



DEBUNKING THE IOC FAQ

In connection to the IOC Policy on the Protection of the Female (Women’s) Category in Olympic Sport

A scientific, legal, and child safeguarding analysis

May 2026

Introduction

On 26 March 2026, the International Olympic Committee (IOC) Executive Board adopted a [new Policy on the Protection of the Female \(Women’s\) Category in Olympic Sport](#), requiring mandatory SRY gene screening of all women and girls competing at Olympic events including the Youth Olympics. Alongside the policy, the IOC published a [Frequently Asked Questions document \(FAQ\)](#) to justify the policy to journalists, sports federations, and the public.

This document analyses the key claims made in the IOC FAQ against the available scientific, legal, ethical evidence and child safeguarding concerns. Prepared by [Humans of Sport](#) team, it draws on the [Expert FAQ on the IOC Policy \(March 2026\)](#), produced by a multidisciplinary team of scholars and notes shared with Humans of Sport by eminent geneticist Eric Vilain who specialises on differences of sex development & the SRY gene.

The IOC FAQ makes five categories of claims in its April version of the FAQ. Each is addressed in turn below. A sixth section addresses the child safeguarding dimension of the policy, which the IOC FAQ mistakenly treats as resolved by a vague instruction to IFs to maintain “safeguards for minors,” despite being the most serious and least reported dimension of the entire policy.

Myth	Reality
1: SRY Screening Is the “Most Accurate and Least Intrusive” Method to Verify Biological Sex	A. The gene’s own discoverer rejects this claim. B. The scientific community is united in opposition. C. “Non-invasive” describes the swab, not the experience.
2: The Policy Is “Evidence-Based” and “Science-Led”	A. Which experts? What references?



	<p>B. There is no peer-reviewed evidence linking SRY to athletic performance</p> <p>C. The claim that “the prior approach was no longer aligned with the state of the science” inverts the actual history</p> <p>D. “Confidentiality was a necessary condition” is not how science works</p>
3: Transgender Women and Athletes with XY-DSD “Have the Same Biological Characteristics”	<p>A. CAIS: The exception that disproves the rule</p> <p>B. DSD is characterised by biological diversity, not uniformity</p> <p>C. The CAIS exception does not protect athletes — it harms them</p>
4: The Consultation Process Was Broad and Representative	<p>A. An unpublished survey with an undisclosed sample, undisclosed questions, and undisclosed results is not a consultation. It is a political instrument.</p>
5: The Policy Is Legally Sound	<p>A. “No significant legal problems” — this is wrong</p> <p>B. “No supranational court has ruled against it” — because no case has been brought yet</p>
6: “Specific Safeguards for Minors” Will Be Provided	<p>A. Mandatory sex testing adds barriers to girls’ participation instead of removing them</p> <p>B. Genetic testing of minors without health purpose is prohibited under international law</p> <p>C. Parental consent is a Global Minority, upper-class concept — and it can cause direct harm</p> <p>D. Disclosing a positive SRY result to a family can endanger a girl athlete</p> <p>E. The IOC has no mechanism to prevent this cascade</p> <p>F. The CRC creates additional binding obligations that the IOC has ignored</p>

Myth 1: SRY Screening Is the “Most Accurate and Least Intrusive” Method to Verify Biological Sex



IOC CLAIM: *The SRY gene is a highly reliable marker of biological sex. Screening is non-intrusive and involves a once-in-a-lifetime cheek swab.*

A. The gene's own discoverer rejects this claim

Andrew Sinclair, the geneticist who identified the SRY gene in 1990, has been unequivocal. An SRY test reveals only whether the gene is present. As Sinclair wrote in [The Conversation](#) in 2025:

All it tells you is whether or not the gene is present. It does not tell you how SRY is functioning, whether a testis has formed, whether testosterone is produced and, if so, whether it can be used by the body.

It is reported that Sinclair was among the experts who persuaded the IOC to abandon SRY testing before the 2000 Sydney Olympics. He has described its reintroduction as “extremely surprising” and “ill-advised.”

