INTERPERSONAL VIOLENCE AGAINST CHILDREN IN SPORT

Dissertation for the degree of doctor in medical sciences
at the University of Antwerp to be defended by

Tine Vertommen

University of Antwerp
Faculty of Medicine and Health Sciences
Collaborative Antwerp Psychiatric Research Institute

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Voor Rienke en Cille,
dat ze Olympisch kampioen sportplezier mogen worden

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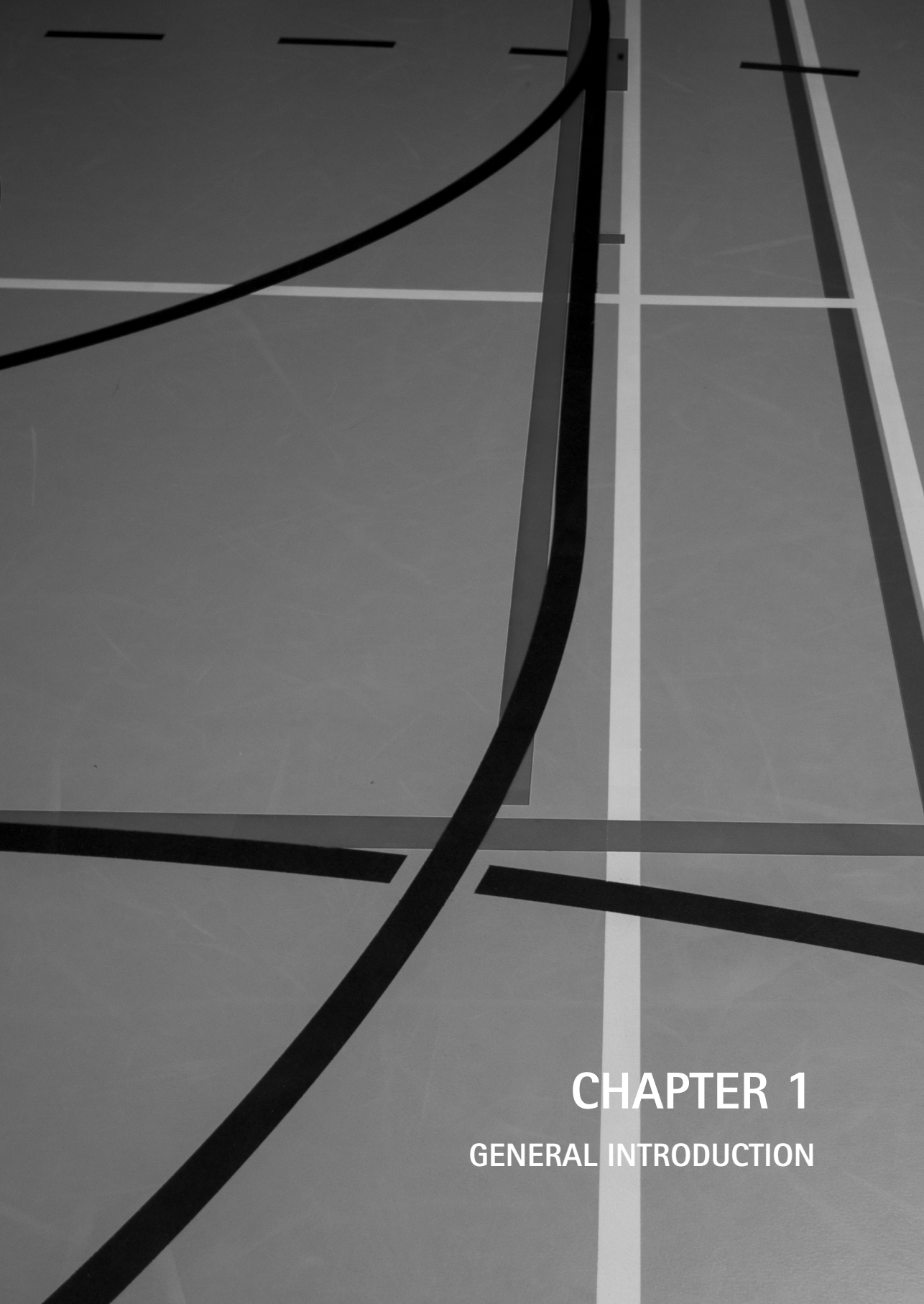

CHAPTER 1

GENERAL INTRODUCTION

Millions of children worldwide are subject to violence, on a daily basis. They are exposed to violence at home, at school, on the streets, in the media, in children's books and cartoons, with the acts being perpetrated by parents, relatives, peers or strangers. The full range and scale of violence against children has only recently become visible, as has the evidence of the harm it does. Extreme forms of violence against children (e.g., sexual exploitation, child trafficking and female genital mutilation) have sparked huge public outcry and condemnation. Still, children are being exposed to many other forms of physical, psychological, and sexual violence. Violence seems to be a part of the daily lives of far too many children, from generation to generation, almost as if it is something unpreventable and inherent to life. But this is exactly what the United Nations utterly contradicts in its 'Study on violence against children', stating that there should come an end to the justification of violence against children, whether accepted as a 'tradition' or disguised as a form of 'discipline', and that "no violence against children is justifiable, and all violence against children is preventable" (Pinhiero, 2006, p. 3).

In this first Chapter of my doctoral dissertation and before focusing on sport as one of the contexts in which violence against children can take place, I will elaborate on definitions and typologies of childhood violence and highlight its prevalence in general society, discussing the current status quo on prevalence research in this area as well as providing an overview of the international and national prevention frameworks. The chapter concludes with a description of the study aims and research questions that drove the studies described and an outline of the dissertation.

1. Interpersonal violence against children: definition, subtypes and scope

The United Nations Convention on the Rights of the Child (UN CRC) (1989) defines child violence as "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parent(s), legal guardians(s) or any other person who has the care of the child". In the same document, children are defined as all persons below the age of 18, unless the laws of a particular country set the legal age of adulthood younger.

The term 'violence' is conceptually and functionally related to the term 'abuse' but it comprises a wider range of behaviours that are not always or necessarily understood as abusive (e.g., harassment, peer-to-peer bullying and verbal intimidation) (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Pinhiero, 2006). Used as an umbrella term,

violence includes all types and all ranges of severity, frequency and impact, with or without the intent to harm. As the Committee on the Rights of the Child emphasises, all forms of violence, however mild, are unacceptable. Neither its frequency and severity nor the presence or absence of the intent to harm are prerequisites for behaviour to be defined as violent and thus potentially harmful (Committee on the Rights of the Child, 2011).

Some definitions of childhood violence focus on the behaviours or actions of adults while others speak of violence if there is harm or the threat of harm to the child, irrespective of the age of the perpetrator(s) and their intent. The distinction between behaviour – regardless of the outcome – and its impact or the resulting harm is a potentially confusing one if intent is part of the definition. Some experts talk of abuse when children have been inadvertently harmed through the actions of a parent while others require harm to the child to have been intended for the act to be defined as abusive. Some of the literature on child abuse explicitly includes violence against children committed in institutional or school settings.

As can be seen in Figure 1.1, the direction of the violence can be classified as (i) self-directed, (ii) interpersonal (i.e., violence between individuals within the family or the community) and (iii) collective (i.e., instrumental use of violence by a group of people) (Krug et al., 2002, p. 7). The graph also shows the nature of the violence, which can either be sexual, physical or psychological, or result from neglect and/or deprivation, and that all types can occur in each of the three main categories, with the exception of self-directed acts of a sexual nature.

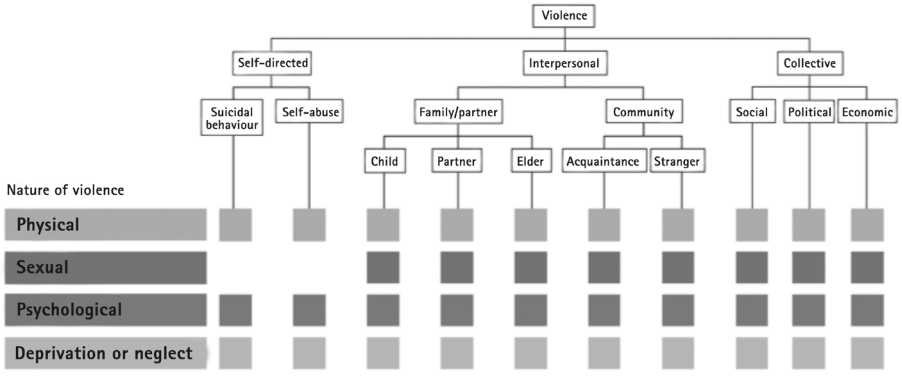

Figure 1.1 Typology of violence (Krug et al., 2002, p. 7)

While this typology is far from definitive or universally accepted, it does provide a useful framework for understanding the complex patterns and forms violence can take. Considering the interest of this dissertation, in our studies we focus on the interpersonal dimension of violence against children, more specifically, violence perpetrated within the sporting community by acquaintances or strangers. Since the UN definition and typology of violence does not provide separate definitions of physical, sexual or psychological violence, nor of deprivation or neglect, we will next discuss views and statistics as provided in the wider literature.

