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Finally, although the realm of sport has traditionally been a bastion of homophobia in contemporary Western societies (Anderson 2005a), we have now reached a time when it is erroneous to categorically label all sport as homophobic institutions in which heterosexuality is compulsory and gay athletes are marginalized. There is reason for optimism as new generations bring increasingly progressive attitudes toward homosexuality into our sport cultures.

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Transsexual and Intersex Athletes

Erin E. Buzuvis

In August 2009, South African runner Caster Semenya competed in the World Championships in Berlin and won the 800-meter event. But rumors and speculation surrounding her sex called her victory into question. Was Semenya really a woman? She came seemingly out of nowhere to dominate the race, posting a personal best time (beating her previous record by seven seconds) that suggested remarkable improvement over the course of the season. Her muscular body and deep voice were also cause for suspicion. To find out for sure, the international governing body for track and field, the International Amateur Athletics Federation (IAAF), requested that Semenya submit to a medically supervised sex verification procedure. This request set off the most recent public controversy about sex and gender in women's sport and raised challenging question about how "woman" is defined.

Semenya is not the first athlete to have her eligibility for women's sport called into question, and she probably won't be the last. As long as the sporting world divides competitors into two distinct categories, male and female, there will be inquiries and assumptions about who belongs in which. What makes this categorization difficult is that while the realm of sport divides the universe neatly into male and female categories, nature does not. In Semenya's case, the results of her sex verification test, which were thoughtlessly leaked to the media, suggest that she has an intersex condition that produces higher levels of the male hormone testosterone (perhaps

three times higher) than those of the average woman. This doesn't mean Semenya is a man. But it does mean that she does not have the typical physiology of most women. Does that mean she shouldn't compete as one?

The gender binary (the belief that everyone can be classified as either male or female by a set of deterministic and fixed criteria) presents challenges not only for athletes like Semenya who have intersex conditions but also for athletes who are transsexual. In 1977, for instance, Renee Richards famously challenged the US Tennis Association's (USTA) requirement that athletes must possess a pair of X chromosomes (the typical female karyotype) in order to qualify for the women's draw at the US Open. The USTA had devised this requirement in order to exclude Richards, who was born male (or rather, assigned a male sex at birth) and used surgery and hormones to physically transition to a female body, one that matched her female gender identity.

Unlike intersex conditions, which are, generally speaking, incongruities among the physical characteristics of sex, transsexuality is an incongruity between one's physical sex and one's gender identity. But like those with intersex conditions, transsexual athletes challenge the gender binary. Renee Richards, who identifies as female and who has a post-operative female body, is surely not a man. But the fact that she grew up in a male body makes her atypical of most women. Thus, Semenya, who has an intersex condition, and Richards, who is transsexual, both challenge the gender binary as atypical women. As this chapter explains, scrutiny and exclusion from women's sport stigmatizes intersex and transsexual athletes, but also female athletes at large, by constructing and reinforcing assumptions about female athletic difference and inferiority.

Gender 101: Defining Terms and Concepts

Before exploring the complexity of these issues, we must define the important foundational terminology and concepts. A good understanding of terms and concepts is a necessary first step toward understanding and ultimately dismantling sexual stigma in sport.

Sex vs. Gender

In everyday language, we often use the words *sex* and *gender* interchangeably. But in some contexts, like advocacy, research, and academia, these words are distinctly different. Sex refers to the biological or physiological attributes that make someone male or female. When a baby is born, a doctor may declare, "It's a boy" after scrutinizing the physical evidence that is the baby's genitalia. The doctor is assuming that if the baby has male genitalia, he also has a male (XY) chromosome pattern, internal genitalia that will produce male hormones (androgens, and specifically testosterone), and that these hormones will cause the body to produce physical characteristics that are typical of the male sex. A similar, opposite set of assumptions is made when the doctor declares, "It's a girl." These assumptions tend to be true in most cases.

