

**CANADIAN ACADEMY OF SPORT AND EXERCISE MEDICINE
DISCUSSION PAPER:
ABUSE, HARASSMENT, AND BULLYING IN SPORT
(December 2010)**

Ashley E. Stirling, MSc, University of Toronto, Eileen Bridges, MD, McGill University, *E. Laura Cruz*, MD, University of Toronto, Margo Mountjoy, MD, McMaster University

This position statement was prepared by the Canadian Academy of Sport and Exercise Medicine (CASEM) Women's Issues in Sport Medicine Committee. The accompanying discussion paper expands upon the concepts discussed.

This discussion paper was prepared by the Canadian Academy of Sport and Exercise Medicine (CASEM) Women's Issues in Sport Medicine Committee. The accompanying position statement summarizes the concepts discussed.

**Canadian Academy of Sport and Exercise Medicine Discussion Paper:
Abuse, Harassment, and Bullying in Sport**

Over the last twenty years there has been an emergence of reported incidents of abuse, harassment and bullying in Canadian sport.^{1,2,3,4} In 1994, an Edmonton track coach was charged and convicted of engaging in sexual relations with female adolescent athletes in his training group. In 1996, the national cycling team coach was charged with sexual harassment of a number of athletes.⁵ Furthermore, media attention surrounding the conviction of junior hockey coach Graham James and gymnastics coach Don Mathey for the sexual assault of young sport participants, and the 2005 hazing reports among McGill University's football players, represent recent examples of the occurrence of abuse, harassment, and bullying in the Canadian sport environment.

A recent report published by the IOC Medical Commission recognized the rights of athletes to enjoy a safe and supportive sport environment. This report stated that everyone in sport shares the responsibility to identify and prevent instances of abuse and harassment in order to assure the health and safety of each participant in the sport environment.⁶

It is proposed that as supporters of safe and healthy performance environments, the Canadian sport medicine community plays an important role in prevention of maltreatment. As such, it is essential that sport medicine specialists be educated on issues of abuse, harassment, and bullying in sport,



and be equipped with strategies to intervene if/or when potential cases arise. The objective of this document is to review current literature on the problems of abuse, harassment and bullying in Canadian sport. More specifically, this discussion paper seeks to provide the medical community with the knowledge to appropriately identify and address cases of abuse, harassment, and bullying. As well, recommendations are proposed for the potential role of sport medicine professionals in the prevention of abuse, harassment and bullying in sport.

DEFINITIONS

A recent article published in the *British Journal of Sports Medicine* proposed a conceptual model of the different categories, constructs and constituents of maltreatment in sport. The article also included a review of current definitions of each category and subcategory of maltreatment, and a comprehensive list of sport-specific examples.⁷

Abuse

Abuse is defined as a pattern of physical, sexual, emotional or negligent ill-treatment by a person in a caregiver capacity (e.g. parent, coach) resulting in actual or potential harm to the athlete.⁷ The four major recognized types of abuse are physical abuse, sexual abuse, emotional abuse, and neglect.⁸ Examples of abuse in sport are provided in Table 1.

Harassment

Harassment is defined as single or multiple acts of unwanted or coerced behaviors by a person within a prescribed position of authority over the athlete (e.g. coach, official, administrator) that have the potential to be harmful. Harassment occurs outside the context of a care giving relationship.⁷ It refers to behaviors that are in violation of an individual's human rights. Like abuse, harassment is also considered to be based upon an abuse of power and trust.⁹ Individuals can experience harassment on an individual basis or within a group. Examples of harassment in sport are provided in Table 2.

Bullying

Bullying is defined as a pattern of physical, verbal, or psychological behaviors between peers (e.g. teammates) that have the potential to be harmful.⁷ Bullying is based upon an imbalance of power between peers, and includes an absence of provocation.¹⁰ Examples of bullying in the sport are provided in Table 3.

Finally, it needs to be clarified that both children and adults are vulnerable to experiences of abuse, harassment, and bullying. Much of the research to-date on abuse, harassment, and bullying in sport has actually been based on the interviews of adult athletes,¹¹ and quite a few researchers



have argued that the unbalanced power dynamic between the coach and athlete in the sport environment creates vulnerability to abuse of the athlete and is not limited by the age of the athlete.¹² Furthermore, it should be noted that abuse, harassment and bullying can occur between individuals of the same sex. Both males and females may be perpetrators of abuse, harassment or bullying, and cases of athlete abuse, harassment, and bullying are experienced by male and female athletes' alike.^{13, 14, 15}

