

# Creating Trans and Nonbinary Inclusive Spaces for HEMAA Organizers

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[Creating Trans Inclusive Spaces for the Tournament Organizer](#)

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## Purpose

The purpose of this guide is to provide organizers and the HEMAA community with a guide to creating trans and nonbinary inclusive spaces at tournaments and events. Just like the HEMAA Safety Policy, this guide is not intended to be a limitation on the choices that members of the HEMA Alliance can make in their individual pursuit of HEMA. **This guide is not for the purpose of creating requirements for event organizers, but rather serves as a helpful outline.** There will never be enforcement or requirement of this guide by the HEMA Alliance for any event. Tournaments are organized as “open”, “women’s”, or both. Since “open” tournaments are open to all individuals regardless of gender expression/identity, this guide will, at times, specifically address women’s tournament settings.

As always, compliance with [HEMA Alliance Safety Policy](#) is a requirement.

This guide does not reflect and is not required to represent the entire HEMAA organization, Governing Board, or General Council.

## General Issues

The following subjects have directly impacted trans and/or nonbinary HEMAA practitioners. These are some things to keep in mind for tournament/event organizers.

### Pronouns

Provide a spot on registration or liability forms for individuals' preferred pronouns. If it's a paper form, adding suggestions afterward and including they (just a simple he/she/they) will also let nonbinary people know that you are open to more pronouns than just he or she. An online form could either have a drop down menu with those three options and a write in option, or include those three examples next to it.<sup>1</sup>

### Pelvic Protection

This is an issue with no "one-fits-all" policies or solutions. According to the HEMAA Safety Policy, "tournament organizers need to run a 'gear check' to confirm equipment being brought in for use at a tournament meets the safety policy." At this time, the Safety Policy requires "an internal or external cup for male fencers" and it is recommended that women wear groin protection. The issue may lie in enforcement of pelvic protection.

Here are some options that can be provided for trans and nonbinary participants, when appropriate:

- Option #1: Provide a spot on registration forms for participants to indicate that they would like a gear check run in private, i.e. not in front of everyone.
- Option #2: Write down in gear requirements section that non-op and pre-op trans women need to wear pelvic protection.
- Option #3: When running gear check, allow participants to have a gear check run by an event organizer of their gender expression/identity (or someone that they are comfortable with).
- Option #4: Require that all competitors wear a cup/pelvic protection regardless of gender or trans/surgery status. Verify as usual during gear check.

Regardless of which option chosen and intent, be respectful. If a gear check is done by tapping with the director's stick, do it to everyone. If you know that someone is nonbinary or a trans women should be wearing a cup, ask them quietly about it.

### Locker Rooms

Everyone's event is different. Some events expect participants to show up partially in gear already and some expect them to show up in street clothes and change at the venue. If there is

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<sup>1</sup> credit Kaja and Kaethe

an expectation that any attendees will be changing at the venue, a public statement that trans and nonbinary people are welcome to use the bathroom that aligns with their gender identity and a private changing space may be helpful. One issue with locker rooms is that everyone has their own individual level of comfort and acceptance. Another great solution to this is non gendered locker rooms, when available. Of course not everyone has the resources to do that. It is important that all participants feel safe.

## Trans Women in Women's Tournaments

In general, women's tournaments exist for primarily one of two reasons: martial or cultural. There are a variety of perfectly valid reasons for both, and they will be discussed a little more in the next section. These reasons, and a host of other reasons, are merely an explanation and neither are more valid over another. The purpose of this section is to give you advice for how to be inclusive to trans women and nonbinary participants in both cases. In order to really get specific in an event's policy, you will internally need to choose one of those reasons. When making that decision multiple people should be included when making this decision, and that as many of them as possibly should be women.

Trans women who can't transition for medical reasons (high blood pressure or risk for excessive blood clots are common reasons) and nonbinary people who don't strictly identify as women will appreciate having a safe space for them to compete in.

### Martial Reasons

Testosterone allows rapid muscle building. This is an undeniable fact. The more testosterone you have, the easier it is to build muscle. So, discerning tournament organizer, how does one include trans women in these competitions? A generally accepted rule for this is that after one year on HRT trans women have a testosterone level low enough for even the highest levels of competition<sup>2</sup>. Unless you have a team of physicians on staff creating your policy, it is recommended that either the NCAA or the IOC's policy are adopted.

