

# The IOC Consensus Statement: harassment and abuse (non-accidental violence) in sport

Margo Mountjoy,<sup>1,2</sup> Celia Brackenridge,<sup>3</sup> Malia Arrington,<sup>4</sup> Cheri Blauwet,<sup>5</sup> Andrea Carska-Sheppard,<sup>6</sup> Kari Fasting,<sup>7</sup> Sandra Kirby,<sup>8</sup> Trisha Leahy,<sup>9</sup> Saul Marks,<sup>2,10</sup> Kathy Martin,<sup>11,12</sup> Katherine Starr,<sup>13</sup> Anne Tiivas,<sup>14</sup> Richard Budgett<sup>15</sup>

For numbered affiliations see end of article.

## Correspondence to

Dr Margo Mountjoy,  
 Department of Family  
 Medicine, Michael G. DeGroot  
 School of Medicine, McMaster  
 University Waterloo Regional  
 Campus, 10-B Victoria Street  
 South, Kitchener, Hamilton  
 N2G 1C5, Ontario, Canada;  
[mmsportdoc@mcmaster.ca](mailto:mmsportdoc@mcmaster.ca)

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## ABSTRACT

Despite the well-recognised benefits of sport, there are also negative influences on athlete health, well-being and integrity caused by non-accidental violence through harassment and abuse. All athletes have a right to engage in 'safe sport', defined as an athletic environment that is respectful, equitable and free from all forms of non-accidental violence to athletes. Yet, these issues represent a blind spot for many sport organisations through fear of reputational damage, ignorance, silence or collusion. This Consensus Statement extends the 2007 IOC Consensus Statement on Sexual Harassment and Abuse in Sport, presenting additional evidence of several other types of harassment and abuse—psychological, physical and neglect. All ages and types of athletes are susceptible to these problems but science confirms that elite, disabled, child and lesbian/gay/bisexual/trans-sexual (LGBT) athletes are at highest risk, that psychological abuse is at the core of all other forms and that athletes can also be perpetrators. Harassment and abuse arise from prejudices expressed through power differences. Perpetrators use a range of interpersonal mechanisms including contact, non-contact/verbal, cyber-based, negligence, bullying and hazing. Attention is paid to the particular risks facing child athletes, athletes with a disability and LGBT athletes. Impacts on the individual athlete and the organisation are discussed. Sport stakeholders are encouraged to consider the wider social parameters of these issues, including cultures of secrecy and deference that too often facilitate abuse, rather than focusing simply on psychopathological causes. The promotion of safe sport is an urgent task and part of the broader international imperative for good governance in sport. A systematic multiagency approach to prevention is most effective, involving athletes, entourage members, sport managers, medical and therapeutic practitioners, educators and criminal justice agencies. Structural and cultural remedies, as well as practical recommendations, are suggested for sport organisations, athletes, sports medicine and allied disciplines, sport scientists and researchers. The successful prevention and eradication of abuse and harassment against athletes rests on the effectiveness of leadership by the major international and national sport organisations.

## INTRODUCTION

Sport has long been recognised as a major contributor to positive health and well-being for participants. Nonetheless, the risk of sports-related accidental injury is widely acknowledged, especially for elite athletes, resulting in the evolution of a

sophisticated research and practice community to mitigate this risk.<sup>1–2</sup> Less well-recognised is the potential negative influence on athlete health and well-being if his/her integrity is challenged by non-accidental violence or maltreatment through harassment and abuse.<sup>3–4</sup> All forms of harassment and abuse breach human rights and may constitute a criminal offence.<sup>3–7</sup> Therefore, there is a legal and moral duty of care incumbent on those who organise sport, to ensure that risks of non-accidental violence are identified and mitigated.

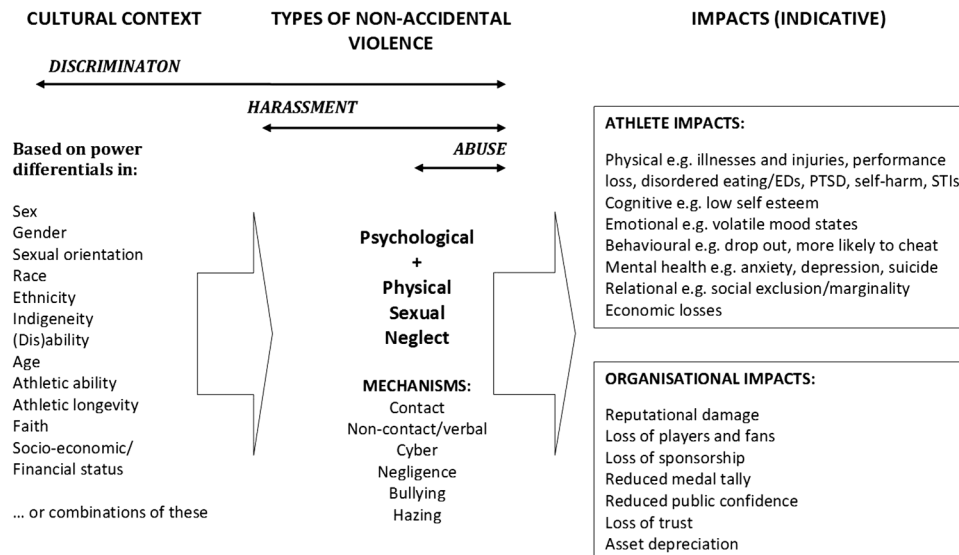
Harms caused by harassment and abuse still represent a blind spot for many sport organisations, either through fear of reputational damage or through ignorance, silence and collusion.<sup>8–9</sup> Research on abuse and harassment outside of sport suggests that sport agencies cannot be complacent about this: there is no good reason to suppose that sport is exempt from the ills of wider society.<sup>10</sup> More difficult to assess is whether sport is either more or less prone to such problems, for example, whether sport is especially risky or, conversely, offers any special protection.<sup>11</sup> What is clear is that the risk of experiencing psychological, physical and sexual violence rises as the athlete progresses up the talent ladder and performance pathway,<sup>12–13</sup> and that exposure to an abusive elite sport culture can lead to a range of mental health difficulties<sup>14</sup> and other negative impacts (see [figure 1](#)).