BACKGROUND LITERATURE

Early research in Canada on the protection of athletes in sport included criticisms of the highly competitive climate of youth sport,^{16,17} research on violence and injury prevention in sport,^{18,19,20} and concerns for the development of elite athletes.^{21,22,23}

Following this research, several examinations were conducted throughout the 1990s on the occurrence of abuse, harassment and bullying in Canadian sport. Based on in-depth interviews with 45 retired high performance Canadian athletes and a number of documentary and informal sources of data, Donnelly discussed the vulnerability of elite child athletes to inappropriate behaviors within the coach-athlete relationship, such as unwanted rubdowns, sexual advances, domination of the body and coercion into unnecessary dieting.²⁴ As well, one third of the athletes interviewed reported physical and mental abuse, and many discussed issues with peer violence and bullying.²⁴

In 1995, Parks and Recreation Ontario interviewed and surveyed 138 participants ages 11-25 and reported that 47% of the respondents had experienced harassment in sport in the form of jokes, gestures or looks that were humiliating, insulting or offensive.²⁵ A survey of 1,100 CIAU varsity athletes reported that 57% of respondents had experienced sexually harassing behaviours.¹ At the 1995 Canada Winter Games in Alberta, the Canada Games Council questioned athletes on their experiences of harassment in sport and 50% of the athletes had reported experiencing at least one form of harassment (11% racial, 16% sexual, 18% verbal, 11% physical). This study was then repeated at the 1997 Canada Games in Manitoba revealing similar results with 47% of athlete respondents reporting experiences of some form of harassment in sport.²⁵ Furthermore, in 1996, a national-level study on the prevalence of sexual harassment and abuse amongst Canadian Olympians was conducted. From this study the researchers reported that of the 266 surveys completed, 19% of the athletes complained of experiencing upsetting sexual comments or advances, 21.8% experienced sexual intercourse with authority figures in sport, and 25% of the respondents reported being insulted, ridiculed, made to feel like a bad person, slapped, hit or beaten by these authority figures.²⁶



Most recently, a body of literature has begun to emerge on Canadian athletes' experiences of emotional abuse in sport. Based on a series of semi-structured interviews with elite and sub-elite retired athletes, it has been reported that acts of aggression such as hitting and throwing objects either at the athlete or in the presence of the athlete, yelling and shouting at an athlete or group of athletes, belittling, name-calling, degrading, humiliating, or intimidating comments, and the intentional denial of attention and support are often normalized as standard coaching techniques required to produce successful performance in sport.^{27,28} As well, the significant power of the coach, and the enhanced vulnerability of athletes to experiences of sexual and emotional maltreatment in sport have been reported.^{11,29}

In addition to those studies described, several other researchers in Canada have written about the occurrence of athlete abuse and harassment,^{2,30-34} and hazing in sport.^{35,36} Outside of Canada, a large body of literature has been published outlining the problem of abuse, harassment, and bullying among athletes in countries such as Australia,³⁷ Denmark,³⁸ Israel,³⁹ Netherlands,⁴⁰ Norway,^{41,42} Turkey,⁴³ the United Kingdom,^{12,13,44-49} and the United States.⁵⁰⁻⁶³ Furthermore, literature on human rights approaches to abuse are emerging internationally.^{64,65,66}

RISK FACTORS

Identified risk factors for athlete maltreatment in sport are based exclusively on the empirical literature on sexual abuse and harassment within the coach-athlete relationship. It is proposed, however, that while most of these factors should apply to some extent to all forms of maltreatment in the sport, some differences may exist.

Based on the individual accounts of 90 sexually abused female athletes in the UK, Brackenridge explained that various stakeholders are involved in the occurrence of sexual abuse in sport, including the abusers, children, parents, coaches, social services/ police, sport club/ organization, and the national coaches' organizations. In her research, Brackenridge (1997) categorized trends of risk into the following: 1) Coach variables - sex (male), age (older), size/physique (larger), accredited qualifications (good), reputation (high), previous record of sexual abuse (unknown/ ignored), trust of parents (high), commitment to codes of ethics (low), etc., 2) Athlete variables – sex (female), age (younger), size/ physique (smaller), status (high), self-esteem (low), medical problems (med/high), relationship with parents (weak), awareness of sexual abuse (low), devotion to coach (complete), etc., and 3) Sport variables – employment controls (weak), existence of parent and athlete contracts (none), and codes of ethics (weak/ none).⁴⁴



