



## **IRFU GENDER PARTICIPATION POLICY** **FREQUENTLY ASKED QUESTIONS**

These Frequently Asked Questions (FAQs) have been put together to assist in understanding the IRFU (Irish Rugby Football Union) **Gender Participation Policy**.

### **SUMMARY**

The IRFU is committed to providing and supporting opportunities for everyone to be involved in the game. However, it is important that the playing opportunities provided are safe and fair for all participants. This means that, when determining the eligibility criteria, we have had to recognise that a precautionary approach needs to be adopted so that the considerations of safety and fairness are weighed against inclusion of all people within contact rugby for the reasons explained below.

The current peer-reviewed research available provides sufficient evidence that the physical differences between biological males and biological females and any retained advantages is a significant basis on which to base our position. The balance of factors, which include fairness of competition and the safety of all players is decisive and is a recognised priority. It is important to highlight that the eligibility criteria only refers to contact rugby.

At present, there are no credible tests that can assess physiological variables (e.g., mass, strength, and power) for the purposes of measuring fair competition or safety when comparing players. The same issue is true for identifying a marker at which a measurement point/threshold for each variable can be set. The inability to currently identify valid, and conduct, reliable tests means that the case-by-case approach is not currently a viable option and may increase liability concerns rather than alleviate them.

The IRFU is committed to lobbying and engaging with World Rugby and other organisations to undertake further research and explore options to allow wider participation in contact rugby. We are also committed to the ongoing review of the policy as new evidence, research and insight becomes available.

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Please note, several of these FAQs have been taken and/or adapted from guidance resources from World Rugby and Sports Councils' Equality Group (SCEG).

Please visit the relevant websites to access these resources and more information.

### [World Rugby Transgender Guidelines](#) [SCEG Guidelines & Resources](#)

Should these FAQs not answer your question you can contact the IRFU Disability & Inclusion Officer on a confidential basis [\(Here\)](#)

### **Why did you carry out this review of policy?**

Following the publication of the World Rugby guidelines in October 2020 and the delegation of responsibility to domestic unions to consider the application of the guidelines domestically, we recognised the need to review our own existing policy. We therefore started this review in Autumn 2020 looking at all relevant scientific research. The publication of the SCEG guidelines in September 2021 meant that we reviewed and considered their recommendations. IRFU have contacted Sport Ireland but have been advised that Sport Ireland have only recently begun consultations on this issue.

### **What did the review of published studies find?**

The review of published, peer-reviewed studies concluded that there are retained advantages in strength, stamina and physique between the average transgender person assigned male at birth (who has passed through puberty and adolescence), and the average female. Current research indicates that testosterone suppression does not negate this physical advantage over females and so cannot guarantee competitive fairness and/or safety. Both World Rugby and SCEG emphasise that inclusion of trans people assigned male at birth in female contact sport cannot be balanced against considerations of safety and fairness. Therefore, a 'precautionary approach' has been adopted to ensure fair competition and the safety of competitors. More specifically, 'due to developmental changes brought about by male puberty, it is appropriate and necessary to maintain a female only category of contact rugby as well as certain eligibility requirements for male categories from 12 years old and continuing into the adult game'. (see Research Section of this FAQ document for more information)

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## **What approach have other sports and other unions taken?**

We are aware of alternative models in other Unions and in other sports. However, given the nuances of each sport and the different legal jurisdictions where legislation better supports alternative solutions or indeed prevents our proposed position, it is difficult to draw a meaningful comparison with sports/Unions other than those who are based in the Ireland and UK.

## **What is a gender-affected sport?**

The nature of contact rugby means it is a highly gender-affected sport and one of the main reasons we have separated male and female categories. The term "gender-affected sport" relates to the differences in biological males and biological females, where averages in physical strength, power, stamina, speed and physique create a competitive disadvantage between the sexes. In the context of contact rugby, attributes such as strength, power and speed are known to be important factors to performance; there the recognised gap between biological males and biological females means it a highly gender-affected.

## **What do you mean by the words Inclusion, Fairness and Safety?**

We accept that different people have a different understanding of what the terms 'inclusion', 'fairness' and 'safety' means. For the purposes of this work, we are using 'trans inclusion' to mean the inclusion of transgender people into the category of their choice. 'Fairness' means competitive equity in relation to the sex category, and in relation to strength, stamina and physique in gender-affected sport. 'Safety', refers to safety from the risk of injury.

## **Inclusion, Fairness & Safety**

### **What does this mean for trans women participants already taking part in rugby?**

Trans women, irrespective of if they have played contact rugby previously, will no longer be able to participate in the female category for contact rugby. Players are permitted to play in this category if the player's sex recorded at birth is female, irrespective of their gender identity.

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## **What can trans women do to stay involved in rugby now that they do not meet the eligibility criteria to participate in female contact rugby?**

The eligibility criteria in the policy only applies to contact rugby. We recognise that the introduction of eligibility criteria may restrict the participation of some players in their chosen contact rugby category.