The cultural context of harassment and abuse is rooted in discrimination based on power differentials across a range of social and personal factors ([figure 1](#)). It remains to be seen whether and how far the addition of a non-discrimination clause to the Olympic Charter under Principle 6 in 2015<sup>15</sup> ameliorates these problems.

Owing to the expansion of available science in the field since 2006, the IOC convened a consensus meeting of international scientific, clinical and policy experts to review the current body of knowledge, and to provide recommendations for the prevention and management of non-accidental violence in sport. This version has been expanded beyond sexual harassment and abuse in recognition of the wider array of non-accidental violence through which athletes are maltreated, and of the additional threats and rights violations that these constitute (see [box 1](#)).<sup>4–15–16</sup> In concert with the IOC's recent Youth Athlete Development work<sup>17</sup> and with UN terminology,<sup>3</sup> this paper adopts the term 'violence' to describe the various non-accidental harms perpetrated on athletes. This Consensus Statement is an update and extension of

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**Figure 1** Conceptual model of harassment and abuse in sport showing cultural context, types of non-accidental violence, mechanisms and impacts. ED, eating disorders; PTSD, post traumatic stress disorder; STI, sexually transmitted infections.

the 2007 IOC Consensus Statement on Sexual Harassment and Abuse in Sport.<sup>18</sup>

We acknowledge that the science underpinning this document is comparatively young and not yet entirely developed. For example, the predominance of available research is representative of only a few countries, and the experiences of some groups, such as athletes with disabilities and lesbian/gay/bisexual/trans-sexual (LGBT) athletes, is largely unknown. The document therefore focuses only on those areas of harassment and abuse in sport where there is deemed to be a sufficient scientific evidence base, and a prevention obligation that is not already addressed elsewhere (see [figure 1](#)). For this reason, the primary types of non-accidental violence in the document are categorised under: psychological harassment and abuse, which we regard as a conduit to other forms, sexual harassment and abuse, physical harassment and abuse, and neglect. Several mechanisms through which harassment and abuse are perpetrated are also discussed. Separate attention is paid to the increased risks of harassment and abuse in the child athlete, the athlete with a disability and the athlete who is LGBT. While each form of harassment or abuse is described here singly, it is important to note that they may also be experienced by athletes in combination, exacerbating negative effects.

This Consensus Statement should be studied in concert with several other key documents that complement and augment it, some of which address the particular needs and sensitivities of the elite child athlete.<sup>30 31</sup> However, it is important to stress that athletes of all ages have a right to engage in ‘safe sport’: *an athletic environment that is respectful, equitable and free from all forms of non-accidental violence to athletes*. Everyone involved in sport will benefit from a sporting environment that is free from fear or favour, and are just as entitled to express their human rights in the context of sport as they are in any other setting.<sup>32–34</sup>

## FORMS OF ABUSE AND HARASSMENT IN SPORT

### Psychological harassment and abuse—the gateway to non-accidental violence

Psychological or emotional harassment and abuse has been the most recent form of interpersonal violence to receive research

or policy attention.<sup>35</sup> Sport research into this form of interpersonal violence is even recent with relatively scarce data and formulations based on the parent–child literature.<sup>25</sup> There is strong evidence that sexual, physical and psychological abuse are highly correlated.<sup>36 37</sup> Psychological abuse is at the core of all others since it is impossible to conceive of any form of harassment or abuse that does not also have psychological underpinnings.

Research on the psychological harassment and abuse in sport is primarily qualitative in nature with few examinations of prevalence: it focuses on the coach–athlete relationship, resulting in a lack of research on other members of the athletes’ support system otherwise known as the ‘entourage’ and on peer athletes. The only large-scale study available is from the UK, which reported a prevalence of psychological abuse of 75%, raising concerns that this may be the most urgent safeguarding concern in youth sport.<sup>38 39</sup> Psychologically abusive behaviours described by athletes generally reflect those described by the WHO and the UN Convention on the Rights of Children.<sup>35 38 40 41</sup> Athletes report: belittling, humiliating, shouting, scapegoating, rejecting, isolating and threatening behaviours as well as being ignored, or denied attention and support.<sup>24 26 38 42 43</sup>

Research findings indicate that the normalisation of psychologically abusive coaching practices, with a pervasive bystander effect, prevents disclosure and seeking of help.<sup>26 44 45</sup> This constitutes a risk for the delivery of safe sport and the prevention of other forms of abuse. Additionally, it appears that psychologically abusive coaching practices can facilitate and mask sexual abuse grooming behaviours.<sup>26</sup>

### Sexual harassment and abuse

Sexual harassment and abuse in sport stem from abuses of power relations<sup>46 47</sup> facilitated by an organisational culture that ignores, denies, fails to prevent or even tacitly accepts such problems.<sup>45 48</sup> They may thus be considered as symptoms of failed leadership. Definitions are not universally agreed on,<sup>49 50</sup> but broadly align with those displayed in [box 1](#).