But this information about an individual's sex does not necessarily tell us anything about his or her gender. Gender refers to an individual's identification *with* and expression *of* his or her sex. It is often said that gender is to sex as femininity is to female (or as masculinity is to male). Gender is informed by the biology of sex, but is specifically an expression and identity of that sex that is filtered through the individual's psychology and social environment.

Intersexuals

"Intersex" is an umbrella term used to describe various conditions in which the physical attributes of sex are incongruous, not entirely male or entirely female. Sometimes these incongruities are produced at the chromosomal level, such as when an individual's sex chromosomes defy the typically XX (female) or XY (male) pattern. Individuals with intersex conditions may instead have such patterns as XO, XXY, XYY, or XXX. The result of such chromosomal patterns may produce atypical physical characteristics ranging from extra height (such as in the case of XYY males) to reduced fertility, ambiguous genitalia, and androgyny. But not every individual with a chromosomal anomaly will express this condition, and many will not even know that they have it unless they are tested for some reason. This high degree of variability in the expression of such conditions is due in part to a sometimes coexisting condition called mosaicism, in which only some of the body's cells have the atypical sex chromosome patterns, while other cells are either all XX or all XY.

Other intersex conditions affect hormones rather than chromosomes. For example, androgen insensitivity syndrome occurs in individuals who have a male (XY) chromosomal pattern, which triggers the production of male hormones called androgens. But due to this syndrome, the body lacks or has diminished capacity to respond to

these masculinizing hormones, so the body will develop entirely or at least partially in a female manner. Another such condition is congenital adrenal hyperplasia, which causes individuals with XX chromosomes to have masculine genitalia. Other conditions that affect physical development in utero or at puberty produce internal and external genitalia that defy classification as entirely male or female; indeed, for 1 out of every 1,500 to 2,000 births, an expert in sex differentiation must be called in to interpret atypical presentation of the baby's gender (Fausto-Sterling 2000).

Due to this wide variety of intersex conditions, it is neither possible nor appropriate to make generalizations about how individuals with an intersex condition experience their condition, the physical effects of an intersex condition, or how and whether such a condition affects their gender identity. For some whose intersex condition is invisible, either because it could only be detected by medical testing or because of surgical intervention at birth, they might have a gender identity that is unaffected by their condition. For example, several female athletes in history, Semenya being the latest example, learned of their intersex condition when they were forced to participate in gender testing as a condition for participating in the Olympics or other world-class athletic events. Prior to that time, they never questioned their femaleness, because in every physical and psychological way that mattered, these athletes were female.

Transgender Individuals and Transsexuals

Though usage may vary by context, "transgender" is commonly defined as an umbrella term that may be claimed by anyone whose gender identity does not match the sex they were assigned at birth. The transgender label may include those who are "transsexual," meaning they identify with the gender that is opposite from which they were assigned, as well as those whose gender identity does not fall into either category represented by the gender binary (Feinberg 1996). "Gender queer," "bigender," and "androgyne" are examples of some of the ways transgender individuals in this latter category may describe their gender identity. Because one's gender identity may not be obvious, it is usually more respectful to ask which pronoun a person prefers rather than to presume based on the person's appearance.

Transsexual individuals may or may not undergo hormone treatment, surgery, or both to conform to the sex with which they identify. A male-to-female transsexual—that is, a person assigned a male sex at birth but who identifies as female—may take androgen blockers to negate the affects of testosterone, as well as estrogen to promote the growth of breast tissue and other aspects of a female-shaped body. She also may elect surgeries to remove her penis and testes or to augment her breasts (W-PATH 2001). A female-to-male transsexual may take testosterone to masculinize his body, and may elect for surgery to remove his breasts. Surgeries to construct a penis (called phalloplasty) are also available, though less frequently preformed. Some transsexual individuals do not undergo either hormonal or surgical modification for reasons including expense (as treatments are often excluded from insurance coverage) and personal preference. Within the transsexual community, the labels "pre-operative, "post-operative," and "non-operative" (or "pre-op," "post-op," and "non-op" for short) distinguish between transsexuals who are awaiting surgery, who have had surgery, and who are not planning to have surgery.