The World Health Organisation (WHO) defines physical abuse against children as "that which results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust" (World Health Organization, 1999, p. 15). The self-reported worldwide prevalence is estimated at 23%, without gender differences being reported (Stoltenborgh, Bakermans-Kranenburg, van IJzendoorn, & Alink, 2013).

Together with physical violence, sexual violence has been the focus of numerous child maltreatment studies. Using the term child sexual abuse, the WHO provides the following definition: "the involvement of a child in sexual activities that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of a society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person" (World Health Organization, 1999, p. 15). If we look at the wider concept of 'sexual violence', however, definitions also encompass adult victims, in which case the emphasis shifts away from the power imbalance between the perpetrator and the victim toward the consent that is not or cannot be given. The Centers for Disease Control and Prevention (CDC), for example, define sexual violence as "a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse" (Basile, Smith, Breiding, Black, & Mahendra, 2014, p. 11). Besides including both children and adults as potential victims, the CDC definition of sexual violence also incorporates sexually violent peer-to-peer behaviour between or among children. However, it is unclear whether it also takes account of non-contact sexual acts (e.g., posing for pornographic photographs or online grooming) verbal sexual harassment (e.g., sexual comments or jokes), non-verbal sexual

harassment (e.g., sexual glances, unwanted bodily). A comprehensive meta-analysis estimated the prevalence of retrospectively self-reported child sexual abuse at 12.7% (Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). Self-reported child sexual abuse is more common among female than it is among male respondents. Estimates of the prevalence of sexual abuse/violence vary greatly depending on the definitions used. Whether these wide variations result from real differences in the risk of being subjected to sexual abuse/violence in the different cultures reported on or from conceptual differences remains unclear. In any case, if studies include abuse by peers and non-contact cases in their definition of child sexual violence, this is likely to raise the prevalence rates significantly.

The term *psychological violence* has been used synonymously with 'psychological maltreatment', 'psychological abuse' and 'emotional abuse' (Loue, 1998). Research on psychological violence has lagged behind on that of other types of violence partially because this type of violence is not easily defined; it was not recognised until the last few decades (Glaser, 2002). Whereas physical and sexual violence can be limited to an isolated incident, emotional abuse of a child implies a sustained pattern of detrimental interactions with a parent or carer (Glaser, 2002). Because studies adopt various (narrow or broader) definitions, an accurate assessment of the prevalence of childhood psychological violence is particularly challenging. Still, with an estimate of 36% in retrospective self-report studies, psychological violence appears the most common form of violence against children, without major gender differences being observed (Stoltenborgh, Bakermans-Kranenburg, Alink, & van IJzendoorn, 2012).

Also *child (deprivation or) neglect* has not been the primary focus of child maltreatment studies even when the consequences seem to be as harmful as more active types of abuse (Gilbert et al., 2009). The WHO defined neglect (1999, p. 15) as "the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living conditions, in the context of resources reasonable available to the family or caretakers and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible." The bulk of the research focuses on emotional neglect, being referred to as the failure to meet children's emotional needs (e.g., adequate nurturance and affection). Physical neglect then involves a failure to meet children's physical needs (e.g., adequate clothing, nutrition, hygiene). Sometimes, 'educational neglect' is added

to underscore the need for care and supervision to help secure a child's education. The overall estimated prevalence for physical and emotional neglect is 16% and 18%, respectively, without significant differences between boys and girls being reported (Stoltenborgh, Bakermans-Kranenburg, & van IJzendoorn, 2013).

2. Risk factors for violence against children

No single factor can explain why some individuals perpetrate violence towards children or why certain environments are more conducive to violent behaviours than others. Causes or underlying mechanisms can only be understood by analysing the complex interactions of various likely factors at different levels (Butchart, Phinney Harvey, & Fürniss, 2006). Figure 1.2 presents an ecological model outlining the interplay between the different risk factors for interpersonal violence (IV) directed against children. It explores the relationship between individual and contextual factors and helps us to understand that violence is a product of multiple levels of influence on behaviour (Krug et al., 2002).

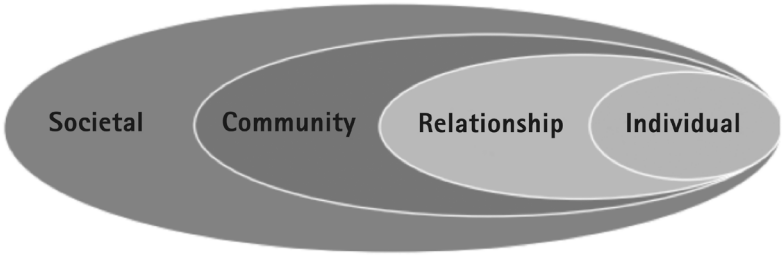

Figure 1.2 Ecological model describing the risk factors for interpersonal violence against children (based on Krug et al., 2002, p. 12)

The first level of influence comprises individual factors, including biological variables such as age and sex, together with aspects of the child's personal history that may influence its susceptibility to maltreatment and violence. The relationship level examines a child's close social relationships (e.g., with parents, family/relatives, friends). At the community level, factors relate to the settings in which social relationships take place, such as neighbourhoods, schools or workplaces. These environments may have

characteristics that can create a conducive climate for IV. Lastly, societal factors involve the underlying conditions of the society the child lives in that may have an effect on IV, such as social norms that encourage harsh physical punishment of children, economic inequalities and the absence of a children's rights discourse.

Violence perpetrated by adult or (older) family members or relatives is probably the least visible form of IV against children given that much of it takes place in the privacy of the child's home or personal sphere. Nonetheless, it is widely prevalent in all settings of society and in all generations worldwide (Butchart et al., 2006). By default, organised youth sport settings are contexts in which IV against children can take place.

3. Interpersonal violence against children in the sport context

3.1. Characteristics of organised sport and its susceptibility to violence

In the studies presented in this dissertation we take organised sport to encompass every recreational or competitive sporting activity that takes place voluntarily within the context of a club or organisation outside the school curriculum that involves an element of training or instruction by an adult. This includes sport camps and organised extracurricular sporting activities at school but excludes physical education lessons and informal physical activities such as street soccer games. The majority of children in Belgium and the Netherlands participate in organised sport. In 2014, approximately 74% of the Dutch 6-11 year olds and 58% of the 12-20 year olds were active members of a sports club (Rijksinstituut voor Volksgezondheid en Milieu, 2017), while in Flanders (the Dutch-speaking part of Belgium) the numbers varied between 45 and 57% in the last three decades (Vandermeerschen, Vos, & Scheerder, 2014). In both countries, organised sports have a hierarchical structure, with local sport clubs being affiliated to regional or national sport federations, which are, in turn, members of the national sports confederation.

For both adults and children, playing organised sport is one of the most popular leisure activities. There is strong evidence that in children sport participation, even if it is confined to 2-3 hours a week, is associated with numerous health benefits, among which are reductions in the risk of high blood pressure, obesity and cardio-metabolic problems and an increase in bone-mineral density (Janssen & LeBlanc, 2010). There are also clear associations between physical activity and mental health in young people,

typically expressed as a reduced risk of depression, increased self-esteem and enhanced cognitive functioning (Biddle & Asare, 2011).

Sport is also often understood as a vehicle for the development of healthy lifestyles, self-discipline, citizenship and personal morality (Coakley, 2017). Above and beyond improvements attributable to participation in physical activity, sport participation may be associated with *psychosocial* health (Eime, Young, Harvey, Charity, & Payne, 2013), promoting cooperation, social relationships, respect, fair play, sportsmanship and teamwork. Accordingly, sport is often used to build social capital (e.g., improved health, social integration and socialisation of youths) (Brackenridge, 2010). These insights have motivated policymakers to invest in 'sport-for-all' initiatives, encouraging as many people as possible to engage in organised sport from a young age.

However, the performance-oriented nature of modern organised sport can also have negative implications for young participants (Lang & Hartill, 2015). The competitive pressure engendered by adult supervision compromises its play and socialisation values. David (2005) argues that modern organised sport is 'an environment in which the most respectable aspects of sports, such as its educative scope, sportsmanship and physical and mental wellbeing, are seriously threatened', with coaches no longer asking how sports can benefit children but rather how children can benefit sports. Young athletes are often viewed as miniature adults, as athletes first and children second, or even as objects, by the adults around them who have a stake in their success (Brackenridge, 2001). These attitudes threaten the potential benefits of sport for young people and may also contribute to creating a climate conducive to violence. Excessive training, eating disorders triggered by the strict diets imposed in certain sports and self-injurious behaviours in regard to the risk of accidents and injuries are only some of the many consequences of the abuse of and violence against young athletes.