Sexual harassment and abuse can be targeted at any athlete regardless of age, sport ability, gender, nationality, race or

### Box 1 Definitions adopted in the IOC Consensus Statement

- ▶ *Athletes with disabilities*—Those who have long-term physical, mental, intellectual or sensory impairments that, in interaction with certain barriers, may hinder their full and effective participation in society on an equal basis with others.<sup>19</sup>
- ▶ *Bullying*—Bullying (or cyberbullying if conducted online) is unwanted, repeated and intentional, aggressive behaviour usually among peers, and can involve a real or perceived power imbalance. Bullying can include actions such as making threats, spreading rumours or falsehoods, attacking someone physically or verbally and deliberately excluding someone.
- ▶ *Child and adolescent*—Every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier.<sup>20</sup> Early childhood relates to those below 8 years of age. Juvenile or young person and adolescents are 10–19 years of age.<sup>20</sup>
- ▶ *Hazing*—An organised, usually team-based, form of bullying in sport, involving degrading and hazardous initiation of new team members by veteran team members.<sup>21 22</sup>
- ▶ *Homophobia*—Antipathy, contempt, prejudice, aversion or hatred towards lesbian, gay or bisexual individuals.
- ▶ *Neglect*—The failure of parents or care givers to meet a child's physical and emotional needs or failure to protect a child from exposure to danger.<sup>23</sup> This definition equally applies to coaches and athlete entourages.
- ▶ *Negligence*—Acts of omission regarding athlete safety. For example, depriving an athlete of food/or drink; insufficient rest and recovery; failure to provide a safe physical training environment; or developmental age-inappropriate or physique-inappropriate training methods.
- ▶ *Physical abuse*—Non-accidental trauma or physical injury caused by punching, beating, kicking, biting, burning or otherwise harming an athlete. This could include forced or mandated inappropriate physical activity (eg, age-inappropriate or physique-inappropriate training loads; when injured or in pain); forced alcohol consumption; or systematic doping practices.
- ▶ *Psychological abuse*—A pattern of deliberate, prolonged, repeated non-contact behaviours within a power differentiated relationship.<sup>24 25</sup> This form of abuse is at the core of all other forms. Some definitions refer to emotional or psychological abuse interchangeably. In this document, we refer to psychological abuse in recognition that the psyche consists of more than emotions. It also consists of cognitions, values and beliefs about oneself, and the world. The behaviours that constitute psychological abuse target a person's inner life in all its profound scope.
- ▶ *Safe sport*—An athletic environment that is respectful, equitable and free from all forms of non-accidental violence to athletes.
- ▶ *Sexual abuse*—Any conduct of a sexual nature, whether non-contact, contact or penetrative, where consent is coerced/manipulated or is not or cannot be given.<sup>26–29</sup>
- ▶ *Sexual harassment*—Any unwanted and unwelcome conduct of a sexual nature, whether verbal, non-verbal or physical.

ethnicity, social class, education level, sexual orientation or disability.<sup>51–54</sup> Sexual harassment and abuse are perpetrated in all sports and at all levels,<sup>51 55</sup> with prevalence of both forms higher in elite sport.<sup>12 13 49</sup> Prevalence rates in sport vary with sexual harassment ranging from 19% to 92% and sexual abuse from 2% to 49%; this wide range of prevalence is due to differing measures and study designs.<sup>36–39</sup> Sexual abuse is usually preceded by a 'grooming' process whereby the perpetrator prepares and desensitises their victim and entices them to submit.<sup>28 29</sup> Athletes with disabilities and LGBT athletes are more likely to be at risk of experiencing sexual abuse.<sup>13 60</sup> Entourage members, in positions of power and authority, are often perpetrators of abuse,<sup>61 62</sup> but peer athletes are far more likely to be perpetrators of sexual harassment than are coaches.<sup>63–65</sup> Males are more often perpetrators of sexual abuse than females,<sup>51</sup> although reports of male athlete victimisation have challenged assumptions about the gender status of sexual abuse victims.<sup>64 66–69</sup>

Risks of sexual abuse are greater when there is a lack of protection (such as safe sport policies, procedures or codes of practice), high perpetrator motivation and high athlete vulnerability (especially in relation to age and maturation as some perpetrators target young athletes).<sup>45 70</sup> The amount of clothing cover, touching and sport type are not risk factors for sexual harassment or abuse.<sup>51 71</sup> Perpetrators commonly seek out opportunities in less supervised environments. Athlete reports indicate that sexual abuse can occur in the locker room, the playing field, trips away, the coach's home or car and social events, especially where alcohol is involved.<sup>44 72 73</sup>

#### Physical abuse and forced physical exertion

Physical abuse may be inflicted both on and off the field of play. It is often perpetrated by individuals in positions of power and trust, such as coaches and members of the athlete entourage, as well as family and friends, peer athletes and sports fans.<sup>4 6 74</sup>

Empirical data on the prevalence of physical abuse and forced physical exertion in sport are minimal, with much information resulting from public reporting of incidents. The 'win/lose' nature of sports and a culture of athlete idolisation results in a tacit acceptance or normalisation of many types of violence in sports.<sup>75–77</sup> This applies especially to the physicality of contact sports, where the athlete's body is considered integral 'equipment'.