Intersex and Transsexual Athletes in History

Intersex Athletes

The first known intersex Olympic athlete was Stella Walsh, who won a silver medal in the women's 100-meter sprint in 1936, and who was posthumously discovered to have ambiguous genitalia and chromosomes after an autopsy was performed on her body in 1980 (Ritchie, Reynard, and Lewis 2008). The International Olympic Committee (IOC) began requiring women to submit to mandatory sex verification testing during the Cold War, which raised the geopolitical stakes of the Olympic medal count. Many presumed that sport ministries in Eastern European countries were engaging in gender fraud to dominate women's sport in the service of nationalist objectives.

In 1968 the IOC replaced the visual inspection method of sex verification testing (commonly called "nude parades") with a chromosome test to determine athletes' eligibility for women's sports. Specifically, this test counted whether an athlete had a second X chromosome, on the belief that this would allow sport organizers to distinguish women (typically XX) from men (typically XY). Not surprisingly, such testing did not accurately sort competitors with intersex conditions that produce various chromosome patterns including XXY (an individual who would have passed the test, despite appearing male by virtue of the Y chromosome) or single-X (also written

XO) (an individual who is not male, but would have failed the test for lacking a second X). Polish sprinter Eva Klobukowska was the first athlete banned from women's sport and stripped of her Olympic medals after genetic testing revealed anomalous sex chromosomes in some cells (likely an XX/XY mosaicism) (Wackwitz 2003). Twenty years later, another high-profile runner, Maria Jose Martinez Patino, discovered for the first time during a sex verification test that she had male XY chromosomes, and was later diagnosed with androgen insensitivity syndrome, discussed previously (Wackwitz 2003). She was reinstated by the IAAF after she proved that the syndrome rendered her body incapable of responding to the testosterone that her body produced in response to the presence of a Y chromosome (Ritchie, Reynard, and Lewis 2008).

Eventually the IOC switched to a different method of chromosome testing that disqualified athletes from women's sport based on the presence of a Y chromosome rather than the absence of a second X. Yet even this method of testing produced many false positives, such as in 1996 when 8 of the over 3,000 female athletes tested for the Atlanta Summer Olympic Games tested positive for a Y chromosome but were permitted to compete after further testing revealed that these athletes were insensitive to testosterone. Significantly, chromosome testing never revealed a single case of gender fraud—male athletes pretending to be women. Many criticized the practice for excluding or causing stress and anxiety among athletes with intersex conditions for whom no biological basis existed for exclusion from women's sport, as well as for affronting the dignity and privacy of all female athletes who were forced to submit to testing.

In response to such criticism, the IOC abandoned compulsory sex verification testing for women's events in 1999, but it and the IAAF allow testing on a case-by-case basis in response to suspicion of gender fraud. Suspicion-based testing revealed the intersex condition of Indian runner Santhi Soundarajan, who was stripped of her silver medal in the 2006 Asia Games, and most recently South African sprinter Caster Semenya after her victory in the 800 meters at the 2009 World Championships. The IAAF's decision to sex-test Semenya subjected the eighteen-year-old to public criticism and scrutiny into intimate and personal matters. The IAAF has ruled that she may keep her medal from the 2009 World Championships, and recently cleared her to compete in future women's events.

Transsexual Athletes

In 1977, American tennis player Renee Richards, a male-to-female transsexual, competed in the US Women's Open after winning a lawsuit against the US Tennis Association, which had tried to exclude Richards on the basis of her XY chromosomes. A New York State court rejected the USTA's argument that male-to-female transsexual athletes have a competitive advantage when competing against other women. Medical experts and fellow tennis player Billie Jean King testified for Richards, supporting Richards's claim that estrogen treatments and surgical removal of her testes made her a woman "for all intents and purposes" with no discernable competitive advantage. The court also rejected the USTA's claim that a chromosome test was necessary to prevent female imposters from trying to enter women's sporting events, dismissing the organization's claim that a male who is not transsexual would elect to go through surgery and hormones to feminize his body just to compete in women's sport. The court's decision that the USTA discriminated against Richards in violation of state antidiscrimination law paved the way for Richards to compete in the 1977 US Open, where she lost in the semifinal round.