Sexual orientation, gender-orientation and disability have also been identified as factors of vulnerability to harassment in sport.⁶⁷ Additionally, other factors of risk identified in the literature include athletic maturation of the athlete, parents' trust of the coach, sport type, and the sub-culture of sport itself. Brackenridge and Kirby explained that the risk for sexual abuse in sport is dependent on the athletic maturation of the athlete. It was suggested that athletes are most vulnerable to sexual abuse during their peak athletic maturation, the period of time in which they have the most at stake in terms of their careers. This is referred to as the stage of imminent achievement. It is then proposed that the risk for sexual abuse is highest among athletes in sports where the stage of imminent achievement coincides with age of sexual maturity, such as gymnastics and figure skating.¹²

In 1998, Brackenridge examined the role of parents in preventing sexual abuse in sport and reported that parents often trust coaches uncritically, which places young athletes in a position of vulnerability. It was reported that less than 45% of the parents surveyed knew of the coach's qualifications, and 80% were unaware of whether or not the coach was bound by a code of ethics.⁴⁵

Examination of the prevalence of sexual harassment across 56 different Norwegian sport disciplines was conducted by Fasting, Brackenridge, and Sundgot-Borgen. A total of 572 female athletes aged 15-39, who qualified for the Norwegian national team at either the junior or senior level, completed a questionnaire that included an 11-item list of sexual harassment descriptions. In this study, it was reported that female athletes who participate in traditionally masculine sports such as basketball, football, and ice hockey experience more sexual harassment than females in other historically more feminine sports.⁴²

As well, the culture of sport itself has been discussed as a factor of risk to abuse. Bringer, Brackenridge and Johnston (p.229) reviewed aspects of sporting subculture that make experiences of sexual exploitation in sport “‘part of the game’ and something ‘you just put up with.’”⁴⁷ According to Bringer and colleagues, the risk for sexual abuse in sport is increased by the unquestioned power of coach, single-minded pursuit of excellence, normalization/ambiguity of sexually harassing or abusive behaviors, the morally good image of sport and desire to maintain such an image, and the often apolitical standpoint of many voluntary sport organizations. Martin surveyed 134 division II tennis players asking them to identify 20 perceived sexually abusive behaviors in sport and reported that the behaviors ranked by the athletes as appropriate were contrary to the researchers' expectations, also demonstrating the ambiguity of appropriate and inappropriate behaviors in sport as a risk for abuse.⁵⁸ Further supporting the culture of sport itself as variable of risk, Krauchek and Ranson proposed that sexual harassment and abuse of girls and



women in sport exists as a means of upholding masculine hegemony in the face of increasing participation and challenge by women.⁶⁸ Brackenridge then categorized sport or situational variables of risk: normative variables that relate to the culture of the activity or sport organization; constitutive variables that are strictly embedded within the culture of sport; and other variables including age relations, specific locations, sport specificity/ sub-cultural norms.⁴⁶

The risk for abuse in sport is further enhanced by the general reluctance to report inappropriate coaching behaviors. A series of focus groups were conducted with 19 male coaches about their perceptions of appropriateness with regard to coach-athlete sexual relations. This study reported that in general, the coaches perceived a higher standard of appropriateness in the coach-athlete relationship for themselves than the standards by which they would judge other coaches. Furthermore, it was indicated by participants of this study that they would be reluctant to intervene if they considered a peer coach to be acting inappropriately.⁶⁹

SIGNS AND SYMPTOMS

There are many long-term negative consequences that have been correlated with experiences of abuse, harassment and bullying. Mullen and colleagues reported increased rates of psychopathology, sexual difficulties, low self-esteem, and interpersonal problems associated with all forms of abuse.⁷⁰ Other reported negative consequences of abuse, harassment, and bullying include; depression, anxiety, debilitating developmental effects, emotional instability, physical self-abuse, eating disorders, substance abuse, attachment problems, dependency, aggression/ violence, delinquency/ criminality, impaired moral reasoning, overly compliant behaviors, failure to thrive, and inability to develop positive relationships with others.⁷¹⁻⁷⁴

Specific consequences of abuse and violence identified in the sport environment include obsessive and compulsive behaviors with respect to excessive training, eating disorders, self-injurious behaviors, engagement in excessive risk for accidents and injury, and burn-out.⁶⁵

Aside from recognizing the long-term debilitating effects of abuse, harassment, and bullying, Matthews identified several signs and symptoms that may be used as potential indicators. Applications of these signs in the sport environment are listed in Table. 4. Matthews (p.154) however warns, "It's important to note that these symptoms are all nonspecific, meaning they could result from a number of causes – not just child abuse. Children who are under stress from a variety of sources...may show similar symptoms."⁷⁵

RECOMMENDATIONS

Medical professionals are responsible for caring for the health and welfare of young persons in sport. The health of the athlete must prevail over other competition, economic, legal, or political interests,⁶ and thus, it is proposed that medical professionals play an integral role in the prevention and intervention of abuse, harassment and bullying in sport.