Theoretical frameworks of violence in sport have mainly focused on physical violence between or among athletes as part of or in relation to the sporting game. In his model, Smith defines four categories of violence in sport, two of which, 'brutal body contact' and 'borderline violence' as manifesting in a tackle in a soccer match or elbowing an opponent in a basketball rebound position, for instance, are accepted by participants and spectators (Smith, 1983 in Young, 2012). Such behaviours are deemed a normal part of the game; they do not overstep the ethical mark and can be disciplined according to the game's rules. In our studies, acts like these are hence not considered examples

of 'IV'. Describing 'quasi criminal' and 'criminal violence', Smith's third and fourth categories both violate universal sporting rules as well as criminal laws, and can cause severe physical harm. However, Smith fails to take into account the wider perspective of violence against (young) athletes, overlooking psychological and (non-contact) sexual violence, where behaviours are often less aggressive and less visible but, arguably, more prevalent than physical violence.

Throughout the history of research on violence in sport, these latter expressions of off-field violence have been much harder to address, partly because they have often been both spatially and temporally hidden, and because athletes have been reluctant to report against perpetrators (Brackenridge, 2010; Kirby & Greaves, 1996). Non-accidental harm to a child athlete can include all types of IV. David (2005, p. 56) introduces 17 different forms of abuse, neglect and violence in competitive sport grouped in four categories:

1. Physical: excessive training, insufficient rest, corporal punishment, severe food diets, peer violence, encouragement of 'play-hard' attitudes, imposed usage of doping products;
2. Sexual: verbal comments, physical advances, abusive touching, rape;
3. Psychological: excessive pressure, verbal violence, emotional abuse;
4. Neglect: failure to provide proper care and attention, deliberate negligence, imposed isolation.

Up until now, however, our knowledge on the prevalence of these behaviours in sport is limited.

3.2. Current knowledge on the prevalence of IV against children in sport

Only recently, researchers have turned their attention to studying the prevalence of IV against athletes. The first quantitative studies focused on unwanted sexual behaviours of male coaches towards female (adult) athletes. Adopting the broader definitions of sexual harassment and abuse, Fasting et al. found the prevalence estimates to vary between 2 and 50% (Fasting, Chroni, Hervik, & Knorre, 2011). Later, the focus widened to include other types of IV, with some studies investigating psychological abuse, overtraining, physical punishments, hazing and bullying (Alexander, Stafford, & Lewis, 2011; Baar & Wubbels, 2013; Gervis & Dunn, 2004; Kirby & Wintrup, 2002). In a UK study, the prevalence estimates of psychological violence, or emotional harm, were as high as 75% (Stafford, Alexander, & Fry, 2013), with 24% being reported for physical

violence (Stafford & Fry, 2013). Variations in definitions and research designs, together with the scarcity of studies, make it impossible to present reliable prevalence data for each type of IV perpetrated against child athletes.

3.3. Legislation and policy to prevent IV in sport

The international status quo

Probably because of the "sport is good, fun and healthy" imperative, the world of sport has been very slow in recognising and acknowledging the dark side of sports (Brackenridge, 2001). Only in the last two decades and prompted by the disclosure of some high-profile cases of child abuse in (elite) sport and supportive scientific prevalence data, the sports authorities could no longer deny the excesses that take place.

At the international level, IV against child athletes has been addressed in a handful of policy initiatives over the last decade. However, before considering these policies and regulations formulated specifically for sport, it is relevant to highlight legal and policy initiatives relating to violence against children or children's rights in general. In September 1990, the Convention on the Rights of the Child (CRC) entered into force. At the time of writing and with the exception of the United States and South-Sudan, all countries have ratified the convention. The UN CRC clearly stipulated the need to protect the right to play (article 15) and the right to be kept safe from harm within any social setting (article 31). The declaration specifically states that stakeholders shall take all appropriate legislative, administrative, social and educational measures to protect children from all forms of violence (article 19). Although it succeeded in putting children's rights on the national agendas, the significance of the CRC is mainly symbolic as it lacks a mandate to sanction violations of its content.

To date, the most ambitious and comprehensive international legal instrument for the protection of children is the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, also known as 'the Lanzarote Convention' (Council of Europe, 2007). The convention criminalises all kinds of sexual offences against children and incites all 47 Council of Europe parties to adopt specific legislation and to take preventive measures to protect children. Its monitoring body, the Lanzarote Committee, regularly evaluates whether the member states are effectively implementing the convention.

In addition, in 2011 the European Parliament released a directive on combating the sexual abuse and sexual exploitation of children and child pornography (European Parliament, 2011). The directive aims to harmonise criminal offences related to child sexual abuse throughout the European Union and lays down minimum sanctions. Furthermore, it aims to prevent convicted sex offenders from exercising professional activities involving regular contact with children.

As to the sport context, we also find some resolutions and charters that primarily address sexual violence against (child) athletes. The first document to extensively do so, is the European Council's resolution on the prevention of sexual harassment and abuse of women, young people and children in sport (Council of Europe, 2000). The resolution stipulates that European Ministers responsible for Sport should commission research and collect data at the national level to ascertain the scale of the problem and prepare a national policy that makes a clear statement about the absolute need to safeguard and promote the welfare of children, young people and women in sport. The resolution asks for a clear condemnation of all forms of sexual violence against these athlete groups and urges member states to encourage national sport organisations to take preventive measures.

In 2004, Panathlon International, a non-governmental organisation that deals with ethical issues in sport, drafted the Panathlon Declaration on Ethics in Youth Sport (Panathlon International, 2004), which involves a charter that sports organisations can sign to show their commitment to upholding ethical values in youth sport. The declaration, which has been ratified by hundreds of national and international sports organisations, emphasises equity, fair play and ethics but does not explicitly mention child maltreatment, child abuse or other transgressive behaviour. This omission is intentional; because the declaration's focus is on accentuating the positive values of sport, its authors deliberately avoided mentioning child maltreatment to avoid deterring children and young people, their parents and sport sponsors from sport (Vanden Auweele, 2004).

In 2007, the most powerful of all international sport organisations, the International Olympic Committee (IOC), released a consensus statement on the topic of sexual harassment and abuse in sport (International Olympic Committee, 2007). This document defines the problems, identifies the risk factors and provides guidelines for prevention and a resolution with the aim to improve the health and protection of athletes through the promotion of effective preventive policies and to increase the awareness of these

problems among members of the athletes' entourage. Following this statement, the IOC released a website containing educational modules to raise the awareness in athletes, coaches and sport federation members about the issue. Recently, the IOC has renewed its engagement with the topic by releasing an update and elaboration of the Consensus to all types of 'non-accidental harm' against athletes, urging sport federations to take all necessary actions to protect and safeguard athletes in sport (Mountjoy et al., 2016).

At the European Union level, IV in sport first received political attention in 2014 during the Greek EU presidency, when the fight against gender-based violence in sport was one of the main topics in the debates (Council of the European Union, 2014). As a follow-up, in 2016, the European Commission's expert group on the protection of minors in sport published recommendations on the protection of young athletes in which key actions for member states, the European Commission and sport organisations/associations are formulated (European Commission Expert Group on Good Governance, 2016).

There clearly is a significant increase in political attention to and policies aimed at the protection of athletes' welfare. However, IV against athletes other than sexual violence has apparently escaped the policy-makers' attention. The available recommendations specifically targeting the protection of children in sport focus on preventive and protective measures. Few of the policies mentioned above suggest data-collection initiatives to assess the magnitude of all types of IV in sport. Equally, they barely propose (investigations into) measures to prosecute and punish perpetrators of IV in sport and to provide services to support both victims and perpetrators.

While we can conclude that worldwide authorities no longer disregard the topic, we are still far removed from a widely implemented uniform prevention framework. The traditional autonomy of sport, with minimal governmental interference, has led to reluctance to child welfare reforms and progress being stalled, with substantial differences among and within countries becoming apparent with regard to the level of recognition of the problem and the willingness to develop and implement prevention policies.

The status quo in Belgium and the Netherlands

Belgium and the Netherlands have a different history with regard to the prevention of IV in sport. After a high-profile case of sexual violence against three elite judo athletes in 1996, the Netherlands Olympic Committee*Netherlands Sports Confederation (NOC*NSF), the Dutch umbrella federation of organised sports, initiated a comprehensive

prevention policy targeting sexual violence in Dutch sports. Since, the NOC*NSF has run a nationwide programme against sexual intimidation in sport, whose two main goals are to develop (1) a structure that assists sport federations in dealing with an incident of sexual intimidation and (2) a prevention programme to eliminate the permissive, bystander culture within sport (Schipper-van Veldhoven, Vertommen, & Vloet, 2015). One of the first steps was to draw up a code of conduct for all sport coaches (NOC*NSF, 1997). The code was developed in discussion with more than 100 representatives from various Dutch sport organisations. Key to the code was the formulation of an operational definition of 'seksuele intimidatie' (sexual intimidation/sexual violence): 'any form of sexual behaviour or sexual advances, in verbal, nonverbal or physical sense, intentional or unintentional, experienced by the person as unwanted or forced' (Weber, de Bruin, & Moget, 2006, p. 1). By 2013, all federations were obliged to include the code of conduct for coaches in their regulations, incorporating penalties for non-compliance and associated procedures. Another key aspect of the policy was the provision of a national telephone helpline for athletes, coaches and other parties (in)directly involved in incidents of sexual harassment and abuse. Forming the back office of the helpline, a national pool of professional counsellors assists victims, perpetrators and (club) board members when such incidents are disclosed. Over the years, a range of supportive tools were developed to help the sport federations to establish the necessary structures and committees to execute the preventive and repressive measures, including a criminal record check for volunteers working with young people. In 2011, with the cooperation of the Dutch Ministry of Health, Welfare and Sports, the policy was included in the wider 'Safe Sport Environment' programme in which also other types of violence and abuse are tackled.