#### Neglect

Little research has been published on neglect in sport, particularly with respect to children and adolescents. However, there are many reports of sporting incidents resulting in preventable illness, injury or death where negligence, and breaches of health and safety legislation or guidance, are implicated.<sup>78</sup>

It is important to distinguish between the duty of care afforded to athletes under the age of 18 years and that afforded to adults. The physical impact of neglect may be greater on the developing young athlete who has unique physical, cognitive and psychological vulnerabilities. For instance, the consequences of exposure to extreme heat or provision of insufficient hydration during exertion may have serious health consequences. In addition, the child has unique nutritional demands to sustain growth and development.<sup>31</sup>

There are overlaps between neglect and failure to prevent overtraining and overuse injuries that may be categorised as physical abuse. Other forms of neglect in sport are the denial of access to appropriate medical care, and the failure to implement sport safety equipment and rules in the training and competition environments.<sup>79</sup> All forms of abuse and neglect are underpinned by psychological maltreatment. Commodification of athletes as

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assets as opposed to rights bearers increases the risks of their individual physical and emotional needs being neglected.<sup>80</sup>

Indicators and consequences of neglect include preventable accidents and recurrent injuries, malnutrition, eating disorders, disordered eating, dehydration, mental health problems, psychological disorders, self-harming, long-term illness and secondary disability or death.

### MECHANISMS FOR HARASSMENT AND ABUSE

A range of harassment and abuse mechanisms is evident in the sport context (figure 1), which provides specific mechanisms for such behaviour. These may be conceptually discrete but they frequently overlap in practice.

**Contact mechanisms:** Close proximity, frequent group interactions and rough-and-tumble handling are used by perpetrators as pretexts or platforms to perpetrate abuse, although touch per se has not been shown to be a risk factor.<sup>81</sup>

**Non-contact/verbal mechanisms:** A common form of harassment in sport is verbal harassment.<sup>64</sup> Few studies distinguish between non-sexual and sexual verbal harassment. Prevalence of verbal harassment varies from 18%<sup>82</sup> to 78%.<sup>64</sup> Peers are often reported to be perpetrators of verbal harassment.<sup>64</sup> Trash talk (or 'sledging') is a form of verbal harassment from athlete opponents or fans that is intended to destabilise athlete motivation and to hinder performance. There are few studies on this issue.<sup>83 84</sup>

**Cyber mechanisms:** An estimated 92% of teenagers are online daily.<sup>85</sup> This accessibility provides another platform through which bullying, harassment and abuse may be planned and perpetrated.<sup>86 87</sup> The increased use of 'smart' devices, together with the prevalence of social media use among young people, potentially exposes victims to a non-stop '24/7' bombardment of unwanted content. As with other forms of bullying, harassment and abuse, the impact of cyberbullying ranges from upset and distress, to self-harm and suicide.<sup>88-91</sup>

Cyber harassment and abuse comes in a variety of forms:<sup>86-89 91-95</sup>

- ▶ Grooming of young people with a view towards sexual abuse (online and real world) being perpetrated. This may involve contact from individuals who are not known to the child or young person in their day-to-day life.
- ▶ Sending or receiving sexual messages or images, known as 'sexting'.
- ▶ Use of camera phones to take illicit photographs, including inside sports facilities (particularly changing rooms) and use of the images for sexual exploitation (sometimes called 'sextortion').<sup>96</sup>
- ▶ Receiving unwanted negative content such as hate messages, exposure to sexual and violent content, and proself-harm or proeating disorder/body dysmorphia sites.
- ▶ Risks to an individual's reputation from sharing of inappropriate content and/or from creation of false online profiles and impersonation of an individual.
- ▶ Grooming of young people with a view to perpetuate corruption (online and real world) for match fixing and associated activities, which may breach sports' integrity rules and/or constitute criminal offences.
- ▶ Theft of personal and identity data, which may constitute a criminal offence.

There is little research into the prevalence of cyber harassment and abuse in sport; but there is evidence that athletes increasingly use social media to communicate with fans and to promote their image,<sup>97 98</sup> and are subject to online abuse.<sup>93 94</sup> There are criminal cases of online harassment and abuse

involving athletes,<sup>99</sup> and some organisations have implemented policies and education to address this risk in sport.<sup>92 100 101</sup> Much of the research that is available concerns risks to children and young people, such as the European Union Kids Online study.<sup>89</sup>

**Negligence:** There is overlap between negligence and the failure to prevent overtraining and overuse injuries as well as the deprivation of athlete access to food, drink or medical care, which might also be categorised as physical abuse. As described above, all forms of abuse and neglect are underpinned by psychological maltreatment. Commodification of athletes as assets as opposed to rights bearers increases the risks of their individual physical and emotional needs being neglected.<sup>80</sup>

**Bullying:** Bullying involves a desire to hurt through a harmful action in a context of a power imbalance.<sup>102</sup> Typically, bullying is repetitious with evident enjoyment by the aggressor and generally a sense of being oppressed on the part of the victim. Examples of bullying include insults or taunts, physical intrusions (pinching, punching), refusing to engage with or 'pass the ball/puck' to an athlete, humiliation, social exclusion or threats. There are different ways of classifying bullying. The first includes direct and indirect behaviour.<sup>103</sup> Direct bullying involves open attacks on a victim and indirect bullying is distinguished by social isolation, exclusion from a group or non-selection for activities. A second way of classifying bullying is to divide the behaviour into the following three groups: psychological bullying, social bullying and physical bullying.<sup>104</sup> Psychological bullying can be verbal, such as ridicule, threatening, name calling etc, or it can be non-verbal, such as using body language, which could include turning one's back towards someone. Social bullying can include consciously ignoring a person. Physical bullying can be body contact such as physically beating the victim or destroying clothes or other property. There are few studies of bullying in sport but, according to True Sport, 30% of youth report experiencing bullying.<sup>105-107</sup>