To date no empirical evaluations have been published on the effectiveness of strategies employed by medical professionals in response to issues of maltreatment. As such, in generating these guidelines for the ways in which sport medicine professionals should address cases of abuse, harassment, and/or bullying, information has been developed from previously published suggestions for how responsible adults should address suspected cases of abuse,⁷⁵ combined with expert opinion on the specific strategies for medical professionals within the sport environment.

WHAT SHOULD I DO IF AN ATHLETE DISCLOSES AN EXPERIENCE OF ABUSE, HARASSMENT, OR BULLYING?

1. Listen carefully and calmly. The athlete needs to know that he/she is being heard. You will need to remember the details of the conversation for future investigation. Following your conversation, create a detailed written record.
2. Do not speak poorly about the perpetrator. The perpetrator can be a person that the victim truly cares for. Some victims may feel the need to protect their abusers, and any threats against this person may lessen the athlete's willingness to report and/or allow for further investigation of the issue.
3. Encourage the individual. You should encourage the athlete to tell you as much as he/she feels comfortable sharing. The goal is to get enough information to guide the person in the direction of more specific care and support.
4. Avoid asking specific questions. Specific questions can mislead the athlete's account and impede future investigations.
5. Assure the athlete that the maltreatment is not his/her fault. Tell the athlete that you are glad that he/she told you about the maltreatment. There is often a culture of silence around experiences of abuse, harassment, or bullying. Especially in sport, where mental toughness is ingrained in many young athletes, individuals may feel that they are weak in asking for help. The athlete needs to be assured that the maltreatment is not his/her fault and that you are aware of the courage it has taken him/her to come forward.
6. Report. Mandated reporting laws vary between provinces, but in general, all persons and all professionals that have reasonable grounds to suspect that a child



(individual under 16 years of age) is or may be in need of protection, must report the situation to appropriate authorities. In the case of suspected child abuse or harassment, duty to report exceeds patient/client confidentiality. Reports must be made directly to local child protection services. For suspected cases of bullying, or abuse/harassment of non-child athletes, if a physician has general concerns about athlete maltreatment, then he/she should inform the sport body that there are concerns without violating patient confidentiality, and allow the sport governing body to address the issue. For concern over specific cases of maltreatment of an adult athlete, the physician should encourage the adult athlete to report his/her case of maltreatment to local authorities and/or the sport governing body. The athlete will need to have additional support and encouragement if any investigation develops.

7. Make a referral. Once you have taken the appropriate steps to report the maltreatment to the authorities you should refer the athlete to a therapist or relevant health expert. Even if the symptoms of the maltreatment are not evident, it is best to err on the side of caution. There are several long-term consequences that can occur as a result of experiences of athlete abuse, harassment, or bullying.

What should I do if I suspect a case of abuse, harassment or bullying in sport, but I am not sure?

8. Look for signs and symptoms. Medical professionals are in a unique position where they may be able to recognize early signs of abuse, harassment or bullying and have the ability to intervene accordingly. See Table 4.

9. Report. It is imperative that all suspected cases of athlete abuse or harassment be reported directly to the authorities. Suspected cases of abuse/harassment of a child athlete (an athlete under 16 years of age) must be reported directly to local child protection services. Concerns for bullying or suspected cases of abuse or harassment of an adult athlete should be reported to the highest level of the sport organization without violating patient confidentiality.

As a medical professional how can I help protect athletes from future cases of abuse, harassment and bullying?

10. Maintain focus on the well-being of the athlete. The primary role of the sport medicine community is to care for the long-term health and welfare of individuals in sport. This should include attention to the physical, psychological, social, and spiritual health of the athlete, and this focus must take precedence over performance interests.



11. Educate. The sport medicine community has an extended responsibility to educate individuals in leadership positions on their position of trust/power and their need to assure the long-term well-being of the individuals within their care. Physicians can encourage participation of coaches, parents, and athletes in prevention workshops. Through their own practice, medical professionals can promote and exemplify equitable, respectful and ethical leadership. As well, sport medicine professionals may educate the media to be responsive to the ways in which Sport Medicine has taken a proactive and progressive role in eliminating abuse, harassment, and bullying in sport.

12. Ensure that the sport organization has in place a policy for athlete protection. In order for an athlete protection policy to be most effective it should include codes of practice, education and training, complaint and support mechanisms, and monitoring and evaluation systems. The policy should state the commitment of the organization to create a safe and mutually respectful environment. The establishment of athlete protection policies can help to minimize opportunities for maltreatment and manage potential unfounded allegations.