In addition to Richards's historic example, male-to-female transsexual athletes compete in contemporary women's sports as well. Two examples come from the sport of golf. In 2004, Danish-born, Australian-based golfer Mianne Bagger became the first transsexual woman to compete in a professional golf tournament, having surgically transitioned from male to female in 1995. Another transsexual golfer, Lana Lawless, won the Women's World Long Drive Championship in 2008. Michelle Dumaresq, a Canadian mountain bike racer, has competed in women's events since 2001, six years after her surgical transition from male to female. Even more recently, Canadian short-track cyclist Kristen Worley nearly qualified for the 2008 Beijing Olympics after transitioning from male to female.

In contrast to the examples of male-to-female transsexual athletes, there are fewer well-known athletes who have transitioned from female to male. Alyn Libman competed as a male on the University of California–Berkeley club figure-skating team and under the auspices of US Figure Skating. Libman's transition from female to male began while in high school and included a physical transition induced by testosterone. Other female-to-male transsexuals elect to forgo or delay a physical transition in order to remain eligible for

women's sports. Keelin Godsey, an All-American hammer thrower, identified and expressed as male when he competed on the Bates College women's track and field team in 2005, and he continues to do so today as he trains as an Olympic hopeful in the women's hammer throw. Similarly, Kye Allums continued to play women's basketball for George Washington University, even after coming out about his male gender identity. Like Godsey, Allums decided to forgo a physical transition during college in order to remain eligible for women's sport.

Current Policies Governing Intersex and Transgender Athletes

Sex Verification Policies and Intersex Athletes

In 1996 the International Olympic Committee stopped requiring all female athletes to submit to compulsory sex verification testing as a condition for participation in women's sport. This change was prompted by concern for the dignity and privacy of female athletes, diminished concern about men fraudulently competing as women (a rare to nonexistent occurrence), and a recognition that gender is more complex than a chromosome test can reveal (Simpson, Ljungqvist, and Ferguson-Smith 2000).

Though no governing body of sport continues to use chromosome testing to identify and exclude athletes with intersex conditions, many allow some manner of sex verification testing on a case-by-case basis. Rather than a chromosome test, an athlete whose female sex is under suspicion must submit to an examination conducted by a panel of medical and psychological experts for a holistic evaluation. It was just such a panel that examined Caster Semenya and produced conclusions that her elevated levels of testosterone did not disqualify her from women's sport. Based on these conclusions, the IAAF cleared Semenya to continue to compete in women's events.

Subsequently, in 2011, the IOC and other international sport federations adopted a policy to provide clearer standards in future cases involving female athletes who have elevated levels of male hormones (androgens), including testosterone. Women typically have serum testosterone levels around one nanomoles per liter (Devries 2008), but some women may have elevated testosterone levels due to normal variation, athletic training, or endocrine disorders that may or may not be related to an intersex condition. According to this new policy, a woman whose blood reveals elevated levels of testosterone will be allowed to participate in women's sports as long as her levels are below the normal male range of ten nanomoles per liter, or she has androgen resistance (such as androgen insensitivity syndrome) and thus "derives no competitive advantage from having androgen levels in the normal male range" (IAAF 2011).

While its supporters tout the policy as necessary to provide fairness and clarity regarding questions about eligibility for women's sports, others have criticized and questioned it. Some, like Yale endocrinologist Myron Genel, who consults with the IOC on gender policies, have questioned whether sport should be singling out naturally occurring hormones as the only source of competitive advantage in order to warrant exclusion from sport (Marchant 2011). Women with naturally high testosterone are similar to women who are naturally tall or naturally strong in that all may be naturally more inclined toward success in sport (Dreger 2010). Yet the realm of sport doesn't exclude women whose height or weight or musculature is "in the normal male range." Other critics have questioned why concerns about testosterone fairness are raised only in women's sports.