B. The scientific community is united in opposition

Eric Vilain, along with the Human Genetics Society of Australasia (HGSA), has emphasised that no single gene determines sex-related characteristics. The HGSA has stated directly that SRY testing “does not provide any biologically or medically specific information regarding performance enhancement.”

The European Society of Human Genetics has stated that “the result of such a test cannot determine completely whether an individual should compete in the female category.” Biologist Anne Fausto-Sterling has argued that treating any single gene as a “master switch” obscures the coordinated activity of many genes required for sex development.

The International Federation of Sport Medicine (FIMS) has also questioned the scientific basis of the IOC's screening policy. FIMS Scientific Commission Chair Prof. Yannis Pitsiladis stated: “The use of a single genetic marker does not reflect the multidimensional nature of human performance and raises important scientific, ethical and practical considerations.”

There is not a single published, peer-reviewed study linking SRY gene presence to athletic performance.

C. “Non-invasive” describes the swab, not the experience

“Non-invasive” is a technical medical term referring to the cheek swab collection method. It does not describe what happens next. A positive SRY result triggers further examination that can include palpation of genitalia, assessment of breast development, measurement of external genital structures, and other invasive procedures.



As one athlete described her experience in 2025: “I feel like I have to run a lap around the oval naked, just to prove that I’m female.”

As Kenyan sprinter Maximila Imali has testified: “They took me to the Nairobi hospital for the testing. They undressed me in front of a man, the doctor... he opened my legs.”

Myth 2: The Policy Is “Evidence-Based” and “Science-Led”

IOC CLAIM: *The policy is based on science and has been led by medical experts. A decision was made to adopt the new policy because the prior approach was no longer aligned with the state of the science.*

A. Which experts? What references?

The IOC states the policy was led by “medical experts” but has refused to name them. The working group’s membership, methodology, deliberations, and findings have never been published or submitted for peer review. This is not how science works — on any topic, however controversial.

The working group is described as including specialists in “sports science, endocrinology, transgender medicine, sports medicine, women’s health, ethics and law.” Conspicuously absent: genetics experts. The IOC is defending a genetic test on the basis of a review process that included no disclosed genetics expertise.

B. There is no peer-reviewed evidence linking SRY to athletic performance

The scientific critiques that led to the abandonment of SRY testing in 2000 apply with equal force today. As the Expert FAQ states: “Not a single study has established that the SRY gene itself causes or correlates with differences in athletic ability.” An international group of experts has written that “no primary evidence base exists to justify testing and regulating the genetic sex characteristics of an entire population of competitors.”

C. The claim that “the prior approach was no longer aligned with the state of the science” inverts the actual history

The 2021 Framework was adopted precisely because the evidence showed that blanket exclusion based on genetics or hormones was unjustified. Nothing in the peer-reviewed scientific literature between 2021 and 2026 has changed that conclusion. The IOC asserts that the science has moved; it provides no evidence that it has.



Athletes with sex variations as well as transgender athletes are under-represented at all levels of sport and physical activity.

D. “Confidentiality was a necessary condition” is not how science works

The IOC FAQ states that confidentiality for working group members was necessary to ensure full and frank deliberation. This claim has no precedent in any legitimate scientific process — including on far more contested topics such as gender-affirming care, where expert names, evidence bases, and deliberative processes are always disclosed. Announcing a [consensus reached in secret](#), without publication, without peer review, and without naming participants is institutional assertion — not science.

Myth 3: Transgender Women and Athletes with XY-DSD “Have the Same Biological Characteristics”

IOC CLAIM: *Transgender women and athletes with an XY-DSD have the same biological characteristics: both have XY chromosomes, the SRY gene, testes, and male-level testosterone, to which their bodies typically respond. These characteristics are responsible for male sex development and result in performance advantage.*

This claim is factually false in most cases of DSD. The IOC’s own policy acknowledges this, making the claim internally contradictory.