13. Foster strong partnerships with parents/caregivers in the prevention of athlete maltreatment.

14. Promote and support scientific research on these issues.

What can I do to protect myself from unwarranted allegations of abuse, harassment, or bullying?

1. Respect the professional boundaries involved with the physician-athlete relationship.
2. Ensure that your sport organization has preventative policies and codes of conduct in place.
3. Maintain accurate and timely records of physician / athlete encounters.

ADDITIONAL RESOURCES

Canadian Association for the Advancement of Women and Sport and Physical Activity (1994, September). Harassment in sport: A guide to policies, procedures, and resources.

Coaching Association of Canada. (2005, February). Harassment and abuse policy.

International Olympic Committee (2007, February). Consensus Statement on Sexual Harassment & Abuse in Sport.

BIBLIOGRAPHY

1. Holman M. Female and male athletes' accounts and meanings of sexual harassment in Canadian interuniversity athletics. Unpublished doctoral thesis: University of Windsor. Windsor, ON, Canada; 1995.
2. Kirby S. Not in my backyard: Sexual harassment and abuse in sport. *Can Women's Stud.* 1995;15:4:58-62.
3. Lenskyj H. Unsafe at home base: Women's experiences of sexual harassment in university sport and physical education. *Women in Sport and Physical Activity Journal.* 1992;1:1:19-34.
4. Robinson L, ed. *Crossing the line: Violence and sexual assault in Canada's national sport.* Toronto, ON: McClelland & Stewart; 1998.
5. Donnelly P, Sparks R. Child sexual abuse in sport. In: Donnelly P, ed. *Taking sport seriously: Social issues in Canadian sport.* 2nd ed. Toronto, ON: Thompson Educational Publishing; 2000:108-111.
6. International Olympic Committee. Olympic Movement Medical Code [IOC web site]. Oct 1, 2009. Available at: http://multimedia.olympic.org/pdf/en_report_1022.pdf. Accessed March 3, 2010.
7. Stirling AE. Definition and constituents of maltreatment in sport: Establishing a conceptual framework for research practitioners. *Br J Sports Med.* 2009;43:14:1091-1099.
8. Crooks CV, Wolfe DA. Child abuse and neglect. In: Mash EJ, Barkley RA, eds. *Assessment of childhood disorders.* 4th ed. New York, NY: Guilford Press; 2007:1-17.
9. Ljungqvist A, Mountjoy M, Brackenridge C, et al. Consensus statement: Sexual harassment and abuse in sport. *International Journal of Sport and Exercise Psychology.* 2008; 6: 4:442-449.
10. Ferrington DP. Understanding and preventing bullying. *Crime and Justice.* 1993; 17:381-458.



11. Stirling AE, Kerr GA. Abused athletes' perceptions of the coach-athlete relationship. *Sport in Society*, 2009; 12:2:227-239.
12. Brackenridge C, Kirby S. Playing safe: Assessing the risk of sexual abuse to elite child athletes. *Int Rev Sociol Sport*. 1997; 32:4:407-418.
13. Hartill M. Sport and the sexually abused male child. *Sport, Education and Society*. 2005; 10:3:287-304.
14. Melnick M. Male athletes and sexual assault. *Journal of Physical Education, Recreation and Dance*. 1992; 63:5:32-35.
15. Parrot A. A rape awareness and prevention model for male athletes. *J Am Coll Health*. 1994; January: 179-184.
16. Orlick TD. Children's sport – a revolution is coming. *CAHPER Journal*. 1973; 39:3:12-14.
17. Orlick TD, Boterill C, ed. *Every kid can win*. Chicago, IL: Nelson Hall; 1975.
18. Smith MD. Significant others' influence on the assaultive behavior of young hockey players. *Int Rev Sociol Sport*. 1974;9:45-58.
19. Smith MD. The legitimation of violence: Hockey players' perceptions of their reference group's sanctions for assault. *Can Rev Sociol Anthropol*. 1975;12:72-80.
20. Smith MD. Hockey violence: A test of the violent subculture hypothesis. *Soc Probl*. 1979;27:2:235-247.
21. Orlick TD. Evolution in children's sport. In: Weiss M, Gould D, eds. *The 1984 Olympic Scientific Congress proceedings volume 10: Sport for children and youth*. Chicago, IL: Human Kinetics Publishers; 1986:169-179.
22. Pooley JC. A level above competition: an inclusive model for youth sport. In: Weiss M, Gould D, eds. *The 1984 Olympic Scientific Congress proceedings volume 10: Sport for children and youth*. Chicago, IL: Human Kinetics Publishers; 1986:187-195.