In Belgium, being a federal state, sports federations are commonly split into a Flemish and a French-speaking section. Because sport is organised separately within each language community, policies can differ across communities. Until the mid-2000s, the Belgian sport world had paid little attention to safeguarding the welfare of child athletes, when in 2006 the government of Flanders endorsed the Panathlon declaration. By 2012, around 55% of the youth sports clubs in Flanders had a code of ethics, of which between 33-40% endorse the Panathlon declaration (De Waegeneer & Willem, 2013; Seghers, Scheerder, Boen, Thibaut, & Meganck, 2012). However, while the declaration marked a positive starting point for policy development on ethics in youth sport, the impact of its ratification has not been monitored, nor has the extent to which it has influenced sport practices. While the topic of ethics in sport drove policy developments in the second half of the 2000s, concerns about child maltreatment in sport did not

emerge for several more years. The issue came to prominence when in 2010 an inquiry was launched into allegations of widespread sexual abuse by members of the Roman Catholic clergy in Belgium (Belgische Kamer van Volksvertegenwoordigers, 2011).

During the hearings of the special commission of inquiry into the affair in 2011, the Belgian Olympic and Interfederal Committee (BOIC) and other sports organisations acknowledged they had no mechanisms in place for reporting or managing allegations of child maltreatment, despite having a legal responsibility to protect children. This caused outrage among the representatives and resulted in Flemish sport authorities being publically shamed for their inaction. The BOIC as well as the Flemish Sports Council made recommendations in order to kick-start the process of policy development, including the creation of a central reporting point, the appointment of welfare officers at the federation and the club level, an increase in the funding of coach education and awareness-raising campaigns (BOIC, 2011; Vlaamse Sportraad, 2011). However, the recommendations stopped short of mandating criminal background checks for all adults in sport out of concern this would deter volunteers and would be too difficult to implement.

Subsequently, the Flemish government also commissioned the Flanders-based International Centre for Ethics in Sport (ICES) to implement and manage a two-year project to 'provide expertise related to ethically justified sports practice, including issues of integrity, sexual abuse and violence'(Vlaamse overheid, 2012). The project involves four Flemish universities conducting research, the findings of which ICES translates into practical advice for policymakers and practitioners. ICES also supports sport federations by helping them develop policies and by providing training courses on maltreatment and transgressive behaviour in sport. Together with Sensoa and Child Focus, two expert centres on sexual health, ICES developed a policy framework consisting of 11 instruments to prevent sexual violence in sport organisations. One of these instruments is the 'flag system,' (Vandevivere et al., 2013), a pedagogical tool that uses an innovative and positive approach to assist adults in sport in uniformly assessing and reacting to sexual behaviours towards and among child athletes.

Although the topic was prompted by different circumstances and the Netherlands and Belgium have adopted different approaches, both countries have reached a stage in which they no longer deny or trivialise the phenomenon of IV against (youth) athletes. Together with leading sport organisations, both have taken significant steps in the

prevention of (sexual) violence in sport. Remarkably though, neither country had the exact manifestations and magnitude of the problem charted beforehand. Since we have no clear picture of the exact nature and scale of the problems or what the characteristics of the people involved are, policy making, implementation and evaluation are hindered, potentially rendering the measures less effective than they might be if they were based on systematic data. The studies described in this dissertation were designed to provide this knowledge.

4. Research aims and questions

The main objectives of the research reported in the first part of this dissertation were to assess the prevalence of all types of interpersonal violence against children in sport in Belgium (Flanders) and the Netherlands, as well as describe victim and perpetrator characteristics. Furthermore, we wished to examine the impact of having experienced IV in youth sport on mental health and quality of life in adulthood. We posed the following research questions:

- What are the characteristics of the incidents of sexual harassment and abuse in sport recorded at the NOC*NSF helpline? (**Chapter 2**)
- What are the methodological challenges when measuring the prevalence of IV in sport? (**Chapter 3**)
- What is the prevalence of IV against children in sport in the Netherlands and Belgium? (**Chapter 4**)
- What are the demographic risk factors for child athletes to experience IV in sport? (**Chapter 4**)
- What are the characteristics of the perpetrators of IV in sport? Do they differ depending on the type of IV committed? (**Chapter 5**)
- Do experiences of IV in youth sport lead to psychological problems and lower quality of life in adulthood? (**Chapter 6**)

The research described in the second part of the dissertation focuses on what is being done and what should be done to prevent sexual violence against child athletes in Flanders. The guiding research questions here are:

- What is the current status quo in Flanders with regard to the prevention of violence, abuse and harassment of child athletes? (**Chapter 7**)
- Is the 'flag system' a useful pedagogical tool to help prevent violations of children's physical and sexual integrity in sport? (**Chapter 8**)

5. Dissertation outline

In the following five chapters of this dissertation, empirical studies on reports of IV in sport are presented, starting with an analysis of all incidents reported to the Dutch helpline service for sexual harassment in sport ('Meldpunt voor Seksuele intimidatie in de sport', now called 'Vertrouwenspunt Sport') of the Netherlands Olympic Committee * Netherlands Sports Confederation (NOC*NSF) within a 10-year timeframe (**Chapter 2**). Because reported incidents only represent the tip of the iceberg and self-report surveys in a population sample are deemed more suitable to appraise the magnitude of the problem, in **Chapter 3** we discuss our approach to assessing the prevalence and long-term impact of IV against children in sport. In **Chapter 4**, we specify the prevalence of IV in youth sport as retrospectively reported by a sample of 4043 Belgian (Flemish) and Dutch adults. **Chapter 5** presents the analysis of perpetrator characteristics of IV in sport based on the same sample of respondents. In **Chapter 6** a first attempt is made at assessing the long-term impact of severe childhood IV in sport on adult mental well-being and quality of life.

Chapter 7 provides an overview of the current policy frameworks aimed at the prevention of violence against athletes with a focus on sexual violence and the Flemish prevention strategy implemented since 2012, this in the absence of coherent policies on other types of IV in sports. In **Chapter 8** the so-called 'flag system' as one of the prevention tools currently being implemented is analysed and discussed.

Chapter 9 reflects on the main findings and methodological aspects of the studies presented in the light of the available knowledge on the prevalence, characteristics, sequelae and prevention of IV against child athletes, with some ideas for future research and policy initiatives being discussed.

The dissertation ends with summaries in English and Dutch, 2 appendices providing the 'IV against Children in Sport' questionnaire, the acknowledgements and Curriculum Vitae.

References

Alexander, K., Stafford, A., & Lewis, R. (2011). T*he experiences of children participating in organised sport in the UK*. Edinburgh: Dunedin Academic Press.

Anderson, E. (2002). Openly Gay Athletes: Contesting hegemonic masculinity in a homophobic environment. *Gender & Society*, *16*(6), 860–877. http://doi.org/10.1177/089124302237892

Baar, P., & Wubbels, T. (2013). Peer Aggression and Victimization : Dutch Sports Coaches' Views and Practices. *The Sport Psychologist*, *27*, 380–389.

Basile, K., Smith, S., Breiding, M., Black, M., & Mahendra, R. (2014). *Sexual violence surveillance: uniform definitions and recommended data elements* (2.0). Atlanta: National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention.

Belgische Kamer van Volksvertegenwoordigers. (2011). Verslag Bijzondere Commissie betrefftende de behandeling van seksueel misbruik en feiten van pedofilie binnen een gezagsrelatie, inzonderheid binnen de Kerk [Report Special Commission concerning the handling of sexual abuse and facts of paedophilia in an. Retrieved from http://www.dekamer.be/FLWB/PDF/53/0520/53K0520002.pdf

Biddle, S. J., & Asare, M. (2011). Physical activity and mental health in children and adolescents: a review of reviews. *Br J Sports Med*, *45*(11), 886–895. http://doi.org/10.1136/bjsports-2011-090185

BOIC. (2011). Verslag Colloquium Seksueel Misbruik in de Sport [Report Colloquium Sexual Abuse in Sport]. Retrieved from http://www.olympic.be/Home/tabid/38/ctl/Details/mid/568/ItemID/1691/language/nl-NL/Default.aspx

Brackenridge, C. H. (1997). He owned me basically...'Women's experience of sexual abuse in sport. *International Review for the Sociology of Sport*, *32*(2), 115–130.