**Hazing:** Hazing is widespread in North America and is increasingly recognised as a sport problem elsewhere.<sup>108 109</sup> Hazing is usually a normative requirement of acceptance into a club or team and part of a rite of passage handed down semicovertly from one sport generation to the next, sometimes in the presence of coaches.<sup>110-112</sup> Female athletes are increasingly copying the traditions of male hazing in sport.<sup>113 114</sup>

Many hazing practices at team initiations or start/end-of-season celebrations involve extreme insults, feats of endurance, deprivation, alcohol consumption and promiscuous or illegal sexually explicit/abusive behaviour against individuals or groups.<sup>115</sup> Whereas bullying often deters sport participation, hazing is intended to increase commitment and is regarded as the price of team membership. Both bullying and hazing involve a form of moral disengagement that facilitates and reinforces antisocial rather than prosocial behaviour.<sup>116-118</sup>

Sport cultures that haze are characterised by misogyny and homophobia, tolerance of exclusion, misconduct and discrimination, lack of mutual respect and pride, and by enforced silence to protect group secrets about abuse.<sup>119</sup> The secrecy surrounding hazing makes it difficult to measure and quantify. Ethnographic studies provide some qualitative accounts<sup>109 120</sup> but, by its very nature, it is rare for victims of hazing to speak out, and thus unusual for medical staff and other entourage members to become involved in evaluation or support.

### CHILD AND ADOLESCENT ATHLETES

Every child has the 'right to participate fully in play and recreation activities'<sup>20</sup> and to do so in a safe, welcoming and

respectful environment.<sup>31</sup> However, some risks to young athletes are unique to sport, such as the coach–athlete relationship, intensity of sport practice and the demands of competition, media interest in child athletes, athlete recruitment practices, relocation of minors to a distant training facility, practices requiring physical measurement and biological passports, varied training locations and times, separation from family or school communities due to sports participation, sport initiation and hazing practices. Policies with respect to children in sport are outlined in the International Safeguards for Children in Sport.<sup>121</sup> According to the WHO, adolescence is a critical transition period that is also characterised by high sport participation.<sup>122</sup> Young athletes are more vulnerable to abuse at this time because of their need to be cared for, protected and supervised during their development.<sup>31</sup> Jurisdictional vulnerability arises because of wide variations in ages of consent across regions and countries,<sup>123</sup> and variations in religious and ethnic customs and practices.<sup>124</sup>

The coach–athlete relationship has been the focus of a number of abuse studies, with many cases concerning child or adolescent athletes.<sup>44 66</sup> Children in sport may also be subject to violence perpetrated against them by coaches, members of the entourage and peer athletes. Children can experience all forms of harms including psychological, sexual, and physical harassment and abuse, as well as neglect implemented through the same mechanisms experienced by adult athletes. Importantly, the concept of consent cannot apply to children and thus cannot be used in mitigation by perpetrators of abuse.<sup>125</sup>

#### ATHLETES WITH A DISABILITY

Approximately 15% of the world's population is made up of individuals with disabilities of whom about 80% live in developing countries with attendant concerns about inequities and exclusion.<sup>126</sup> Experts conservatively estimate that people with disabilities are at least four times more likely to be victimised than people without disabilities:<sup>127</sup> those individuals with an intellectual impairment are at the highest risk.<sup>128</sup> The number of victimised children with disabilities is estimated at 31% compared with 9% of non-disabled children.<sup>129</sup> Data from sport confirm that youth athletes with disabilities experience a two to three times increased risk of psychological, physical and sexual abuse and harassment when compared with youth athletes in general.<sup>13</sup>

In sport, disability is an evolving concept, one which results from interaction between those with impairments and the barriers to their full and effective sport participation.<sup>130</sup> As opportunities expand for athletes with disabilities to pursue their athletic endeavours, there is a pressing need to understand the nature of individual development and how participation can be enhanced or inhibited for persons with sensory, intellectual or physical impairments. There is also a need for sport to align its operations more closely with Article 30.5 of the UN Convention on the Rights of Persons with Disabilities, which directly outlines the right to sport participation as a critical element of social inclusion more broadly.<sup>19</sup>

In addition to the general risks outlined in this paper, specific vulnerabilities to non-accidental violence or intentional harm for athletes with disabilities relate to (1) making uninformed assumptions about the care needs of athletes, (2) exploiting the athletes' dependence on personal care (eg, communication requirements, travel requirements and competition logistics), and (3) blurring of the roles and responsibilities in the coach–athlete relationship,<sup>131</sup> and, where present, the caregiver–athlete relationship.<sup>60 121 132</sup>

#### LESBIAN/GAY/BISEXUAL/TRANS-SEXUAL ATHLETES

Homosexuality is a crime in approximately 70 countries.<sup>133</sup> Punitive laws in various countries (eg, Russia, Uganda) ban 'propaganda of non-traditional sexual relations', outlaw homosexuality or ban same-sex relationships.<sup>133</sup> In the first large-scale international study on homophobia in sport, Denison and Kitchen<sup>107</sup> report that 80% of the 9500 respondents witnessed or experienced homophobia in sport. Homophobia can be expressed institutionally as part of the sporting culture through, for example, employment conditions,<sup>107 134</sup> team selection, career length,<sup>135 136</sup> and inequality and disrespect in the sport environment.<sup>134</sup>

Homophobia harms those discriminated against, those who participate in a homophobic sport environment and those who leave sport because of it.<sup>134 137</sup> Cashmore and Cleland<sup>138</sup> report that, in English football, 'fans habitually use gay epithets to abuse players'. Sheldon Kennedy, who was repeatedly sexually abused by his coach when a junior Canadian professional hockey player said that he was afraid to disclose his abuse because he thought people might think he was gay.<sup>139</sup> Denison and Kitchen<sup>107</sup> found that the acceptance of LGB in six participating countries was 22.9%. Acceptance was defined as: LGB respondents who were 'out' reported it to their entire team, did not witness or experience homophobia, held positive views on safety of LGB with spectators, believed youth sport was supportive and safe for LGB people, and believed LGB people were accepted.