23. Valoriote TA. The development model in Canadian sport. In: Weiss M, Gould D, eds. The 1984 Olympic Scientific Congress proceedings volume 10: Sport for children and youth. Chicago, IL: Human Kinetics Publishers; 1986:201-205.
24. Donnelly P. Problems associated with youth involvement in high performance sport. In: Cahill BR, Pearl AJ, eds. Intensive participation in children's sports: American Orthopaedic Society for Sports Medicine. Chicago, IL: Human Kinetics Publishers; 1993:95-127.
25. MacGregor M. Harassment and abuse in sport and recreation. CAHPERD Journal. 1998;Summer:4-9.
26. Kirby S, Greaves L, Hankivsky O. The dome of silence: Sexual harassment and abuse in sport. Halifax, NS: Fernwood Publishing; 2000.
27. Stirling AE, Kerr GA. Elite female swimmers' experiences of emotional abuse across time. Journal of Emotional Abuse. 2007;7:4:89-113.
28. Stirling AE, Kerr GA. Defining and categorizing emotional abuse in sport. European Journal of Sport Science. 2008;8:4:173-181.
29. Tomlinson P, Strachan, D. Power and ethics in coaching [NCCP/CAC web site]. 1996. Available at: <http://www.coach.ca/eng/products/documents/Power-Ethics.pdf>. Accessed June 15, 2009.
30. Donnelly, P. Who's fair game? Sport, sexual harassment and abuse. In: White P, Young K, eds. Sport and gender in Canada. Toronto, ON: Oxford University Press; 1999.
31. Kennedy S, Grainger S. Why I didn't say anything: The Sheldon Kennedy story. Toronto, ON: Insomniac Press; 2006.
32. Lenskyj H. Out of bounds: Women, sport and sexuality. Toronto, ON: Women's Press; 1986.
33. Lenskyj H. Power at play: Gender and sexuality issues in sport and physical activity. Int Rev Sociol Sport. 1990;25:3:235-245.
34. Lenskyj, H. Sexual harassment: Female athletes experiences and coaches' responsibilities'. Sport Science Periodical on Research and Technology in Sport. 1990;12:6:Special Topics B-1.



35. Johnson J, Holman M. Making the team: Inside the world of sport initiations and hazing. Toronto, ON: Canadian Scholars Press; 2004.
36. Kirby S, Wintrup G. Running the gauntlet in sport: An examination of initiation/hazing and sexual abuse. In: Brackenridge C, ed. Sexual harassment and abuse in sport: International research and policy perspectives. London: Whiting & Birch; 2002:65-90.
37. Leahy T, Pretty G, Tenenbaum G. Prevalence of sexual abuse in organized sport in Australia. *Journal of Sexual Aggression*. 2002;8:2:16-36.
38. Tofetgaard Neilson J. The forbidden zone: intimacy, sexual relations and misconduct in the relationship between coaches and athletes. *Int Rev Sociol Sport*. 2001;36:2:165-182.
39. Fejgin N, Hanegby R. Gender and cultural bias in perceptions of sexual harassment in sport. *Int Rev Sociol Sport*. 2001;36:4:459-478.
40. Cense M, Brackenridge C. Temporal and developmental risk factors for sexual harassment and abuse in sport. *European Physical Education Review*. 2001;7:1:61-79.
41. Fasting K, Brackenridge C, Sundgot-Borgen J. Experiences of sexual harassment and abuse among Norwegian elite female athletes and non-athletes. *Res Q Exerc Sport*. 2003;74:1:84-97.
42. Fasting K, Brackenridge C, Sundgot-Borgen J. Prevalence of sexual harassment among Norwegian female elite athletes in relation to sport type. *Int Rev Sociol Sport*. 2004;39:4:373-386.
43. Gunduz N, Sunay H, Koz M. Incidents of sexual harassment in Turkey on elite sportswomen. *The Sport Journal*. 2010;13:3.
44. Brackenridge CH. 'He owned me basically...' Women's experience of sexual abuse in sport. *Int Rev Sociol Sport*. 1997;32:2:115-130.
45. Brackenridge CH. Health sport for healthy girls? The role of parents in preventing sexual abuse. *Sport, Education and Society*. 1998;3:1:59-78.
46. Brackenridge CH. Dangerous sports? Risk, responsibility and sex offending in sport. *Journal of Sexual Aggression*. 2003;9:1:3-12.