Brackenridge, C. H. (2001). *Spoilsports: Understanding and preventing sexual exploitation in sport*. London: Routledge.

Brackenridge, C. H. (2004). Women and Children First? Child Abuse and Child Protection in Sport.

Brackenridge, C. H. (2010). Violence and abuse prevention in sport. In K. Kaufman (Ed.), *The Prevention of Sexual Violence: A Practitioners' Sourcebook* (pp. 401–413). Holyoke: NEARI Press.

Brackenridge, C. H., Bringer, J. D., & Bishopp, D. (2005). Managing cases of abuse in sport. *Child Abuse Review*, 14(4), 259–274. http://doi.org/10.1002/car.900

Brackenridge, C. H., & Fasting, K. (2002). *Sexual harassment and abuse in sport: International research and policy perspectives*. Whiting & Birch Limited.

Brackenridge, C. H., Kay, T., & Rhind, D. (2012). *Sport, children's rights and violence prevention: A sourcebook on global issues and local programmes*. (C. H. Brackenridge, T. Kay, & D. Rhind, Eds.). London: Brunel University.

Butchart, A., Phinney Harvey, A., & Fürniss, T. (2006). Preventing child maltreatment: a guide to taking action and generating evidence. Geneva: WHO Press. Retrieved from http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf

Cense, M. (1997). *Rode kaart of carte blanche. Risicofactoren voor seksuele intimidatie en seksueel misbruik in de sport [Red card or carte blanche. Risk factors for sexual harassment and sexual abuse in sport]*. Utrecht: TransAct & NOC*NSF.

Cense, M., & Brackenridge, C. H. (2001). Temporal and developmental risk factors for sexual harassment and abuse in sport. *European Physical Education Review*, *7*(1), 61–79. http://doi.org/10.1177/1356336X010071006

Child Helpline International. (2012). *Violence against Children. Child Helpline Data on Abuse and Violence*. Amsterdam.

Chroni, S., Fasting, K., Hartill, M. J., Knorre, N., Martin, M., Papaefstathiou, M., … Zurc, J. (2012). *Prevention of sexual and gender harassment and abuse in sports. Initiatives in Europe and beyond*. Frankfurt: Deutsche Sportjugend in Deutschen Olympischen Sportbund.

Coakley, J. J. (2017). *Sport in Society: Issues and Controversies*. (12th editi). New York: Mc Graw Hill Education. http://doi.org/10.2307/2064947

Committee on the Rights of the Child. (2011). *General comment No.13 The right of the child to freedom from all forms of violence*. Geneva. Retrieved from http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.13_en.pdf

Connell, R. W. (2000). *The Men and the Boys*. Cambridge: Polity.

Cossins, A. (2000). *Masculinities, Sexualities and Child Sexual Abuse*. The Hague: Kluwer Law International.

Council of Europe. (2000). Resolution on the prevention of sexual harassment and abuse of women.

Council of Europe. Convention on the Protection of Children against Sexual Exploitation and Sexual abuse (2007).

Council of the European Union. (2014). Council Conclusions of 21 May 2014 on Gender Equality in Sport. Retrieved from http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52014XG0614%2809%29

Cowburn, M., & Dominelli, L. (2001). Masking hegemonic masculinity: Reconstructing the paedophile as the dangerous stranger. *British Journal of Social Work*, *31*(3), 399–415. http://doi.org/10.1093/bjsw/31.3.399

Curry, T. J. (1991). Fraternal Bonding in the Locker Room: A Profeminist Analysis of Talk About Competition and Women. *Sociology of Sport Journal*, *8*(2), 119–135. http://doi.org/10.1123/ssj.8.2.119

Davey, C., & Tiivas, A. (2012). *Draft International Standards for Safeguarding and Protecting Children in Sport*.

David, P. (2005). *Human rights in youth sport*. Oxford: Routledge.

De Waegeneer, E., & Willem, A. (2013). *Ethische codes in Vlaamse sportclubs en de rol van de trainer*. Brussel: Vlaamse Trainersschool.

Donnelly, P. (1999). Who's fair game?: Sport, sexual harassment, and abuse. In P. White & K. Young (Eds.), *Sport and Gender in Canada* (pp. 107–128). Ontario: Oxford University Press.

Eime, R. M., Young, J. A., Harvey, J. T., Charity, M. J., & Payne, W. R. (2013). A systematic review of the psychological and social benefits of participation in sport for children and adolescents: informing development of a conceptual model of health through sport. *International Journal of Behavioral Nutrition & Physical Activity*, *10*, 98. https://doi.org/10.1186/1479-5868-10-98

European Commission Expert Group on Good Governance. (2016). *Recommendations on the protection of young athletes and safeguarding children's rights in sport*. Brussels.

European Parliament. Directive 2011/92/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA (2011). European Union.

Fasting, K., Brackenridge, C. H., & Knorre, N. (2010). Performance level and sexual harassment prevalence among female athletes in the Czech Republic. *Women in Sport and Physical Activity Journal*, *19*(1), 26–32. http://doi.org/10.1123/wspaj.19.1.26

Fasting, K., Chroni, S., Hervik, S. E., & Knorre, N. (2011). Sexual harassment in sport toward females in three European countries. I*nternational Review for the Sociology of Sport*, *46*(1), 76–89. http://doi.org/10.1177/1012690210376295

Frenken, J. (2002). Strafbare seksualiteit en seksueel deviant gedrag: definities en prevalenties. *Tijdschrift Voor Seksuologie*, *26*, 4–8.

Fukkink, R. G., & Hermanns, J. M. A. (2009). Children's experiences with chat support and telephone support. *Journal of Child Psychology and Psychiatry*, *50*(6), 759–766. http://doi.org/10.1111/j.1469-7610.2008.02024.x

Gervis, M., & Dunn, N. (2004). The emotional abuse of elite child athletes by their coaches. *Child Abuse Review*, *13*, 215–223. http://doi.org/10.1002/car.843

Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D., & Macmillan, H. L. (2009). Recognising and responding to child maltreatment. *Lancet*, *373*(9658), 167–180. http://doi.org/10.1016/S0140-6736(08)61707-9

Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *Lancet*, *373*(9657), 68–81. http://doi.org/10.1016/S0140-6736(08)61706-7

Glaser, D. (2002). Emotional abuse and neglect (psychological maltreatment): a conceptual framework. *Child Abuse & Neglect*, *26*(6–7), 697–714.

Hartill, M. J. (2005). Sport and the sexually abused male child. *Sport Education and Society*, *10*(3), 287–304. http://doi.org/10.1080/13573320500254869

Hartill, M. J. (2009). The Sexual Abuse of Boys in Organized Male Sports. *Men and Masculinities*, *12*(2), 225–249. http://doi.org/10.1177/1097184x07313361

Hartill, M. J. (2012). Child maltreatment and exploitation in sport. In K. L. Keskinen, H. Haag, & M. Talbot (Eds.), *Directory of Sport Science (6th ed.)*. Berlin: Berlin: International Council of Sport Science and Physical Education (ICSSPE).

Hartill, M. J. (2013). Concealment of Child Sexual Abuse in Sports. *Quest*, *65*(2), 241–254.

Hartill, M. J., & Prescott, P. (2007). Serious business or "any other business"? Safeguarding and child protection policy in british rugby league. *Child Abuse Review*, *16*(4), 237–251.

Hoefnagels, C., & Mudde, A. (2000). Mass media and disclosures of child abuse in the perspective of secondary prevention: putting ideas into practice. *Child Abuse Negl*, *24*(8), 1091–1101.

International Olympic Committee. (2007). *Consensus Statement on Sexual Harassment and Abuse in Sport*. Lausanne: IOC.

Janssen, I., & LeBlanc, A. G. (2010). Systematic review of the health benefits of physical activity and fitness in school-aged children and youth. *International Journal of Behavioral Nutrition and Physical Activity*, *7*(1), 40. http://doi.org/10.1186/1479-5868-7-40

Kirby, S. L., & Greaves, L. (1996). Foul play: Sexual abuse and harassment in sport. *In Pre-Olympic Scientific Congress, Dallas, USA* (pp. 11–14).

Kirby, S. L., & Wintrup, G. (2002). Running the gauntlet: An examination of initiation/ hazing and sexual abuse in sport. *Journal of Sexual Aggression*, *8*(2), 49–68.

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. Geneva: World Health Organization.

Lang, M., & Hartill, M. J. (2015). *Safeguarding, Child Protection and Abuse in Sport: International Perspectives in Research, Policy and Practice*. (M. Lang & M. J. Hartill, Eds.). London: Routledge.

Leahy, T., Pretty, G., & Tenenbaum, G. (2002). Prevalence of sexual abuse in organised competitive sport in Australia. *Journal of Sexual Aggression*, *8*(2), 16–36.

Loue, S. (1998). Legal and epidemiological aspects of child maltreatment. Toward an integrated approach. *J Leg Med*, *19*(4), 471–502. http://doi.org/10.1080/01947649809511074

Mendel, M. P. (1995). *The male survivor: The impact of sexual abuse*. London: Sage.