However, there are still plenty of opportunities to stay involved and take part in the rugby communities across the four provinces. This could be through participating in a non-contact format of the game such as tag and touch rugby or taking on a role such as a coach or a referee/match official.

For more information on Tag Rugby [click here](#).

For more information on how to get involved in coaching [click here](#) or match officiating [click here](#).

Should you want support and/or advice on the different options you can contact the IRFU Disability & Inclusion Officer on a confidential basis [\(Here\)](#)

## **Why do trans men/boys need to carry out a risk assessment and give consent to play men's rugby?**

For trans men/boys who wish to play rugby it is important that the differences between biological males and females are recognised. When participating, the potential increased injury risk for trans men/boys is with themselves, as opposed to other players. Therefore, it is important that a risk assessment is carried out and informed consent is obtained to ensure the playing environment/level is appropriate and the potential risks are understood.

Coaches should carry out a review of all players' ability on a continual basis and the carrying out of a risk assessment is not limited to transgender, non-binary and gender fluid players only. That said, a risk assessment is particularly important for players whose sex recorded at birth is female and who identifies as transgender, non-binary or gender fluid for the reasons mentioned above in terms of the impact of testosterone on speed, strength, mass and power.

The risk assessment will assess a player's size, strength, speed, power and skill level to determine appropriate playing position, readiness for selection and contact, development areas etc bearing in mind the player will be playing against players whose sex recorded at birth is male. (This will be carried out with the players, player's coach and IRFU staff member)

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The player or parents/guardians of players providing consent provides reassurance for the club/school that the player/parent is made aware of the potential risks.

**My friend plays rugby and is taller and stronger than everyone else on the team. She has a huge advantage over everyone else, isn't that the same thing as a transgender woman having a strength, mass, or power advantage in women's rugby?**

It is true that sport rewards people with natural advantages. A top player in rugby or any sport will possess a collection of attributes and factors such as height, physiological factors like muscle-fibre type and cardiorespiratory systems that are important for speed, endurance, power, and strength.

The nature of rugby means that advantages in these attributes are often rewarded through performance. However, it is important that any rewards are a) the ones that truly matter to the outcome, and b) not so large and decisive that they either distort any meaningful competition and the outcome or create a potential safety and welfare risks for any players.

Biological males are typically larger, have more muscle, are stronger, faster, and more powerful. All these factors create physiological differences that are so large that they create insurmountable performance advantages for biological males in almost all sports (and not just rugby), along with associated risk factors for females in direct competition with them. It is for this reason that rugby is separated into categories of biological sex, rather than gender.

**Many women are much better at sport than men, and there is a lot of overlap between them. Why should it be a problem for trans women to play women's sport when many women are stronger, faster and more powerful than a lot of men?**

It is true that the best female players outperform many male players. For a single variable such as upper body strength, however, there is still evidence that typical elite and highly trained female athletes are still weaker than typical untrained males. However, this direct comparison is not necessarily relevant to the assessment of injury, risk, safety, and performance outcomes.

The valid comparison should be between elite male and elite female players, between male and female club players, or between male and female secondary school players. Within each of these groups, due to the effect of puberty and influence of androgens/testosterone, the biological male player is between 10% and

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20% faster, and 20% and 50% stronger and more powerful than a biological female player competing at the same level.

As one would expect, there are some women's players who are heavier than men's players, but this is only true when a particularly heavy woman (the heaviest 10% of women) is being compared to a relatively light man (the lightest 10% of men). At the other extreme of mismatched comparisons, the heaviest 5% of men's players are more than twice as heavy as the lightest 5% of women's players. This highlights that the male physiological attributes far exceed female attributes, which creates both a potential safety risk and performance differences between them.

### **Why can't there be a case-by case assessment for trans women to ensure safety and fairness?**

At present, there is no credible or valid method or combination of tests that can assess physiological variables to ensure appropriate and reliable matching of people for the purposes of fair competition or safety when a circumstance requires that a player falls beneath a set maximum standard. While it is possible to test some simple variables, such as mass and height, this would not alleviate the discrepancy between ciswomen and trans women, because the strength, power and speed advantages exist even after mass is adjusted.

The same issue is true for the measurement of strength, power, and speed. In the case of trans women, the objective would be to not exceed a set measurement point/threshold, this makes the validity and reliability of this testing very problematic and potentially undermined by an inability to ensure effort when the incentive exists to underperform in the test.

Most significantly, there is no valid or reliable method by which a set measurement point/threshold for each variable can be set. This is a challenge that is encountered by the Paralympic categories, where testing aims to establish the magnitude of a disadvantage (in performance, as a result of various types of disabilities) such that similarly affected athletes compete only against one another. This method is fraught with difficulties but is feasible when only one variable (for instance, degree of visual impairment) requires assessment.