Male athletes aren't tested and excluded for having natural testosterone levels above or below the "normal male range," and this double standard promotes the view that female athletes are in need of this special protection while male athletes are not. Finally, the fact that testing of female athletes occurs in response to suspicion about their masculinity means it can be deployed to target any female athlete whose appearance or performance fails to conform to stereotyped notions of femininity. Because these stereotypes are most often generated by reference to the dominant white culture, suspicion-based testing has the potential to disproportionately affect female athletes of color like Semenya (Smith 2009). Sex verification testing of any kind also endorses the cultural tendency to question the femininity of any woman who demonstrates too much of the very attributes that are prized in sport, like strength and speed.

Transsexual Athlete Policies

The IOC was also on the forefront of policy formation regarding transsexual athletes' participation in Olympic and international elite sport. In 2004 the IOC became the first sport organization to promul-

gate a policy designed to allow participation by transsexual athletes consistent with their transitioned sex. In order to qualify, an athlete must meet the following criteria:

- 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; and
- 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 [later defined as a minimum of two years from the time of surgery]. (IOC 2003)

Many other sport organizations have adopted the IOC's policy as their own, including USA Track and Field, USA Rugby, USA Hockey, the US Golf Association, the Ladies Professional Golf Association, the Ladies Golf Union (Great Britain), the Ladies European Golf Tour, Women's Golf Australia, USA Track and Field, and the Gay and Lesbian International Sports Association, as well as at least one association—the Connecticut Interscholastic Athletic Association—that administers sport at the high school level (Buzuvis 2011).

Yet notwithstanding this widespread adoption, the IOC's policy is also not without critics. While the policy upends the outdated default presumption that only one's sex at birth is relevant to determining one's eligibility for sport, several aspects of the policy render it vulnerable to charges of being unnecessarily restrictive. The requirement that a transsexual athlete change his or her legal documentation to reflect the new sex, for example, has no bearing on one's athletic ability. Moreover, some countries and states have laws that make it comparatively harder (if not impossible) to change one's sex, so this requirement would have the effect of excluding some athletes for reasons having nothing to do with sport. There is also no medical reason to require surgical transformation for either transsexual women (who do not require a gonadectomy to reduce testosterone levels if they are taking androgen blockers as required by the hormone criterion) or transsexual men (for whom the surgical reconstruction of a penis is prohibitively expensive and not even plausibly related to athletic performance) (Griffin and Carroll 2010). A requirement of sex reassignment surgery to participate in youth sport, such as contemplated by the high school sport policy in Connecticut, operates as an effective ban on all participation by transsexual athletes, given that sex reassignment surgery is not medically recommended for individuals under eighteen years of age except in rare cases (W-PATH 2001). Even the requirement to spend two years on hormones has been criticized as overly restrictive, as medical evidence increasingly suggests that hormone treatments take full affect after one year (Devries 2008).

For these reasons, advocates are urging college and high school athletic associations in the United States not to adopt the IOC policy as their own. The first organization to break with the IOC's approach was the Washington Interscholastic Athletic Association (WIAA), which decided in 2007 to allow high school and middle school athletes to compete "in a manner that is consistent with their gender identity, irrespective of the gender listed on a student's records" (WIAA 2010:para. 18.15.0). The WIAA's policy includes a procedure for handling questions as to whether a student's request to participate consistent with their gender identity is "bona fide," but does not require any medical evidence to support the student's right to play. Rather, the policy allows the student to attest for him- or herself that his or her gender identity is consistent, or a parent or healthcare provider may do so on the student's behalf. This policy has been praised by advocates who argue that high school and middle school sports should be as inclusive as possible (Griffin and Carroll 2010) and that other states, most of which have not adopted any kind of transgender inclusion policy, use the WIAA's as a model.