A. CAIS: The exception that disproves the rule

Women with Complete Androgen Insensitivity Syndrome (CAIS) have XY chromosomes, the SRY gene, testes, and testosterone — and their bodies have no functional response to testosterone whatsoever, due to androgen receptor insensitivity. The IOC itself carves out a CAIS exception, which means the IOC simultaneously claims that XY+SRY+testosterone “typically” produces performance advantage, and that athletes with exactly these characteristics may be eligible because they have no advantage. These two claims cannot both be true.

B. DSD is characterised by biological diversity, not uniformity

[Eric Vilain](#) has emphasised that no single gene or chromosomal profile determines the development of sex-related characteristics. Partial Androgen Insensitivity Syndrome (PAIS) and numerous related conditions show widely variable androgen responses — the same diagnosis can produce dramatically different physiological



outcomes in different individuals. The Expert FAQ notes that “determining androgen responsiveness is complex, and no single clinical measure fully captures it.”

The IOC is applying a uniform biological claim to a population defined by biological diversity. A blanket statement that XY-DSD athletes’ bodies “typically respond” to testosterone is not medical expertise. It is a stereotype.

C. The CAIS exception does not protect athletes — it harms them

Proving CAIS eligibility requires athletes to demonstrate androgen insensitivity through one of two pathways: genetic sequencing (expensive, not universally available) or invasive clinical examination. The Expert FAQ describes the latter: “It begins with clinical examination to assess clitoromegaly, symmetry of external genital structures, presence/absence of breast development, extent of sexual hair, involves palpation of genitalia, and so forth.” The exception does not protect SRY-positive athletes from harm. It channels them into a medically invasive evidentiary process that the World Medical Association has described as “degrading treatment affecting the health, dignity and integrity” of athletes.

Myth 4: The Consultation Process Was Broad and Representative

IOC CLAIM: *Feedback came from across the Olympic Movement, including through an online athlete survey receiving over 1,100 responses, individual interviews with impacted athletes, and discussions with the IOC Athletes’ Commission.*

An unpublished survey with an undisclosed sample, undisclosed questions, and undisclosed results is not a consultation. It is a political instrument.

- The survey sample, questions, and results have never been published.
- The IOC had undisclosed influence over both sample composition and question design — two dimensions that can easily orient results in a desired direction.
- The policy acknowledges “nuances” and therefore, implicitly, dissent — but does not specify what those nuances were or whose voices they represent.
- Athletes directly affected by the policy — including those Humans of Sport has worked with for years — have not described being meaningfully consulted.



A representative deliberation is never easy to organise in a transnational setting. But a survey whose methodology is hidden, whose results are unpublished, and whose sample selection is controlled by the organisation commissioning it does not meet any standard of democratic legitimacy. It will not withstand judicial scrutiny.

Myth 5: The Policy Is Legally Sound

IOC CLAIM: *Based on IF experience, in practice, genetic screening for sex does not create significant legal problems. No supranational court has held that defining eligibility for the female category by reference to biological sex would constitute an unjustifiable infringement of individual or human rights.*

A. “No significant legal problems” — this is wrong

Erikainen, Karkazis, and Krech, writing in *Verfassungsblog* ([August 2025](#) and [April 2026](#)), have documented extensive legal problems across multiple jurisdictions. Mandatory SRY gene testing for sport eligibility violates:

- Article 12 of the Oviedo Convention (Council of Europe, 30 ratifying states): genetic tests may only be performed for health purposes or scientific research linked to health. Sport eligibility is neither.
- Domestic genetic testing laws in Austria, France, Norway, and Switzerland, which prohibit genetic testing unless it serves a diagnostic or therapeutic purpose.
- Norway’s Biotechnology Act, which was specifically amended to prohibit genetic sex testing in sport when it was last attempted in the 1990s.
- The EU General Data Protection Regulation (GDPR), which prohibits processing of genetic data, except in very narrow circumstances, none of which apply to mandatory genetic sex testing in sport.
- Canada’s Genetic Non-Discrimination Act and the US Genetic Information Nondiscrimination Act, both of which prohibit conditioning access to services on genetic testing.
- The European Convention on Human Rights (Articles 8 and 14): right to private life and prohibition on discrimination. A Belgian court has already ruled that transgender exclusion regulations in cycling were discriminatory and disproportionate for lack of scientific basis.