Messner, M., & Sabo, D. (1994). *Sex, violence and power in sports: Rethinking masculinity*. California: The Crossing Press.

Moget, P., & Weber, M. (2008). Vulnerabilities, Pitfalls and Chances in Sports. A Decade of Social Security Policies in Dutch Sports. In Y. Vanden Auweele, M. Maes, K. De Martelaer, & T. Vertommen (Eds.), *Ethics Management in Youth Sport. Implementation of the Panathlon Declaration. Strategies and Good Practices*. Ghent: Panathlon International.

Moget, P., Weber, M., & van Veldhoven, N. (2012). Sexual harassment and abuse in in sport in the Netherlands. (C. H. Brackenridge, T. Kay, & D. Rhind, Eds.) *Sport, Children's Rights and Violence Prevention: A Sourcebook on Global Issues and Local Programmes*. West London: Brunel University.

Mountjoy, M., Brackenridge, C. H., Arrington, M., Blauwet, C., Carska-Sheppard, A., Fasting, K., … Budgett, R. (2016). The IOC Consensus Statement: Harassment and abuse (non-accidental violence) in sport. *British Journal of Sports Medicine*, *50*, 1019–1029. http://doi.org/10.1136/bjsports-2016-096121

NOC*NSF. (1997). *Gedragsregels ter preventie van seksuele intimidatie in de sport. [Code of conduct for the prevention of sexual harassment in sport]* . Arnhem: NOC*NSF.

NOC*NSF. (2012a). NOC*NSF Hulplijn [NOC*NSF Helpline]. Retrieved from http://www.nocnsf.nl/cms/showpage.aspx?id=1506

NOC*NSF. (2012b). Seksuele intimidatie [Sexual Harassment]. Retrieved from http://www.watisjouwgrens.nl/

Noz, M. (2011). Child helplines as awareness-raising, referral and reporting mechanisms on sexual violence against children. In Council of Europe (Ed.), Portecting Children from Sexual Violence: A Comprehensive Approach. Strasbourg: Council of Europe.

NSPCC. (2009). ChildLine Casenotes: Children Talking to ChildLine about Sexual Abuse. Leicester.

Panathlon International. (2004). Panathlon Declaration on Ethics in Youth Sport. Retrieved from http://www.panathlon.net

Pinhiero, P. S. (2006). *World Report on Violence against Children*. Geneva: United Nations. Retrieved from http://www.unviolencestudy.org/

Rijksinstituut voor Volksgezondheid en Milieu. (2017). Sport Kernindicatoren. Retrieved June 20, 2017, from https://www.volksgezondheidenzorg.info/sport/kernindicatoren/sportdeelname-en-clublidmaatschap

Rulofs, B. (2015). Child protection in German Sport. In M. Lang & M. J. Hartill (Eds.), *Safeguarding, Child Protection and Abuse in Sport: International Perspectives in Research, Policy and Practice* (pp. 49–57). London: Routledge.

Schipper-van Veldhoven, N. (2012). Sports in a pedagogical perspective. In S. Harvey & R. Light (Eds.), *Ethics in Youth Sport: Policy and pedagogical applications* (pp. 122–135). London: Routledge.

Schipper-van Veldhoven, N., Vertommen, T., & Vloet, L. (2015). Sexual Intimidation in Sport: the Netherlands. In M. Lang & M. Hartill (Eds.), *Safeguarding, Child Protection and Abuse in Sport: International Perspectives in Research, Policy and Practice*. London: Routledge.

Seghers, J., Scheerder, J., Boen, F., Thibaut, E., & Meganck, J. (2012). *Medisch en ethisch verantwoord sporten. Het promoten van fysiek, psychisch en sociaal welbevinden van jongeren in Vlaamse sportclubs*. (J. Scheerder, Ed.) *Beleid & Management in Sport*. Leuven: Katholieke Universiteit Leuven.

Serkei, B., Goes, A., & de Groot, N. (2012). *Van blind vertrouwen naar verantwoord beleid. Bruikbaarheid en effectiviteit van beleidsinstrumenten seksuele intimidatie NOC*NSF [From blind trust to responsible policy. Usefulness and effectiveness of NOC*NSF sexual harassment policy instruments]*. Utrecht: MOVISIE.

Seymour, A. (1998). Aetiology of the sexual abuse of children: an extended feminist perspective. *Women's Studies International Forum*, *21*(4), 415–427. http://doi.org/10.1016/S0277-5395(96)00068-4

Spiegel, J. (2003). *Sexual Abuse of Males: The SAM Model of Theory and Practice*. New York: Brunner-Routledge.

Stafford, A., Alexander, K., & Fry, D. (2013). "There was something that wasn't right because that was the only place I ever got treated like that": Children and young people's experiences of emotional harm in sport. *Childhood*, 22(1), 121–137. http://doi.org/10.1177/0907568213505625

Stafford, A., & Fry, D. (2013). Playing through Pain: Children and Young People's Experiences of Physical Aggression and Violence in Sport. *Child Abuse Review*, *22*(April), 287–299. http://doi.org/10.1002/car

Stoltenborgh, M., Bakermans-Kranenburg, M. J., Alink, L. R. a., & van IJzendoorn, M. H. (2012). The Universality of Childhood Emotional Abuse: A Meta-Analysis of Worldwide Prevalence. *Journal of Aggression, Maltreatment & Trauma*, *21*(8), 870–890. http://doi.org/10.1080/10926771.2012.708014

Stoltenborgh, M., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2013). The neglect of child neglect: a meta-analytic review of the prevalence of neglect. *Social Psychiatry and Psychiatric Epidemiology*, *48*(3), 345–55. http://doi.org/10.1007/s00127-012-0549-y

Stoltenborgh, M., Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., & Alink, L. R. A. (2013). Cultural-geographical differences in the occurence of child physical abuse? A meta-analysis of global prevalence. *International Journal of Psychology*, *48*(2), 81–94.

Stoltenborgh, M., van IJzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment*, *16*(2), 79–101.

Toftegaard-Nielsen, J. (2001). The Forbidden Zone. Intimacy, Sexual Relations and Misconduct in the Relationship between Coaches and Athletes. *International Review for the Sociology of Sport*, *36*(2), 165–182.

Tomison, A. M. (2000). *Evaluating child abuse prevention programs. Issues in Child Abuse Prevention* (Vol. 12). National Child Protection Clearinghouse. Australian Institute of Family Studies.

Trouw. (1997). Judoleraar veroordeeld voor ontucht met leerlingen. *Trouw*.

UNICEF. (2010). *Protecting Children from Violence in Sport: A Review with a Focus on Industrialized Countries*. Florence: UNICEF Innocenti Research Centre.

United Nations. Convention on the Rights of the Child (1989). Geneva. Retrieved from http://www.ohchr.org/en/professionalinterest/pages/crc.aspx

Vanden Auweele, Y. (2004). Ethics in youth sport: analyses and recommendations. Leuven: LannooCampus.

Vandermeerschen, H., Vos, S., & Scheerder, J. (2014). Towards level playing fields? A time trend analysis of young people's participation in club-organised sports. *International Review for the Sociology of Sport*. http://doi.org/1012690214532450

Vandevivere, L., Frans, E., Vertommen, T., Vandenhoudt, J., De Martelaer, K., Cools, S., & Geenen, M. (2013). *Sport, een spel met grenzen. Omgaan met lichamelijk of seksueel grensoverschrijdend gedrag via het vlaggensysteem [Sport, a game with boundaries. Handling physical or sexual transgressive behaviour via the flag system]*. Gent: ICES.

Vlaamse overheid. (2012). Overheidsopdracht "Verstrekken van expertise op het vlak van ethisch verantwoord sporten, met inbegrip van de problematiek aangaande integriteit, seksueel misbruik en geweld." Retrieved April 29, 2017, from https://cjsm.be/gezondsporten/themas/ethisch-sporten/ices/overheidsopdracht-2012-2014

Vlaamse Sportraad. (2011). *Kindermisbruik in de sport*. Brussel. Retrieved from http://www.ethicsandsport.com/public/uploads/files/project_integriteit/verslag_vlaamse sportraad 12 juli 2011.pdf

Weber, M., de Bruin, A. P., & Moget, P. (2006). *The Dutch Program against Sexual Harassment in Sports 1996 – 2006*. Arnhem: NOC*NSF.

World Health Organization. (1999). *Report of the consultation on child abuse prevention*. Geneva: World Health Organization. Retrieved from http://apps.who.int/iris/handle/10665/65900#sthash.IclqbNv9.dpuf

Wykes, M., & Welsh, K. (2009). *Violence, gender and justice*. London: Sage .

Young, K. (2012). *0*. New York: Routledge.