At the college level, the National Collegiate Athletic Association created a policy governing participation of transsexual athletes (NCAA 2011). The NCAA's policy does not impose any surgical or legal requirements on athletes wishing to play in accordance with their identified sex rather than their birth sex. It expressly allows female-to-male transsexual athletes who are not transitioning with hormones to continue to be eligible for women's sports. Those who do wish to transition with hormones are eligible for men's sports after receiving a medical exemption from the ban on exogenous testosterone. The NCAA's policy also allows athletes transitioning from male to female to compete in women's sports after they have undergone hormone treatment for one year, as long as they continue that treatment throughout their playing career.

This policy is consistent with recommendations contained in a report called "On the Team," issued in the fall of 2010 by two prominent advocacy groups, the National Center for Lesbian Rights and the Women's Sports Foundation (Griffin and Carroll 2010). It re-

places the NCAA's earlier, nonbinding guidance document that had suggested schools classify athletes according to their legal identification, such as the sex designation on a birth certificate, passport, or driver's license (McKindra 2006), a position that did not resolve questions of a transsexual athlete's eligibility in a fair or consistent manner because the requirements for changing one's legal identification differed by state.

The Stigmatizing Potential of Transgender and Intersex Athlete Policies

Transgender athletes and those with intersex conditions who participate in accordance with their identified sex are often criticized by those who believe, however erroneously, that they are fraudulent competitors or that they compete at an advantage relative to the rest of the field. For example, opponents of Canadian mountain bike racer Michelle Dumaresq challenged the national governing body's determination of her eligibility for women's events, even though Dumaresq had transitioned surgically, hormonally, and legally. After the failed attempts of Dumaresq's opponents to disqualify her by petition and appeal, one competitor, a runner-up to Dumaresq's first-place finish, resorted to protest by joining her on the medal podium with a t-shirt that read: "100% Pure Woman Champ" (Morris 2006). In a more recent example, the press reported on the quiet grumbling of Caster Semenya's competitors upon her reinstatement to women's track (Hart 2010).

At the same time, there is also evidence of increasing acceptance for transgender athletes. Keelin Godsey and Kye Allums, two former college athletes who participated in women's sports while identifying as male, both received support and acceptance from their coaches and teammates (Brady 2010b; Torre and Epstein 2012; Woog 2011). For Allums's team, the media's scrutiny of his public transgender identity was a larger obstacle to team unity than the fact of that identity itself (Torre and Epstein 2012). There is evidence of emerging acceptance within individual sports as well, as female golfers have publicly endorsed male-to-female transsexual golfers Lana Lawless's and Mianne Bagger's participation in women's events (Calkins 2008; Passa 2005). Mountain bike racer Missy Giove advocated for the inclusion of her competitor Dumaresq as well (Billman 2004). Judging by these examples, athletes are not of one mind when it comes to

participation by intersex and transgender athletes. Yet the examples of athlete support for transgender and intersex competitors and teammates suggest that policies of inclusion have the potential to promote the kind of contact among athletes that reduces the stereotypes and misinformation that lead to bias. When athletes speak publicly about their views, they have the potential to influence society as well.

But just as policies of inclusion have the potential to reduce stereotypes and bias against intersex and transgender athletes, they also have the potential to promote stigma, and in a variety of ways. First and foremost, any policy that allows athletes to participate only in accordance with their assigned sex at birth ignores the significance of gender identity and the role that it must play in making appropriate classifications. For example, when the USTA attempted to exclude Renee Richards from women's competition in the US Open because of her male chromosomes, it was ignoring or minimizing her self-identification as a woman. The USTA's policy in that case stigmatized Richards by suggesting to her and to the wider sporting world that she was not a real woman, that her female gender identity was not genuine or deeply felt. When supporters of the USTA's policy suggested that allowing Richards to play could lead other men to physically transition just to be able compete in women's tennis, they put Richards in the same category as other, fictional, masqueraders whose gender identities were not genuine. By extension, the suggestion was that Richards herself was also a fraud. In reality, gender identity is not something that individuals casually decide. It is not like choosing a political party or even a religion; it is something a person experiences rather than selects. Most of us are not conscious of experiencing a gender identity, because our gender identities are not contested. But individuals whose gender identity is different from the sex they are assigned at birth are likely to be highly conscious of their gender identity and prioritize it as a factor in their self-determination. Consequently, it ought to be respected and considered to the fullest possible extent whenever sex-based classifications are being made.