B. “No supranational court has ruled against it” — because no case has been brought yet

The IOC’s reasoning here is circular. The absence of a ruling against the policy is not evidence of its legality. As Krech and Duval have noted, the main reason no supranational court has ruled on this is that the question has not yet been raised before one. It will be.

[A joint statement from over 69 legal scholars and experts](#), delivered directly to the IOC before the policy was adopted, concluded that mandatory genetic sex testing constitutes a disproportionate restriction on the rights to privacy, non-discrimination, and bodily and psychological integrity. [Multiple UN Special Rapporteurs have expressed the same view](#).

Note also: the Privacy Commissioner of Canada’s investigation into WADA which was prompted by a complaint brought by Marcus Mazzucco, resulted in WADA agreeing to stop allowing IFs to use doping data for sex screening purposes. Legal accountability is already being established.

Myth 6: “Specific Safeguards for Minors” Will Be Provided

IOC CLAIM: *IFs should maintain safe, accessible channels for information, concerns and reporting, with specific safeguards for minors.*

This single sentence is the entirety of the IOC’s safeguarding framework for the testing of children, as published in April 2026. It is not a safeguard. It is the delegation of an unresolved human rights emergency to underfunded national federations across 200+ countries, with no enforceable standards, no accountability mechanisms, and no follow-up requirements.

A. Mandatory sex testing adds barriers to girls’ participation instead of removing them

The policy applies to all IOC events including the Youth Olympic Games. The youngest Olympian at Paris 2024 was 11 years old. This is a mandatory genetic testing regime applied to children. In different cultural contexts, any girl may feel discouraged to participate in sport in fear of a medical examination. For transgender girls and girls with intersex variations in particular, anticipation of physical scrutiny at competitive levels may further discourage their participation in grassroots sports. In all of these ways, policies at competitive levels may “trickle down” to the grassroots.



B. Genetic testing of minors without health purpose is prohibited under international law

Under the Additional Protocol to the Oviedo Convention on Genetic Testing for Health Purposes, a genetic test on a minor who lacks consent capacity may only be carried out for their direct benefit, and where the minor lacks capacity, the test must be deferred until they attain it, unless the delay would be detrimental to their health or well-being. SRY testing for sport eligibility serves no health purpose for the child tested. It cannot satisfy this threshold.

C. Parental consent is a Global Minority, upper-class concept — and it can cause direct harm

The IOC's assumption that parental authorisation resolves the consent problem for minor athletes reflects a specific, culturally narrow model of sport participation: one in which families are engaged, informed, and supportive. This does not describe the lived reality of many girl athletes from Africa and South or Western Asia — the very regions where the athletes most affected by this policy come from.

Research on girls' sport participation in sub-Saharan Africa documents that sport organisations frequently face stiff opposition from parents, religious communities, and traditional leaders. Many girl athletes reach elite competition through school or NGO infrastructure, sometimes in the face of active family opposition. For these athletes, requiring parental authorisation is not a safeguard. It is a barrier to participation.

More critically: for a girl who tests positive, requiring disclosure to her family can be life-threatening. The IOC's parental consent mechanism is, in practice, a forced family disclosure mechanism and the evidence of what family disclosure of an intersex variation can mean is stark.

D. Disclosing a positive SRY result to a family can endanger a girl athlete

In many cultural contexts across Africa and Asia, intersex variations are associated with profound stigma, including beliefs that they represent bad luck, sorcery, or a curse. The documented consequences of intersex disclosure within families include:

- Infanticide of intersex babies in Uganda, Kenya, South Asia, and China
- Abandonment and family rejection
- Forced and non-consensual medical intervention, including surgical “normalisation”
- Violence, including murder, of intersex adolescents and adults

The African Intersex Movement has explicitly called on traditional and religious leaders to stop “tradition-led mutilations and killings of intersex people.” The Open Society Foundations has documented that intersex infanticide “remains a major problem in southern and eastern Africa, South Asia, Brazil, and China.”



A framework that requires parental notification of genetic test results for children, in these contexts, is not protecting girls. It is the mechanism through which the most serious harm will be delivered.