#### IMPACTS OF NON-ACCIDENTAL VIOLENCE

##### Impact on athletes

The personal costs of non-accidental violence to athletes can be long term and extremely damaging (see [figure 1](#)).<sup>140</sup> The impact of such experiences extends to affect family, friends, colleagues and peers in home, work and leisure venues. The impacts can persist long after the athlete has left his or her sport role.<sup>141</sup> Non-accidental violence in sport can also have serious negative impacts on athletes' physical, social and psychological health (see [figure 1](#)).<sup>26 142–144</sup> The various abuses described above may impair performance, be associated with doping, increase athletes' willingness to cheat, lead to athlete drop-out or result in a variety of presentations including psychosomatic illnesses, disordered eating, anxiety, depression, substance abuse, self-harm and even suicide.<sup>36 72 143 145 146</sup>

Psychological abuse can impair long-term physical and psychological health, affecting personal and social development.<sup>147–149</sup> Harmful deficits in self-esteem and a range of related problems, such as eating disorders,<sup>150 151</sup> self-harm, suicide, somatic illnesses and detriments to academic performance, have been reported in the mental health literature.<sup>152</sup> Sport research similarly identifies that athletes self-report feelings of anxiety and depression, low self-esteem, poor body image<sup>25</sup> and, ultimately, dropping out of sport.<sup>38 42 43</sup> Relative to sexual and physical abuse, childhood psychological abuse has been found to be the more powerful correlate of long-term post-traumatic and dissociative symptomatology among athletes.<sup>36</sup>

The potentially devastating effects of physical violence include physical injury; death; developmental delays; other organic health problems; mental illnesses; and social, emotional and cognitive impairment.<sup>4 6 31 153–155</sup> Physical consequences are especially serious for child or adolescent athletes due to the growth and maturation processes associated with their stage of life.<sup>31 155–157</sup>

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Childhood sexual abuse in the non-sport population is a strong predictor of non-suicidal self-injury/self-harm and suicide attempts subsequent to the abuse.<sup>158</sup> Harassment of any type, particularly sexual harassment, has been linked to a variety of poor mental health and well-being outcomes, including self-harm, among adolescents. The risk of non-suicidal self-injury/self-harm, suicide attempts and completed suicide increases with the number of harassment types that an adolescent experiences.<sup>159</sup> Early detection and intervention, which reduces the incidence of harassment, is particularly important in mitigating mental health difficulties and behavioural self-harm among adolescents.<sup>160</sup> Other physical impacts of sexual abuse include sexually transmitted illnesses, urogenital and anogenital trauma, and unwanted pregnancy.

In addition to the health effects listed in the paragraphs above, many athlete victims of non-accidental violence suffer performance detriments, opportunity costs, reduced medal chances and loss of sponsorship.<sup>45</sup> Non-accidental violence has also been associated with doping and an increase in willingness to cheat.<sup>146</sup> Some choose to change or even to quit their sport, and others suffer personal consequences for years.<sup>143</sup>

Athletes are frequently silenced by the harassment and abuse process.<sup>48 161</sup> In addition, passive attitudes/non-intervention, denial or silence by people in positions of power in sport (particularly bystanders) and lack of formal accountability all create the impression for victims that such behaviours are legally and socially acceptable, and that those in sport are powerless to speak out against them: this bystander effect can compound the initial psychological trauma.<sup>45 62 162 163</sup> Athlete survivors of non-accidental violence may conceal their distress to maintain their position on the team or to preserve anonymity. The interaction of perpetrator methodology, silencing, isolation, bystander inaction, organisational denial and powerlessness also contribute to athlete non-disclosure. Certain organisations, especially in the education sector, have made strenuous efforts to control or eliminate such problems (see below). Nevertheless, the prevalence data reported above indicate that these issues have a strong cultural grip on sport. Despite this, many survivors recover to a positive state of mental health and resume normal lives, including sport roles.

### Impact on sport

From an organisational perspective, the impacts of harassment and abuse represent asset depreciation. The economic impact of non-accidental violence to athletes on sport organisations is also considerable (see [figure 1](#)). When athlete disaffection resulting from harassment or abuse leads to drop-out/attrition, this represents not just a loss of potential medals but also an opportunity cost for sport organisations, the talent pool of which consequently gets depleted. Further, the reputational damage caused by adverse publicity of cases of harassment or abuse sometimes leads to the termination of sponsorship contracts.<sup>45</sup> It also undermines the confidence and trust that athletes, their entourages, families and fans place in sport administrators.