Fortunately, awareness of the significance of gender identity in determining an athlete's sex classification is growing in sport. The IOC's transgender athlete policy, for all the criticism described previously, was a huge step in this direction because it abandoned the prior assumption that gender identity didn't matter—if you were born into a male body, there was no chance of competing in women's sport no matter how you identified and how your body might have

been surgically or hormonally altered. Similarly, its hyperandrogenism policy is also a step toward fairness for intersex athletes, who have historically risked exclusion from women's sport under policies that determined eligibility based only on chromosomes.

Yet policies like the IOC's, which have been implemented to promote inclusion of intersex and transgender athletes, have the potential to promote stigma. One way is by excluding more athletes than any measure of fairness requires, such as by including requirements for surgical and legal sex change, which are not linked to sport performance, or by requiring a two-year period of hormone treatment when one year is what seems to suffice. By overregulating participation of transgender athletes in these ways, sport organizations send the message that the excluded athletes matter less than the practical, political benefits of conforming a policy to baseless assumptions and stereotypes about sex and gender.

Transgender and intersex athlete participation policies are also potentially stigmatizing when they reflect unwarranted, disproportionate, or one-sided concerns about competitive equity. In this context, competitive equity is the belief that some individuals must be excluded from (women's) sport in order to preserve the fairness of the game or event. This belief is rooted in the assumption that women are categorically inferior as athletes compared to men. Only that assumption would explain why men (or those who appear too much like men) are *necessarily* assumed to have a competitive advantage just because they are men, regardless of other factors that also affect performance.

This is a hard assumption to question. After all, anyone can see that there are generalized differences between male and female bodies, owing to the tendency for men to have higher levels of testosterone, which contributes to bone and muscle strength (Devries 2008). Anyone who has observed sport knows that, compared to women, men usually run faster, dunk higher, and hit harder. But this doesn't mean, when it comes to sex and sport, that biology is destiny. We've all seen exceptions to the rule. Consider the most recent Boston Marathon. The first-place woman was slower than the first-place man by almost twenty minutes, but she finished in 31st overall—which means she beat 13,809 of the 13,839 men who finished the race. If biological sex were solely or primarily determinative of athletic success, we would expect her to have finished 13,840th. To further refute the suggestion that one's sexual biology is determinative of athletic talent, there is also increasing evidence that access to

opportunity, which women have only recently begun to gain in any manner or scope approaching men's access, is leveling the field. In running, for example, the difference between men's and women's records has actually been closing in recent decades, and women's records have eclipsed men's in some of the longest-distance races, like ultra-marathons (Cavanagh and Sykes 2006). Relatedly, studies showing that girls and boys can learn to throw equally well with their nondominant (i.e., untrained) arm suggest that many athletic skills are learned rather than biologically determined (Dowling 2000; Williams, Haywood, and Painter 1996).

This doesn't mean that sex classifications in sport are obsolete and unnecessary. Women have not had equal access to sporting opportunities for long enough (if at all) to close the performance gap in most sports, so women's sports play an important role in preserving opportunities for women that would otherwise be lost if opportunities were distributed only based on athletic skill and talent (Dreger 2010). But this doesn't mean that the fairness of the game or event necessarily requires sport to strictly control sex classifications, especially at the margins of those classifications where transgender and intersex athletes may find themselves. The world of sport, including women's sport, is already highly tolerant of a wide variety of potential sources of competitive advantage (Reeser 2005). Excluding a transgender or intersex athlete based on concerns that he or she might be, for example, taller than the average girl makes little sense when sport does not already exclude *girls* who are taller than the average girl. The reason why we don't worry too much about the competitive advantage of taller girls over shorter girls also applies to transgender and intersex athletes: many other factors contribute to athletic talent and success. No one would play basketball, for instance, if it were a forgone conclusion that the team with the tallest player wins. Instead, we know that training, intelligence, mental attitude, coaching, health, and even luck contribute as much to a player's or a team's performance as any physical characteristic that might generally differ between the sexes. As medical experts have said, even any potential advantages one might have by virtue of being intersex or transgender are "no different from other naturally occurring physical advantages like being taller or having more balance" (Handley 2010).