PART I

PREVALENCE AND IMPACT OF INTERPERSONAL VIOLENCE AGAINST CHILD ATHLETES

CHAPTER 2

SEXUAL HARASSMENT AND ABUSE IN SPORT: THE NOC*NSF HELPLINE

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Abstract

Following a high profile case of child sexual abuse in sport in 1996, the Netherlands Olympic Committee and the Netherlands Sports Confederation (NOC*NSF) established a telephone 'helpline' service on sexual harassment and abuse (SHA). In order to expand their understanding of this problem, NOC*NSF maintained written records of incidents reported to the Helpline. These records revealed 323 separate incidents for the period 2001 to 2010. This paper presents a descriptive analysis of this data and discusses the findings. We conclude that whilst there are major limitations to working with information gathered in this way, a sustainable telephone 'helpline' can provide a valuable service for the sports community. Whilst official sources of data are known to underrepresent the scale of sexual abuse, through collaboration with researchers, such services can also generate important information for policymakers.

Keywords: sexual harassment and abuse, sport, helpline, incidents, the Netherlands

1. Introduction

Following calls by academics for greater awareness of sexual harassment and abuse (SHA) in sport, as early as 1986 (see Brackenridge, 2001), the issue has been propelled into the spotlight repeatedly since the mid-1990s by high-profile cases of child sexual abuse (CSA). During the past decade, then, SHA has become a major concern for sport organisations in many countries (Chroni et al., 2012; Hartill, 2012; Lang & Hartill, 2014). Responses to this issue have constituted major policy developments for some countries. Early in this process sport sociologists argued that the implementation of 'child protection' policies should be monitored and evaluated through research. Whilst there are few examples of collaborative efforts between researchers and policy makers in sport (Brackenridge, Bringer, & Bishopp, 2005; Hartill & Prescott, 2007), this paper represents such an enterprise.

Sociological theorising on SHA has argued that the culture of sport provides an environment which is conducive to the commission of sexual violence, particularly towards girls and women (Brackenridge & Fasting, 2002; Brackenridge, 1997, 2001) but also towards boys and men (e.g., Hartill, 2009; Messner & Sabo, 1994). The recent 'scandal'[1] at Pennsylvania State University seems to underline the view that the rights of children, even in cases of severe sexual abuse, may be 'benched' if upholding them poses a serious risk to organisational and individual reputations (Hartill, 2013). In some cases, then, protecting children from harm and abuse has seemed to be an optional extra for powerful men in powerful sports organisations rather than an obligation (David, 2005).

Following unprecedented media coverage of the conviction of an elite Dutch judo coach in 1996 for the sexual abuse of three female athletes (Trouw, 1997), NOC*NSF has spearheaded efforts to address SHA in sport. This case proved to be the catalyst for the development of a national-level intervention program, called *Project Seksuele Intimidatie* (Project Sexual Harassment) (NOC*NSF, 2012b). In addition, NOC*NSF commissioned research on risk factors for SHA in sport (Cense, 1997; Cense & Brackenridge, 2007). Cense identified three clusters of risk factors, associated with the coach, the sport situation and the athlete. At the request of the Dutch sport federations (Moget & Weber, 2008; Moget, Weber, & van Veldhoven, 2012), NOC*NSF subsequently developed

[1] In 2012, Gerald Sandusky, former PSU football coach, was imprisoned for child sexual abuse of 10 boys over a 15 year period. For more information, see e.g., Hartill (2013).

a code of conduct for sport leaders, agreed by all member organisations (NOC*NSF, 1997), and a telephone support service (or 'helpline'). NOC*NSF has offered this service to its seventy-six affiliated sport federations, representing 26,000 clubs and 4.8 million athletes, since 1998. Several other policy instruments followed later[2].

The focus of this paper is the *Helpline* established in 1998 by NOC*NSF which was one of the first telephone support services for SHA in sport (NOC*NSF, 2012a). A year earlier, in response to the Sheldon Kennedy-Graham James case, *Hockey Canada* had established their 'Speak Out' programme in association with the *Canadian Red Cross,* which also had a 'Kids Help Phone'. The National Society for the Prevention of Cruelty to Children (NSPCC) in the UK also offers counselling support for 'Swimline', a call-back service run by the Amateur Swimming Association. In 2010 the German federal government initiated a national telephone helpline for victims of abuse following high-profile cases of child sexual abuse in the Church, boarding schools and sport (Rulofs, 2015). It has been shown that the installation of low threshold communication systems, i.e., no charge, easily accessible and anonymous, increases the disclosure options for children in need (Hoefnagels & Mudde, 2000).

General telephone services also exist, but are not aimed specifically at the sports community (e.g., *Child Helpline International*). General child helplines have illustrated their importance as counselling and referral systems for children in need (Noz, 2011). General child helplines worldwide received 13.8 million contacts from children and concerned adults in 2011; one in seven contacts received dealt with a case of violence against children (Child Helpline International, 2012). In the UK, the NSPCC reported that '16,094 spoke to ChildLine about sexual abuse as either their main problem or an additional problem, representing 10 per cent of all calls answered' in 2008-9 (NSPCC, 2009).

SHA is notoriously difficult to research. A recent on-line survey of British university students reported a prevalence rate of 29 per cent for sexual harassment within sport, while three per cent of the sample had experienced sexual harm in a competitive sport setting (Alexander et al., 2011). Generally, the prevalence rate of unwanted sexual experiences among female athletes varies between two and fifty per cent (Fasting et al.,

[2] For more information on other policy instruments implemented by NOC*NSF, see Moget et al. (2012) and Schipper-van Veldhoven et al (2012).

2011), however, comparison between studies is difficult due to differing definitions and approaches.

As the *athlete welfare*, *child protection* and *safeguarding* in sport agenda continues to expand globally, sport organisations are beginning to consider how they should most appropriately respond to the issue of sexual violence (Chroni et al., 2012; UNICEF, 2010). Nevertheless, many sport organisations presently provide little or no support or guidance for athletes, coaches or other sport personnel who have been victims of SHA (or witnessed it). Therefore, the introduction of helplines may well become more widespread during the next decade. So whilst NOC*NSF *Helpline* was not developed expressly for research, they did initiate a recording system for calls received. Access to such data, then, can help to further establish the evidence-base for this issue. Below we explain the *Helpline* service and present some of the data generated by it. The questions guiding this study are: a) what does the *Helpline* data tell us about SHA in sport in the Netherlands?; and b) how effective was the NOC*NSF data collection system? Therefore, the main objectives of this study are to consider both the data generated by the Helpline and the efficacy of NOC*NSF recording system for generating useful data on SHA in sport.

2. Methodology

2.1. Description of the Helpline

Approximately 20 national counsellors were recruited by national newspaper announcement. Most of the candidates had experience in social work or advocacy, were qualified to support both victims and/or perpetrators[3] of SHA, and all had good knowledge of the sports world. After selection, they were trained by external centres with expertise in counselling on (child) abuse and harassment. They are also able to advise sports federations on case management and policy development (Weber et al., 2006). They all have occupational responsibilities outside NOC*NSF but can be appointed to a case on an hourly basis. Only the Helpline Coordinator is a full-time employee of NOC*NSF (Weber et al., 2006).

[3] The term 'perpetrator' is used to describe the person indicated as responsible for the SHA incident. However, at the moment of the report to the Helpline, this person is not charged, nor caught, nor guilty of any charges. For reasons of clarity and uniformity this term will be used consequently throughout this paper.

The Helpline is available 24 hours-a-day, seven days-a-week. All telephone calls are answered by an experienced child psychologist, the 'Helpline Coordinator' (replaced by a substitute only when absent). Following an initial assessment, if further intervention such as counselling or an advisory meeting is required, the Coordinator allocates the case to an appropriate team-member. All calls are documented via an Incident Registration Form (IRF), which captures information on sex, age, victim(s)-perpetrator(s) relation, sport type and level[4] (elite versus amateur), type of SHA, time and duration of the incident and the role of the service user. All IRFs were archived by NOC*NSF.

The task of counsellors is to listen and support, including advising on filing potential complaints or other procedures. They do not attempt to ascertain guilt or innocence. Calls are treated as strictly confidential and anonymity in registration is guaranteed to all service users. However, counsellors always explain at the outset that they are legally bound to report any crimes that are reported.

2.2. Recording incidents

This study is based on the information documented in the IRFs, currently archived at NOC*NSF. The sample for analysis consisted of all (fully or partially) completed IRFs between January 2001 and December 2010. These were completed by hand as the system was not digitised until 2010. Counsellors were bound to seven predefined categories[5] through which to record the core information: *verbal sexual harassment* (i.e., jokes, ambiguous comments or stories of sexual experiences); *unwanted instruction related touching* (e.g., touching the chest/breast or crotch during a coaching); *other (non-instruction related) unwanted touching* (e.g., hugging or kissing); *sexual abuse*

[4] The IRF did not provide a predefined space to register the level of sport. For this reason, it was mentioned on different places in the form and in exceptional cases the counsellors indicated that the victim was active in adapted sports. Unfortunately, no information on the level was given in this case. Therefor, we cannot divide the adapted sport reports into elite versus amateur level.