There are several challenges and considerations, any robust physiological testing would require a complex set of safety and performance determinants, requiring specific laboratory and field-testing and there are numerous ethical considerations. It requires a test on a cohort of players (Trans women) which would effectively sub divide that group into those who are 'too strong' and 'too fast', and those who are not. This creates a scenario where some Trans women would be excluded for

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effectively not being "womanly" enough. This is arguably a more stigmatising and potentially harmful approach.

It could create a perverse incentive for trans women players to avoid gaining strength, fitness, speed, or power. Any improvements may push a player above these proposed thresholds, and lead to their exclusion, which means their motivation would be to limit improvement, contrary to the spirit of rugby. It would also necessitate regular repeat testing because it is known that variables such as strength, speed and power can change rapidly in response to training and rest. The inability to currently identify valid and reliable tests, thresholds, and algorithms, would ultimately be assessed within a legal framework that asks to what degree of certainty can safety be guaranteed? The case-by-case approach may actually increase liability concerns rather than alleviate them.

### **Why is there thought to be a potential safety risk when trans women play women's rugby?**

The physiological differences between biological males and biological females create a potential increased injury risk. We know that injuries in rugby are more likely to occur during tackles and other contact situations (rucks, mauls), and we know that these injuries are the direct result of the physical forces being applied to the body of the player. The higher the mass and the more strength, power and speed a player has, the more potential they have to exert a higher force in a contact situation. This combination of increased mass, strength, power, and speed means that the forces created by a biological male in a direct physical contest with a biological female creates a potentially higher risk of injury.

### **Scientific Research**

#### **What science is this based on?**

The review has explored and considered the most up to date peer-reviewed and published studies, including that referenced by World Rugby and the SCEG group. It is acknowledged that this is an evolving space and there are limitations within the current research, for example the testosterone reduction analysis has predominantly been carried out on non-athletically trained individuals. Further research and understanding in this area is needed and the IRFU is committed to reviewing the policy regularly to ensure it aligns with the latest research and recommendations.

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## **The previous policy used testosterone low levels (below 10nmols for 12 months) as a measure to allow trans women to participate in rugby, why is this no longer the case?**

There have been several advances in recent studies that assess physical function more comprehensively and with more control than previous longitudinal research studies. The findings confirm that only small reductions in strength and lean body mass with no loss in bone mass are seen after twelve months of testosterone suppression in trans women who undergo typical medical interventions. The current research shows that testosterone reduction or suppression does not negate all the physiological advantages of testosterone (acquired during puberty), specifically strength, stamina, and physique. For example, strength reductions between 5% and 8% are documented with testosterone reduction, which is only a small proportion of the initial 30% to 80% strength differences that exists between biological males and females.

As a result, the evidence from controlled longitudinal studies shows that lowering testosterone does not achieve parity in the studied physiological attributes that contribute to both safety and performance in rugby. The implication is that the biological advantages are largely retained, and so ciswomen players who are participating with and against trans women are at an increased risk of injury because of the contact nature of rugby.

## **Are you confident the research that this is based on is robust?**

The research this is based upon has been peer-reviewed and is publicly available, but it is acknowledged that this is an evolving space, and we will continue to review all available information as it emerges. To this point, the current research conclusively shows that:

- Performance differences arise largely because of the physiological differences between biological males and biological females that are created during puberty and adolescence.
- By adulthood, these performance differences can range in size, between 10% and 15% for running events, to approximately 25% to 30% for strength, 40% for mass, 30% for power and explosive jump performance, and over 100% for complex tasks like punching.
- Evidence from numerous well-controlled longitudinal studies, all of which are peer-reviewed, suggests the lowering of testosterone removes only a small portion of the biological advantages. There is no change in bone mass or density, and only

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5% to 10% reductions in lean muscle mass and strength. The reversal of performance advantages is thus only one-fifth of the initial advantage, which leaves a significant remaining advantage, particularly for attributes of strength and mass.

More information on the research and published papers are available at:

[World Rugby Transgender Guidelines](#)

[World Rugby Transgender Research References](#)

[SCEG: INTERNATIONAL RESEARCH LITERATURE REVIEW - Transgender Inclusion in Domestic Sport 2020](#)

[SCEG: PROJECT REPORT - Transgender Inclusion in Domestic Sport 2021](#)

Equality In Sport – [link to Guidelines & Resources](#)

## **GLOSSARY OF TERMS**

### **Gender identity**

A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth.

### **Gender expression**

How a person chooses to outwardly express their gender, within the context of societal expectations of gender. A person who does not conform to societal expectations of gender may not, however, identify as trans.

### **Non-Binary**

An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

### **Trans**

An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

### **Cis**

Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

### **Gender reassignment**

Another way of describing a person's transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean

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changing names, pronouns, dressing differently and living in their self-identified gender. This is the term used

### **Transgender man**

A term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.

### **Transgender woman**

A term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female

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