on the tennis team in singles competition, then captained the team in 1954. She reached the final of the men's national 35-and-over tennis championships in 1972. After transitioning in 1975 and winning a legal battle with the United States Tennis Association, Richards competed in women’s tennis from 1977 to 1981. She was ranked as high as 20th overall (in February 1979), and her highest ranking at the end of a year was 22nd (in 1977). Her greatest successes on court were reaching the doubles final at her first U.S. Open in 1977 and in 1979 she won the 35 and over singles title at the U.S. Open. She was inducted into the USTA Eastern Tennis Hall of Fame in 2000.

http://en.wikipedia.org/wiki/Ren%C3%A9e_Richards

Michelle Dumaresq

"I have found as a trans person it's acceptable to compete but don't you dare win. Well I did just that."

Michelle Dumaresq is a Canadian professional cyclist who entered the sport in 2001 having had gender reassignment surgery in 1996. After initial success, her license was suspended by Cycling BC due to complaints from other competitors. Union Cycliste Internationale (UCI) deemed that she should continue competing in the women's category and not in the men's category since legally and medically she is female. Since then she has gone on to represent Canada at the World championships. Despite the ruling, protests have ensued and a petition was created asking for her to be disqualified from her first professional win in 2002. The request was subsequently denied. At the 2006 Canadian Nationals, a protest from one of her competitors during the podium ceremonies brought renewed attention to Dumaresq's participation in female sports. The boyfriend of second-place finisher Danika Schroeter jumped up onto the podium and helped Schroeter put on a t-shirt reading '100% Pure Woman Champ'. The Canadian Cycling Association suspended Schroeter for her actions.

http://en.wikipedia.org/wiki/Michelle_Dumaresq

Appendix D - Sources and Further Information

On The Team – Equal Opportunities for Transgender Student Athletes

Department for Culture Media and Sport – Transsexual people and sport

Equality Challenge Unit- Trans Staff and Students in Higher Education

NUS - Out in Sport survey

Erin E. Buzuvis, Including Transgender Athletes in Sex-Segregated Sport
http://digitalcommons.law.wne.edu/cgi/viewcontent.cgi?article=1248&context=facschol

Women’s Sports Foundation – Participation of Transgender Athletes in Women’s Sports

Heather Sykes – Transsexual and Transgender Policies in Sport
http://www.transgenderlaw.org/resources/Sykes.pdf