47. Bringer JD, Brackenridge CH, Johnston LH. The name of the game: a review of sexual exploitation of females in sport. *Curr Women's Health Rep.* 2001;1:225-231.
48. Gervis M, Dunn N. The emotional abuse of elite child athletes by their coaches. *Child Abuse Review.* 2004;13:215-223.
49. Tomlinson A, Yorganci I. Male coach/female athlete relations: gender and power relations in competitive sport. *Journal of Sport & Social Issues.* 1997;21:2:134-155.
50. Campo S, Poulos G, Sipple JW. Prevalence and profiling: hazing among college students and points of intervention. *Am J Health Behav.* 2005; 29:2:1087-3244.
51. Crosset T, Benedict JR, McDonald MA. Male student-athletes reported for sexual assault: a survey of campus police departments and judicial affairs offices. *Journal of Sport and Social Issues.* 1995; 19:2:126-140.
52. Crow RB, Macintosh EW. Conceptualizing a Meaningful Definition of Hazing in Sport. *European Sport Management Quarterly.* 2009; 9:4:433-451.
53. Fried GB. Strategies for reducing sexual assaults in youth sports. *Journal of Legal Aspects of Sport.* 1996; 6:3:155-168.
54. Frintner MP, Rubinson L. Acquaintance rape: The influence of alcohol, fraternity membership, and sports team membership, *Journal of Sex Education and Theory.* 1993; 19:4:272-284.
55. Gravely AR, Cochran TR. The use of perceptual data to assess intercollegiate athletics. Paper presented at the 35th Annual Forum of the Association for Institutional Research, Boston, Massachusetts: May 28-31, 1995.
56. Hinkle SL. Cognitive dissonance in athletic hazing: the roles of commitment and athletic identity. Unpublished Dissertation: University of Northern Colorado. Greeley, Colorado, USA; 2005.
57. Hoover NC, Pollard N. Initiation rites in American high schools: a national survey [Alfred University web site]. 2000. Available at: http://www.alfred.edu/news/html/hazing_study.html. Accessed May 9, 2007.



58. Martin VL. Student-athletes perception of abusive behaviors by coaches in NCAA Division II tennis programs. *The Sport Journal*. 2003;6,:3.
59. McGlone CA. Hazy viewpoints: administrators' perceptions of hazing. *International Journal of Sport Management and Marketing*. 2010;7,1,119-131.
60. Tofler IR, Stryer BK, Micheli LJ, et al.. Physical and emotional problems of elite female gymnasts. *N Engl J Med*. 1996;335:4:281-283.
61. Velasquez BJ. Sexual harassment: A concern for the athletic trainer, *J Athl Train*. 1998;33:23:171-176.
62. Volkwein K, Schnell F, Sherwood D, Livezey A. Sexual harassment in sport: Perceptions and experiences of American female student-athletes. *Int Rev Sociol Sport*. 1997; 23:3:283-295.
63. Volkwein-Caplan K, Sankaran G. *Sexual harassment in sport: Issues, impact, and challenges*. Aachen, Germany: Meyer & Meyer; 2001.
64. David P. Children's rights and sports. *Young athletes and competitive sports: Exploit and exploitation*. *International Journal of Children's Rights*. 1999;7:53-81.
65. David P. *Human rights in youth sport: A critical review of children's rights in competitive sports*. New York, NY: Routledge; 2005.
66. Kidd B, Donnelly P. Human rights in sport. *Int Rev Sociol Sport*. 2000; 35:3:131-148.
67. Brackenridge C, Fasting K, Kirby S, et al. *Protecting children from violence in sport: A review with a focus on industrialized countries*. Florence, Italy: United Nations Children's Fund (UNICEF); 2010.
68. Krauchek V, Ranson G. Playing by the rules of the game: women's experiences of sexual harassment in sport. *Can Rev Sociol Anthropol*. 1999; 36:4:585-600.
69. Bringer JD, Brackenridge CH, Johnston LH. Defining appropriateness in coach-athlete sexual relationships: the voice of coaches. *Journal of Sexual Aggression*. 2002; 8:2:83-98.



70. Mullen PE, Martin JL, Anderson JC, et al. The long-term impact of physical, emotional, and sexual abuse of children: a community study. *Child Abuse Negl.* 1996; 20:1:7-21.
71. Binggeli NJ, Hart SN, Brassard MR, eds. *Psychological maltreatment of children: the APSAC study guides 4.* Thousand Oaks, CA: Sage Publications; 2001:1-40.
72. Iwaniec D, ed. *Emotional abuse and neglect.* 2nd ed. Chichester: John Wiley & Sons; 2006.
73. Jellen LK, McCarroll JE, Thayer LE. Child emotional maltreatment: a 2-year study of US army cases. *Child Abuse Negl.* 2001; 25:623-639.
74. Kent A, Waller G. The impact of childhood emotional abuse: an extension of the child abuse trauma scale. *Child Abuse Negl.* 1998; 22:5:393-399.
75. Matthews DD. *Child abuse sourcebook.* Detroit, MI: Omnigraphics; 2004.