The cost-benefit analysis of harassment and abuse versus prevention has yet to be demonstrated in detail in the way that, for example, health economics has been applied to illness treatment versus prophylactic work. As legal redress becomes pursued more frequently by athlete victims, it is likely that the sport community will realise the overall asset depreciation effect of this problem. Certainly, a comparison could be made to issues of performance enhancing drug abuse in sport. It is important to note that prevalence data for antidoping rule violations

indicate that abuse and harassment is a more widespread challenge to the elite sport community.<sup>13 64 164 165</sup>

### PREVENTION OF HARASSMENT AND ABUSE

In the face of validated research indicating that harassment and abuse in sport is serious and widespread, the promotion of safe sport is an urgent task.<sup>67 101 166–172</sup> Indeed, the prevention of harassment and abuse is increasingly constructed and presented as a public health concern, linking population and community health, to personal health and welfare.<sup>173</sup>

Eliminating non-accidental violence against athletes is also part of a broader international conversation in sport addressing ethical and integrity issues, such as doping, match manipulation, event security and fair play.<sup>39 174–182</sup> This focus reflects a wider societal discourse regarding abusive and unethical practices in institutional settings, such as the church, healthcare and the military, igniting public interest in the prevention of abuse more broadly, and highlighting the importance of rigorous safe sport business practices.<sup>183 184</sup>

To reduce tolerance and prevent abuses, a systematic multi-agency approach is most effective.<sup>4 6 185 186</sup> This includes reviews of law enforcement strategies, culturally tailored education for athletes, parents, athlete entourage, fans, sponsors and sports administrators, and implementation of policy and procedures within the sports community. Any initiative aiming to prevent harassment and abuse should take into account the particular cultural context of the country and the sport.

Educated, ethical entourage members are key to the performance success of athletes.<sup>155</sup> First responders, such as medical personnel, are also critical in identifying and referring athletes for further healthcare as indicated, and in influencing policy change by sports management.<sup>31 153–155</sup>

As part of this effort, personnel should avoid commodifying athletes at the expense of their human rights, since this will ultimately undermine athlete—and thus sport—integrity and security.<sup>187 188</sup> Sport personnel involved in athlete development and performance have a particular responsibility to operate within professional boundaries, to understand, identify and refer signs of harassment and abuse, and to mitigate associated risks.<sup>18</sup> Yet ignorance, denial and resistance among sports leaders—and even athletes themselves—is often a challenge to risk mitigation and prevention. Understandably, they may be reluctant to acknowledge that harassment and abuse occur in their organisations.<sup>45 189</sup> Denial allows the underlying causes of harassment and abuse to persist, and the interpersonal correlates of these behaviours to proceed unchecked; thus, it is critical to build and disseminate awareness of the widespread and serious nature of abuse, and its consequences, including health or medical implications.

Unless specially trained and qualified in this field, entourage members should not attempt to evaluate or treat athletes alleging harassment or abuse but should refer all disclosures to relevant experts in social work, counselling or medicine, for further physical and/or psychological investigation and treatment.<sup>79</sup> Allegation investigation should be referred to the relevant resources in the community. If criminal activity directed towards a minor is suspected, then it is also necessary to involve law enforcement agencies as soon as possible. However, while non-accidental violence often manifest as health or medical issues, the context in which they arise is *social* and these social factors should therefore be addressed, in the first instance, through prevention efforts. To avoid an overly narrow focus on the psychopathological aspects of these problems it is important for sport stakeholders to understand wider societal risk factors for

harassment and abuse. These include the power imbalances associated with hierarchical and heteronormatively masculine authority systems of sport that lead to a culture of secrecy and deference that facilitates abuse.<sup>48 59 190</sup> Power imbalances may also lead to intense selection rivalries among peer athletes, which can result in both prosocial and antisocial behaviours.

Cultural change can be effectively addressed via advocacy and campaigning.<sup>180 191</sup> Accepted structural components of safe sport programmes that address the social context of abuse and harassment include clear policies with associated codes of practice; systematic recruitment and background screening; education and training; complaint and support mechanisms; and monitoring and evaluation systems.<sup>6 13 170 179 192–199</sup>

Education should be the cornerstone of any safe sport strategy. Indeed, prevention begins with awareness-raising about non-accidental violence through the dissemination of evidence-based education and training programmes. This provides stakeholders with the understanding and knowledge both to overcome denial and to implement prevention solutions. All levels of the organisation need to be targeted, from international sport executives to local volunteers, including athletes,<sup>196 200 201</sup> athlete entourage members (coaches, agents, fitness personnel),<sup>202–209</sup> administrators and sport managers,<sup>171 210–216</sup> families and peers,<sup>199 217 218</sup> clinicians and healthcare providers,<sup>153 163 219 220</sup> and sport and exercise science professionals and their training agencies.<sup>154 221–224</sup>

Ownership of harassment and abuse by leaders within a sport organisation is a vital prerequisite for effective prevention since it sets the tone of acceptance and responsibility necessary to facilitate desired, healthy cultural change.<sup>191 225 226</sup> ‘Safe sport’ (see **box 1**) should be appropriately incorporated as a core element of a robust business model in sport or good governance<sup>227</sup> with advocacy essential from the top down in every sport organisation. Structural changes that share power and decision-making with athletes—institutionally, organisationally and personally—are important steps towards risk mitigation.<sup>180</sup>

The primary building blocks for safe sport include culturally specific policy and procedures, with implementation, monitoring and evaluation systems. Some organisations have clearly mandated standards, progress measures, monitoring and sanctions to promote accountability, and minimise power imbalances.<sup>92 168 196</sup> These may be functionally connected to the criminal justice system through which legal redress can be sought and/or they are linked to government funding of the sport itself (eg, in the UK).<sup>121</sup> Disciplinary, grievance and dispute resolution procedures may be available inside a sport governing body or, alternatively, accessed through generic or shared mechanisms.<sup>197 228</sup> Where no internal safe sport system is in place, organisations should consider working with relevant social care and criminal justice mechanisms to develop their own safe sport awareness, understanding and practices.<sup>191 220</sup>

## SUMMARY AND RECOMMENDATIONS FOR ACTION

The evidence set out above demonstrates the urgency with which sport authorities need to develop and implement clear and effective remedies for all types of non-accidental violence against athletes. It also undermines the prevailing assumption ‘that teams are exemplary sites for human interaction’.<sup>229</sup> Sport, like all other social institutions, is no stranger to harassment and abuse, yet it has been slow to develop appropriate responses and prevention programmes.