E. The IOC has no mechanism to prevent this cascade

The IOC policy contains no provision for:

- Assessing the family environment before test results are disclosed
- Allowing a girl athlete to receive results confidentially, without parental notification
- Providing psychosocial support before, during, and after disclosure
- Protecting a girl from family-initiated harm following a positive result
- Monitoring what happens to a girl after she is declared ineligible

If a well-resourced federation in Australia cannot protect an adult athlete from media exposure after a positive result — as documented in the 2025 World Athletics case — the notion that a National Federation in one of the under-resourced countries can protect a minor from family violence is not a policy position. It is an abdication of responsibility.

F. The CRC creates additional binding obligations that the IOC has ignored

196 countries are parties to the UN Convention on the Rights of the Child. The CRC requires that the best interests of the child be a primary consideration in all actions (Article 3), and protects children from arbitrary interference with their privacy (Article 16). Scholarship on Article 16 confirms that non-consensual collection of a child's biological data may constitute an infringement of the child's right to privacy. Mandatory genetic testing of girl athletes, with results potentially triggering invasive follow-up examination of their genitalia, is not consistent with these obligations.

Key Takeaway: The Policy's Fundamental Contradiction

Every layer of the IOC FAQ — scientific, procedural, legal, and safeguarding — collapses against the same central fact: the man who discovered the SRY gene says it cannot do what the IOC claims it does. Andrew Sinclair helped end SRY testing in 2000 because it does not work. The IOC has reintroduced a discredited test, dressed it in the language of science, run a consultation it will not publish, and called the result a consensus.



The IOC claims this policy protects women and girls in sport. It simultaneously mandates that girls as young as 11 undergo genetic testing with no health purpose, no genuine consent framework, no enforceable safeguards, and a positive result pathway that can lead to invasive genital examination and other medical tests & intervention or, in many contexts, family violence and abandonment.

This is not protection. It is the precise opposite.

Key Resources

Interview with Sone Erikainen by Shubhayam Kaushik, Humans of Sport (May, 2026)

<https://www.linkedin.com/feed/update/urn:li:activity:7462831085786193920>

Expert FAQ on IOC Policy (March 2026): Erikainen, Karkazis, Krech, Mazzucco, Mitra, Pape.

<https://docs.google.com/document/d/10A6eQvQxEqQkrFOTvfiMqADBSCiKzyVtM8tqeSLhfM/edit?tab=t.0> (April 6, 2026 version)

Interview with Marcus Mazzucco by Shubhayam Kaushik, Humans of Sport (March, 2026)

<https://www.linkedin.com/feed/update/urn:li:activity:7440798120017539072>

Joint Legal Statement (69+ signatories):

<https://www.icj.org/joint-statement-from-legal-experts-on-genetic-sex-testing-in-sport/>

IOC's Great Leap Backwards (Verfassungsblog, Apr 2026):

<https://verfassungsblog.de/ioc-genetic-sex-testing/>.

UN Special Rapporteur joint statement on sport (Feb 2026):

<https://www.ohchr.org/sites/default/files/documents/issues/discrimination/260225-joint-statement-on-fairness-inclusion-and-non-discrimination-in-sport.pdf>

Olympics: Uphold human rights for all athletes (Sport & Rights Alliance, Jan 2026):

<https://sportandrightsalliance.org/olympics-uphold-human-rights-for-all-athletes/>

Olympics: Secret Process Threatens Fairness and Inclusion (Sport & Rights Alliance, Sep 2025):

<https://sportandrightsalliance.org/olympics-secret-process-threatens-fairness-and-inclusion/>

Sex Testing on Trial (Verfassungsblog, Aug 2025): <https://verfassungsblog.de/genetic-sex-testing-sport/>

Human Rights Watch report on sex testing (Dec 2020):



<https://www.hrw.org/report/2020/12/04/theyre-chasing-us-away-sport/human-rights-violations-sex-testing-elite-women>

African Intersex Movement Statement (Dec 2017):

<https://intersexday.org/en/statement-african-forum-2017/>

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