

North Carolina Psychological Association
Information on Legislation Regarding Sports and Transgender Participants
April 2023

Based on the information and data presented below, legislation restricting the participation of transgender youth in sports is likely to have significant negative mental health consequences for North Carolinians. Exclusionary policies such as sports bans legitimize transphobic attitudes and exclude transgender individuals from access to the physical, psychological, and social benefits of sports participation. Further, inclusive transgender policies have been found to promote positive mental health, decreased suicide attempts, higher grades, and overall safer schools.

Increased Discrimination and Unintended Consequences for North Carolinians

School-based harassment, victimization, and rejection can have significant mental health consequences for all youth. Exclusionary policies such as sports bans further legitimize transphobic attitudes by sending the message that transgender youth are not welcome in spaces that are otherwise open to all other youth.

Research indicates that:

- **Transgender youth** are substantially more likely than their cisgender peers to experience bullying, victimization, harassment, violence, and social rejection from peers and more likely than their cisgender peers to report **worse mental health**, including substantially higher risk of depression, suicidal ideation, and suicide attempts (Goldberg, 2021; Herman, et al., 2010).
- Anti-transgender state policies contribute to **increased suicide attempts amongst transgender people** (Perez-Brumer, et al., 2015).
- To the contrary, **transgender youth in schools and communities with inclusive policies report lower suicide attempts, greater school safety, and higher grades** (Day, et al., 2020; Kosciw, et al., 2020, & Meyer, et al., 2020).

The current session of our General Assembly has multiple bills pending that would restrict participation of at least some transgender youth in sports and would emphasize assignment to teams based on students' reproductive biology and sexual characteristics at birth.

Science on Sports and Mental Health

1. There is a **lack of evidence** that transgender sports participation has had any measurable negative impact on the success of cisgender athletes (i.e., athletes whose gender identity matches their birth assigned sex). Transgender athletes have been competing openly for decades, with multiple state high school athletic associations, the National Collegiate Athletic Association (NCAA), and the International Olympic Committee (IOC) allowing transgender athletes to participate in accordance with their gender identity as early as 2004 (Goldberg, 2021).
2. There is also **no evidence** that trans women have significantly higher advantage over cisgender athletes (Jones et al, 2017, Harper 2015, McKinnon & Conrad, 2018).
3. States that have transgender-inclusive sports policies demonstrate consistent or increased participation of girls in sports, unlike those states that exclude transgender youth from sports (CDC, 2019).
4. For all students, participation in sports and physical activity at school is associated with **positive effects** on their physical health, academic performance, social support, self-esteem, and sense of connectedness to their schools and communities as well as associated with **lower risk** for anxiety and depression, suicide attempts, and tobacco and illegal drug use. Further, sports participation **builds resilience** in children and adolescents dealing with adverse events, meaning they are even more beneficial for children with overlapping marginalized identities or stressors.

Misalignment with Science on Gender and Sex

1. **Current biological science** has demonstrated there is more diversity in genetic sex than sexual dimorphism (i.e., male/female) implies.
2. **The terms "gender" and "sex" do not mean the same thing** and according to current science-based definitions and standards of multiple professional groups, the terminology to be used for content in this broad area include:
 - **Sex:** Attributes that characterize biological maleness and femaleness and that contribute to the development and categorization of a body into these divisions, i.e. the sex-determining genes, the sex chromosomes, the H-Y antigen, the gonads, sex hormones, the internal reproductive structures, the external genitalia, and secondary sexual characteristics (American Psychological Association, 2009).
 - **Intersex:** Biological sex of individuals who may have either ambiguous or noncongruent sexual features, for example, individuals born with both ovarian and testicular tissue; determined through genetic testing to have sex chromosome structure other than XX or XY; or who have physical features incongruent with these genotypes (a result of the complicated interplay of all the combined attributes to sex named above). These individuals make up at least 1% of the population, with some estimates suggesting that the rates are as high as 4% (2.7-10 million Americans) (Greenberg, 1999).
 - **Gender or gender identity:** “A person’s basic sense of being male, female, or of indeterminate sex,” in addition to the psychological, behavioral, or cultural characteristics associated with maleness and femaleness. Every person has a gender identity (American Psychological Association, 2009a & 2009b). Gender and gender identity more so than sex determines/predicts a much broader range of the above characteristics.

The North Carolina Psychological Association (NCPA), the primary professional association for psychologists in NC, advocates for psychology as a science, a profession, and a means of promoting human welfare. Our association of over 1,000 members represents diverse opinions about various social issues, but we work from a common foundation of research that describes the complexity and diversity of people. We also work from a set of ethical principles that include Beneficence and Nonmaleficence, Integrity, Justice and Respect for People’s Rights and Dignity (APA, 2017).

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