The IOC's policies for transgender and intersex athletes single out sex-related characteristics as the only naturally occurring source of (presumed) competitive advantage as a basis for exclusion, and as such, they risk promoting the assumption that all female athletes are

categorically inferior. This belief is underscored by the one-sidedness of such policies: competitive equity must be strictly regulated in women's sport. A woman with high testosterone levels may be excluded under the IOC's hyperandrogenism policy, but in men's sport, a higher-than-average level of naturally occurring testosterone is considered just another natural source of competitive advantage (Crincoli 2011). This double standard reflects and contributes to society's uneasiness with women who do not conform to society's expectations that women should be athletically inferior, a stereotype that challenges the legitimacy of all female athletes (Cavanagh and Sykes 2006). Both the IOC's hyperandrogenism policy, as well its transgender athlete policy, redefine the category of "woman" in a way that reinforces a normal definition of female (not transgender, not intersex, not masculine) against which all women will be measured, possibly scrutinized, and in some cases excluded.

Such policies also stigmatize individual athletes who may be excluded by reason of their transsexual or intersex identity because they send the message that the right of these individuals to participate is not worth the effort it would take to overturn some unwarranted assumptions. When these policies are replicated at the high school level, as the IOC's transgender athletic policy has been in Connecticut, the stigmatizing potential is magnified. In the educational context, there are many reasons to extend participation opportunities to transgender and intersex athletes that relate to the educational mission of high school and college sports, which extends to helping students develop interpersonal skills, self-esteem, and character. Excluding transgender and intersex athletes, who might have even more to gain from sport participation given the social challenges of being different, sends a disheartening message to them that the school does not support their educational development or their right to equal opportunity (Buzuvis 2011).

In contrast to the IOC's policies, a policy that allows athletes to compete as female as long as they consistently and genuinely identify as female, such as the Washington Interscholastic Athletic Association's policy, has less stigmatizing potential. It does not overregulate eligibility or reflect unnecessary or disproportionate concerns about competitive equity. It avoids inferiorizing girls and women's sports by refraining from the suggestion that girls in general are threatened by some girls who are different. Yet even a policy like the WIAA's has a stigmatizing potential not yet discussed. While such a policy honors the rights of students to define themselves as the sex

other than their assigned sex, it does nothing for transgender students whose gender identities are neither male nor female: Which sports should they play? Such an omission could contribute to the erasure of transgender identities that are not transsexual.

One possible way to minimize this potential erasure and promote inclusion of gender identities that are more complicated than our binary paradigm allows is to integrate girls' and boys' sports. In coed sports, no one is excluded by virtue of their sex or gender. As noted previously, there are good reasons to separate sports by sex—preserving opportunities for women and girls and accounting for what are real, if not necessarily fixed, differences in skills and talents. But this doesn't mean all sports must be separate. Affording all students greater access to coed opportunities would promote inclusion of transgender athletes and, likely as well, many nontransgender athletes who might feel more comfortable in an integrated environment that allows for a greater range of gender identities to be expressed. Coed sports can also help mitigate the stigma that women's sports are categorically inferior to men's, a stigma that is promoted by the strict, pervasive, and widespread separation of sport by sex (McDonagh and Pappano 2008).

Conclusion

By recognizing the right of athletes to self-define based on their gender identity in at least some cases, policies affecting transgender and intersex athletes' eligibility for sport are reducing the stigma caused by exclusion. However, the limits that remain should still be examined as remaining sources of stigma. Policies that allow athletes to define themselves based on their gender identity, as well as policies that add coed options to the menu of sporting opportunities, have the greatest potential to reduce the stigmatization of affected athletes, as well as of women and girls as a whole.