Ever since the first Consensus Statement on Sexual Harassment and Abuse was issued by the IOC, there has been exponential growth in public disclosures, and awareness of cases

of harassment and abuse against athletes. All ages and types of athletes are susceptible to these problems; however, science has confirmed that the risks are highest among elite, disabled, child and LGBT athletes, and that psychological abuse is at the core of all other forms. As well as being victims, athletes can also be perpetrators. The sociocultural precursors of harassment and abuse are based on entrenched prejudices that are expressed through power differences, and use a range of interpersonal mechanisms.

Much more research is needed to protect athletes of all ages and impairments.<sup>121</sup> Such research should include prevalence of all forms of non-accidental violence in countries for which there are currently no data; the gendered nature of violence; mechanisms of disclosures and responses to violence; violence prevention methods; safe sport advocacy and effectiveness (what works, from team selection to postgames review); and athlete consultation methods. However, action to ensure safe sport need not wait for these studies. Everyone involved in sport, not least the athletes themselves, will benefit from ‘safe sport’. It is incumbent on all stakeholders in sport to adopt general principles for safe sport<sup>101 169 170</sup> as well as to implement the following recommendations without delay in a culturally respectful and sensitive manner.

## Sport organisations

1. Implement and monitor policies and procedures for safe sport that:<sup>171</sup>
  - ▶ State that all athletes have a right to be treated with respect, protected from non-accidental violence;
  - ▶ State that the welfare of athletes is paramount;
  - ▶ Identify who has responsibility for implementation;
  - ▶ Specify what constitutes a violation and specify the range of consequences;
  - ▶ Detail a response system for handling athlete/whistleblower concerns and complaints, with reporting and referral mechanisms and a neutral resolution mechanism;
  - ▶ Provide details of where to seek advice and support for all parties involved in a referral or complaint.
2. Deliver an education programme for all main stakeholders about how to engage in the practicalities of preventing non-accidental violence to athletes.
3. Appoint or work with qualified, designated personnel responsible for safe sport programming and athlete welfare.
4. Listen to the voices of athletes in decision-making about their own protection.
5. Foster strong partnerships with athletes’ parents/caregivers to promote safe sport.
6. Partner with expert groups and stakeholders to follow a systematic multidisciplinary, multiagency approach. This may include law enforcement, media, medical, child protection, counselling and support or other groups.

## Athletes

7. Know your rights and responsibilities with regard to the prevention and reporting of non-accidental violence.
8. Identify your support systems among and beyond entourage members.
9. Support your peers and encourage them to speak out if they witness or experience non-accidental violence.
10. Negotiate for a voice in decision-making about your own protection.

## Sports medicine and allied health practitioners

11. Ensure that you are adequately trained to:

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- i. Recognise the signs and indicators of non-accidental violence;
  - ii. Effectively and appropriately respond to disclosures of non-accidental violence.
12. Ensure that you have access to a multidisciplinary professional support team prior to initiating any treatment plan for athletes who are survivors of non-accidental violence.
  13. Know where and how to refer disclosures or suspicions.

## Sport science researchers

14. Grow the scientific evidence base about the prevalence, incidence and prevention of non-accidental violence to athletes.
15. Engage in and promote knowledge transfer to apply scientific findings to 'real-life' sport settings.

The enormous cultural power of the major sport agencies (eg, IOC, International Paralympic Committee, International Federations and National Olympic Committees, among others) offers them an opportunity to demonstrate leadership by implementing these recommendations. This, in turn, should both prevent non-accidental violence against athletes and embed a safe, welcoming and respectful sport environment for all.

## Author affiliations

- <sup>1</sup>Department of Family Medicine, Michael G. DeGroote School of Medicine, McMaster University, Hamilton, Ontario, Canada
- <sup>2</sup>FINA Sports Medicine Committee, Lausanne, Switzerland
- <sup>3</sup>University of Brunel, London, UK
- <sup>4</sup>United States Olympic Committee, Colorado Springs, Colorado, USA
- <sup>5</sup>Harvard University, Boston, Massachusetts, USA
- <sup>6</sup>General Counsel Workplace Options LLC, Raleigh, North Carolina, USA
- <sup>7</sup>Department of Social and Cultural Studies, Norwegian School of Sport Sciences, Oslo, Akershus, Norway
- <sup>8</sup>University of Winnipeg, Winnipeg, Manitoba, Canada
- <sup>9</sup>Hong Kong Sport Institute, Hong Kong
- <sup>10</sup>Department of Psychiatry, University of Toronto, Toronto, Ontario, Canada
- <sup>11</sup>Womens Tennis Association, St Petersburg, Florida, USA
- <sup>12</sup>International Tennis Federation, London, UK
- <sup>13</sup>Safe4Athletes, Los Angeles, California, USA
- <sup>14</sup>Child Protection in Sport Unit, National Society for the Prevention of Cruelty to Children, London, UK
- <sup>15</sup>IOC Medical and Scientific Department, Lausanne, Switzerland

**Twitter** Follow Sandi Kirby at @s.kirby@uwinnipeg.ca

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## The IOC Consensus Statement: harassment and abuse (non-accidental violence) in sport

Margo Mountjoy, Celia Brackenridge, Malia Arrington, Cheri Blauwet, Andrea Carska-Sheppard, Kari Fasting, Sandra Kirby, Trisha Leahy, Saul Marks, Kathy Martin, Katherine Starr, Anne Tiivas and Richard Budgett

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