Tables

| Table 1. Examples of Abuse in Sport | |
|--|---|
| Form of Abuse | Example |
| Physical Abuse | <ul style="list-style-type: none"> • Punching, beating, kicking, biting, shoving, striking, shaking, throwing, choking, burning, or slapping • Hitting an athlete with sporting equipment • Requiring an athlete to remain motionless in a seated or plank position for a period of time beyond reasonable training demands • Forcing an athlete to kneel on a harmful surface • Isolating an athlete in a confined space • Denying access to needed water, food or sleep • Forced physical exertion beyond the physical capabilities of the athlete (e.g. forcing an athlete to train until he/she vomits or loses consciousness) |
| Sexual Abuse | <ul style="list-style-type: none"> • Sexual relations with an athlete • Inappropriate sexual contact (e.g. groping of an athlete's breasts or buttocks) • Exchange of reward in sport for sexual favors • Sexually oriented comments, jokes, or gestures • Sexual propositions • Exposing an athlete to pornographic material |
| Emotional Abuse | <ul style="list-style-type: none"> • Demeaning comments • Acts of humiliation • Intimidating or threatening acts of aggression with no athlete contact (e.g. throwing equipment against a wall) • Intentional denial of attention and/or support • Chronic expulsion from training or competition |
| Neglect | <ul style="list-style-type: none"> • Not providing adequate recovery time or treatment for a sport injury • Not providing adequate counseling for an athlete exhibiting signs of psychological distress • Disregard for the nutritional well-being of the athlete • Inadequate supervision of an athlete |



- Failure to ensure the safety of athletic equipment
- Disregarding the use of performance-enhancing drugs
- Disregard for educational requirements and well-being
- Not recognizing the social needs of the athlete
- Failure to intervene when made aware of maladaptive behavior

Adapted from *Stirling AE: 2009.*⁷

Table 2. Examples of Harassment in Sport

| Type | Example |
|---|--|
| Physical Harassment | <ul style="list-style-type: none"> • Pushing, shoving or purposely bumping into a person • Acts of physical intimidation (e.g. blocking a person's path) |
| Sexual Harassment | <ul style="list-style-type: none"> • Unwanted or coerced sexual relations • Unwanted or inappropriate sexual propositions • Vulgar or lewd sexual comments • Forcing an athlete to wear unnecessary sexually revealing uniforms • Exchange of reward for sexual favors |
| Emotional Harassment | <ul style="list-style-type: none"> • Making degrading or embarrassing jokes to or about an individual • Vulgar or lewd comments targeted at an individual • Unwelcome, offensive, or hostile facial expressions or body gestures • Creating written or graphically derogatory material about an individual |
| Gender/Racial Harassment and Harassment based on Sexual Orientation | <ul style="list-style-type: none"> • Referring to an individual's gender/race/sexual orientation in negative, vulgar, or derogatory terms • Exclusion of a person based on gender/race/sexual orientation |

Adapted from *Stirling AE: 2009.*⁷

**Table 3. Examples of Bullying in Sport**

| Type | Example |
|--------------------|---|
| Physical Bullying | <ul style="list-style-type: none"> • Hitting, kicking, punching, shoving, slapping, or biting • Theft of a teammates sporting equipment • Exclusion of a peer from the office or locker room |
| Emotional Bullying | <ul style="list-style-type: none"> • Teasing, spreading rumors, threatening comments, name-calling, humiliation, or ridicule of a peer |
| Social Bullying | <ul style="list-style-type: none"> • Isolation from social activities • Non-acceptance in a peer group • Hazing or initiation rituals |

Adapted from *Stirling AE: 2009.*⁷

Table 4. Potential Signs and Symptoms of Athlete Maltreatment

- Unexplained or unwarranted injuries (e.g. bruises, sprains, fractures, overuse injury)
- Decline in performance
- Nightmares or trouble sleeping
- Poor self-image
- Inability to trust others
- Aggressive or disruptive behavior
- Intense anger or rage
- Act out sexually
- Self-destructive, self-abusive, or suicidal behavior
- Sad, passive, withdrawn or depressed
- Difficulty forming new relationships
- Drug or alcohol use
- Avoid going to certain places (e.g. home, training facility)
- Change in behavioral patterns
- Fear of certain adults (e.g. coaches, parents, peers)

Adapted from *Matthews DD: 2004.*⁷⁵