The IOC requires that athletes demonstrate that their total testosterone in serum is under 10 nmol/L for under 1 year. In perspective, in America total testosterone is measured in ng/dL, so converted that is approximately 288 ng/dL. Compare that to the Mayo Clinic's information on normal ranges for testosterone<sup>3</sup> in females. The upper end of that range is around 60 ng/dL in women 19 years of age or older. So when creating a policy, please keep in mind that even at possibly the highest level of competition in the world, the maximum allowable total testosterone levels are approximately 4.8 times the highest normal female values.

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<sup>2</sup> [https://www.ncaa.org/sites/default/files/Transgender\\_Handbook\\_2011\\_Final.pdf](https://www.ncaa.org/sites/default/files/Transgender_Handbook_2011_Final.pdf) and [https://stillmed.olympic.org/Documents/Commissions\\_PDFfiles/Medical\\_commission/2015-11\\_ioc\\_conse/nsus\\_meeting\\_on\\_sex\\_reassignment\\_and\\_hyperandrogenism-en.pdf](https://stillmed.olympic.org/Documents/Commissions_PDFfiles/Medical_commission/2015-11_ioc_conse/nsus_meeting_on_sex_reassignment_and_hyperandrogenism-en.pdf)

<sup>3</sup> <http://www.mayomedicallaboratories.com/test-catalog/Clinical+and+Interpretive/83686>

The NCAA is much simpler, and just requires a letter from the athlete's physician stating that she started testosterone suppression treatment on a certain day, and one year from that day she will be eligible to compete in women's competitions. Testosterone levels are optional. If set on requiring documentation from trans women, it is recommended that you adopt that NCAA's policy for two main reasons. The first is that even the IOC is highly lenient with testosterone levels; 288 ng/dL is still low for a man, but it is well above the typical female range. Specific levels are not as important as verifying that the athlete is on some form of HRT. The second is that if athletes are required to provide specific levels, you need to vet the labs that the tests are being performed at, which is much harder than verifying a physician's medical license.

There is one other option, and that is simply asking attendees if they have been on hormones for a year and taking them at their word. This may not be preferable for larger, more competitive tournaments but it is a good option for smaller events. It also includes a large subset of transwomen: those who have no access to healthcare and may not have access to a doctor's note as they have had to find access to HRT through alternative means outside of the mainstream medical establishment (sometimes referred to as "DiY HRT" or "Do-it-yourself hormone therapy"). These women can only compete if you simply take them at their word.

The more barriers created for trans and nonbinary participants to compete in tournaments, the less welcome they will feel. There is a very small chance that your tournament is competitive enough to benefit from requiring documentation from a lab or physician. Unless you are running a global competition on a highly competitive level, there really should be no need to be testing your attendees. Regardless of what the final policy looks like, you are encouraged to read through both the IOC's and the NCAA's policy on transgender athletes. They're fairly short, and full of good information.

## Cultural Reasons

There is another reason women's tournaments are created: cultural reasons. There's no getting around this: HEMA feels like a boy's club sometimes. Please understand that this is not a preemptive judgement about you, your club, or your event. However, sometimes it is preferred to have a women only space. Women's tournaments are an environment where women can compete only with women. If you decide that your women's tournament exists to provide a dedicated safe space for women to compete, it may be helpful to change advertising to a "Women and Gender Minorities" tournament, and that you include women and nonbinary people to compete. A commonly proposed issue expressed is that a cis man is going to show up and say he identifies as a woman so that he can have an easy tournament win. This has never happened in HEMA, and likely never will. If you hear of it happening, contact event/tournament organizers immediately. Scores and ratings would negatively impact [HEMA Ratings](#). This type of behavior would adversely impact the entire HEMA community.

## Conclusion

There are no hard and fast rules for how to include transgender and nonbinary martial artists in a way that is inclusive and respectful aside from treating all people with the same level of respect regardless if they are cis, trans, or non-binary. It is the hope that this guide and recommendations can help event/tournament become more inclusive spaces.

If you have any problems, questions, or would like clarification please contact the HEMAA GC at [gc@hemaalliance.com](mailto:gc@hemaalliance.com).

## Key Terms

The following definitions may be helpful in the context of this guide, and also in daily life. These concepts may seem basic, but there are often many misconceptions. Some basic terms and concepts for how to talk about trans and nonbinary people. Keep in mind that changes occur frequently, and individual persons have their own language preferences. Notes on context and usage are italicized.

- **Biological Sex:** the arrangement of sex characteristics (primary and secondary) present in a person. There are a lot of them, but the most common one that is discussed when we talk about trans people is hormone levels.
  - *Keep in mind that biological sex is a spectrum, it is very possible to be born with characteristics from both 'sides' so to speak. Intersex conditions are more common than you think.*
- **Gender identity:** a person's gender.
  - *There is no difference between gender and gender identity, but saying gender identity will let the people around you know that you understand that gender and sex are different.*
- **Transgender:** having a different gender identity from one's sex assigned at birth, often shortened to trans.
  - *This is not a noun, it's an adjective. Using this word incorrectly is the #1 indicator that someone has misconceptions about trans people.*
  - *It is generally accepted that trans should be used as an adjective instead of a prefix here. i.e. trans woman not transwoman*
- **Trans woman:** a woman who was assigned male at birth.
- **Trans man:** a man who was assigned female at birth.
- **Cisgender:** having a gender identity that aligns with the sex assigned at birth. Often shortened to cis.
  - *Not intended to be used as an insult, but is just a descriptor.*
- **Gender expression:** how a person presents themselves, whether their mannerisms, clothes, hair, etc. are more associated with male or female.

- *The important part here is to understand that identity and expression can be mismatched. If you are 100% a cis man, wearing makeup or dresses does not change that. If you are 100% a trans woman, wearing men's clothing and having short hair doesn't change that.*
- **AMAB:** assigned male at birth.
- **AFAB:** assigned female at birth.
  - *AMAB and AFAB are the preferred terminology for talking about physical bodies before/without transition. Do not use the phrase 'biologically male/female'.*
    - *A) That's not really accurate. Brain chemistry is an extremely important sex characteristic, and it has been repeatedly shown that trans people have chemistry more in line with their gender than sex assigned at birth.*
    - *B) it may be considered hurtful and could discourage individuals.*
- **Intersex:** unable to be placed into the category of strictly male or female. Having characteristics of both sexes, visible or invisible.
- **Non binary / nb:** not fitting into the gender binary.
  - *This one is a little hard to define, but is easier to explain as it applies to people. Someone who identifies as nonbinary is someone who doesn't identify as a man or a woman. They might identify as both, neither, a 3rd gender, etc. Nonbinary is more of a category than a specific identity.*
- **Hormone Replacement Therapy (HRT):** The process of altering hormone levels in the body with drug therapy.
  - *One of the most common misconceptions is that medical transition is primarily about surgery. Medical transition is a long process consisting of many things, and it's different for every person. Regardless, the mainstay of medical transitioning is HRT, not surgery.*
- **Transition:** The process of adopting characteristics of a person's "true" gender.
  - *Transition is often separated into medical, social and legal. These involve different things, but keep in mind that transition is not a set bundle of things that every trans person goes through. It is different for everyone.*

## Less Common Terms

- **Transfeminine/transfemme:** This refers to someone who was assigned male at birth, but has a feminine identity.
- **Transmasculine/transmasc:** This refers to someone who was assigned male as birth, but has a masculine identity.
  - *These two may be difficult to explain. It's basically like transwoman and transman for nonbinary people, but that's not 100% accurate. It's both a noun and an adjective. There isn't always a guide for you, it's very context dependent.*
- **Enby:** Nonbinary person.
  - *Noun version of nonbinary. Not very common, but it's out there.*
- **Genderqueer:** Sometimes a synonym for nonbinary, sometimes a distinct gender identity by itself, depending on context.

- **Agender:** Having no gender.
  - *This falls under the nonbinary umbrella.*
- **Passing:** Passing is when one is perceived as a cis person. i.e. for a trans man, passing means that strangers on the street perceive him to be a cis man.
  - *This is a somewhat controversial term, some people feel that it implies that trans people aren't 'really' their true gender, and that they only pass as it. Regardless of the word, the concept is the same.*
- **Cispassing:** A trans person who is perceived as being born into a given gender.
- **Non-op, Pre-op, and Post-op:** These refer to a trans person's surgical status. Someone non-op has chosen not have surgery, pre-op is someone who is planning to have surgery, and post-op is someone who has already had it. Typically, these terms refer not to a group of surgeries, but to one specific surgery that is context dependent on the person's identity. For AMAB people this is typically 'bottom surgery' or vaginoplasty, and for AFAB people this is typically 'top surgery' or double mastectomy.
  - ***Be very respectful when inquiring about this.*** A good rule of thumb is if you wouldn't ask the question of a cis person, don't ask it of a trans person. Notable exceptions include: you are a trans person's healthcare provider.

## Additional Glossaries

[UCDavis](#)

[Human Rights Campaign](#)

[Stonewall](#)

[Trans Student Educational Resources](#)