[5] Although NOC*NSF has defined the concept 'seksuele intimidatie' (sexual intimidation) as 'any form of sexual behaviour or sexual advances, in verbal, nonverbal or physical sense, intentionally or unintentionally, experienced by the person as unwanted or forced' (Weber et al, 2006), the counsellors register the behaviour using operational definitions of the seven distinct terms. The umbrella definition of 'sexual intimidation' is not used on the IRF.

[6] In the Netherlands, rape is defined as 'the sexual penetration of a body orifice through (threat of) violence or other act, for example psychological pressure, of a man or woman, inside or outside marriage' (Frenken, 2002).

(e.g., fondling, forcing to masturbate or watch masturbation by the perpetrator); *rape*[6]; *exhibitionism* (showing own genitals in public); and *voyeurism* (secretly looking at one or more people who are (partially) nude).

2.3. The sample

Between 2001 and 2010, 601 reports of counsellors' interventions were registered. For 426 of these reports, a counsellor was appointed to either: (a) support a victim or a group of victims; (b) advice an individual accused of SHA; or (c) provide procedural advice to a sport federation or organisation. In the other 175 registered reports, further assistance of a counsellor was not requested. Very little information was recorded about these calls so they are omitted from the analysis.

The 426 counsellors' interventions (an average of 43 cases per year) were the starting point for this analysis. The highest caseload was 57 in 2003, and the minimum was 31 in 2006. Since 2006 the caseload seems to have stabilized at around 40 cases per year. Of the 426 IRFs, 36 were incomplete, 30 did not refer to a specific incident, and 37 were found to be double registrations of the same incident by different counsellors (cf. Figure 2.1). Thus, 323 unique incidents emerged.

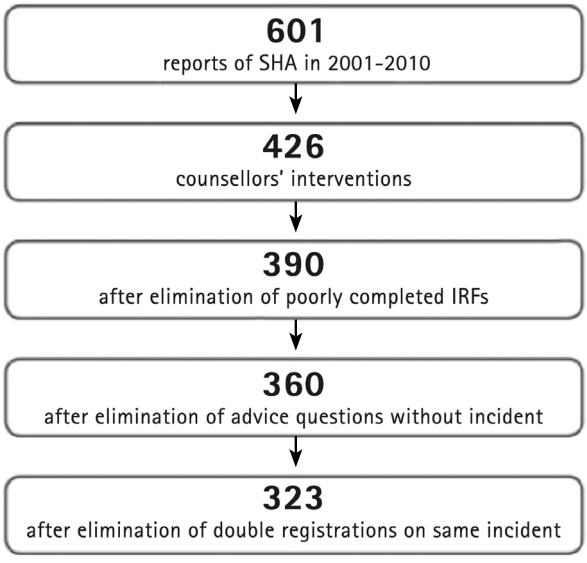


Figure 2.1 From reports to unique incidents

The lead researcher subsequently established a database within which this data was recorded and organised. SPSS for Windows, version 19.0 (SPSS Inc., Chicago, IL, USA) was applied for statistical analysis. Frequencies, contingency tables, and the Cramer's V test for the relationship between two categorical (nominal) variables are used.

2.4. Limitations

Clearly, there is no way to verify the accuracy of the reports made to the Helpline[7]. Beyond that, the data captured by the IRFs is reliant upon the interpretations of the counsellors. All arrangements for the recording and collection of data captured by the service were made prior to the development of the current study. Therefore, whilst we are interested to illustrate what the data says about the nature and form of SHA in sport, it is clear from the outset that generalisations from the data about the scale and nature of this problem, even within sports in the Netherlands, are deeply problematic as the data simply represent what was reported to (and recorded by) a helpline run by a national sports body.

3. Results

3.1. Reporting behaviour

In 42 per cent of all recorded reports, it was a club or federation staff member who made the report to the NOC*NSF Helpline. Twenty-three per cent were victim reports and 8 per cent were reports by victims' parents. Parents reported more frequently for victims under 12 (20 per cent) than for victims aged 12 and above (8 per cent).

Beyond 'victim' and 'victim-parent' reports, in 21 per cent of reports it was the individual accused of SHA who asked for support. In 5 per cent of the incidents, another person (not further defined) made the report. Peer-athlete reports constitute only 0.6 per cent of the total.

[7] For example: In rare occasions, the counsellor was aware of the outcome of a complaint or trail. In five of the 323 incidents, a false allegation was found, as noted on the IRF. In the vast majority of cases, however, no information on the outcome is available/known to the counsellor.

The majority of cases were reported through the NOC*NSF Helpline (69 per cent), however, counsellor interventions were also triggered by other means. The remaining cases were reported through other means, often through the local welfare officers, who have been incrementally installed in many sport federations and clubs since 2005.

In 72 per cent of the 426 counsellor interventions, counselling for either a victim (75 per cent) or a perpetrator (25 per cent) was requested. In 21 per cent of the total interventions advice was given to sport organisations, and in 7 per cent the type of assistance was not indicated on the IRF. When considering the proportion of counselling cases versus advisory cases, an evolution can be observed over this ten-year period (Figure 2.2).

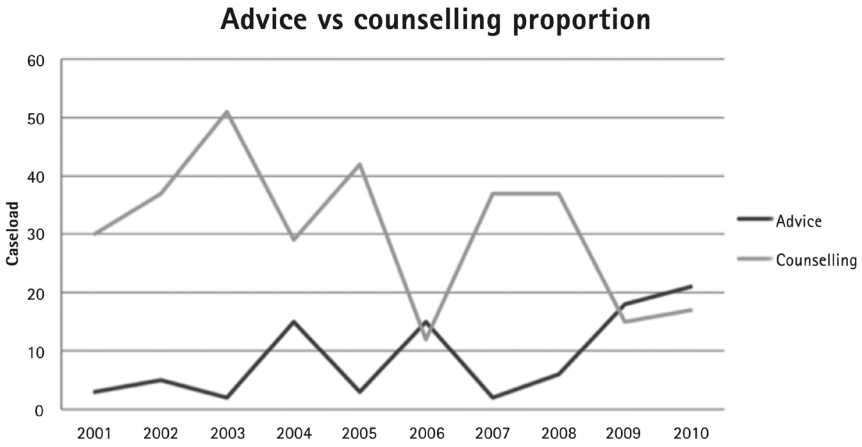


Figure 2.2 Advice versus counselling proportion

The total counselling caseload fluctuates between 12 and 51 cases a year. The advisory cases are in the minority, but a gradual increase is noted moving from 2 cases in 2007 to 21 cases in 2010.

3.2. Victims

Gender, Age and Role

The exact number of victims involved in the 323 registered reports is unknown as counsellors rarely know how many other victims there are. Almost 60 per cent of reports involved female victims exclusively; 30 per cent male victims exclusively. Five per cent of reports involved victims of both sexes and in the other five per cent no explicit victim was reported (e.g., possession of child pornography).

In almost half of the reports, victims were under 16 years old; in 74 per cent they were under 20.[8] In 7 per cent of reports, victims were aged 21-30; in 6 per cent they were 31-50, and one per cent concerned those above 50 years. Victims were mostly athletes, however, 2 per cent of victims were coaches, 0.6 per cent (para-) medical staff, and 1.5 per cent were other personnel.

Twenty-five reports related to victims under 12 years, comprising 13 male victims, nine female and three incidents with victims of both sexes. Twenty per cent of perpetrators in these reports were *also* under 12 years, eight per cent between 12 and 15, and four per cent between 16 and 20.

Isolating the 239 incidents with uniquely female or male victims, in one age category (cf. Table 2.1), male victims constitute the majority in the youngest age group (under 12) (59.1%, Cramer's V = 0.246; df = 3; $p<0.005$). In all other age groups the majority of victims were female. In this data, victimhood increases with female-maturation but decreases with male-maturation.

[8] The recorded age refers to the age when the incident occurred or the abuse began.

Table 2.1 Victims by age and gender (N = 239)

Age group	Male	Female	Total	
	n	n	N	% of total
Younger than 12	13	9	22	9.2
12 - 15 years old	41	65	106	44.3
16 - 20 years old	20	46	66	27.7
Older than 20	7	38	45	18.8
Total	**81**	**158**	**239**	**100.0**

(Cramer's V = 0.246; df = 3; p<0.005)

3.3. The 'perpetrator'

In all cases only one (alleged) perpetrator was reported. To the best of our knowledge the data refers to 323 separate perpetrators. It is of course possible that the same perpetrator caused multiple incidents reported to the Helpline.

Gender, Age and Role

Ninety-two per cent of (alleged) perpetrators were male; 6 per cent were female. In 2 per cent of cases, perpetrator gender was either not reported or not recorded (cf. Table 2.2).

The largest group of perpetrators were 31 to 50 year olds, representing 45 per cent of perpetrators. From the 15 perpetrators who were under 16, six were under 12; two of those under 16 were female. In 13 of the 15 reports where perpetrators were under 16, victims were also younger than 16. Nine of these 15 'young perpetrators' had male victims (including one female perpetrator), five had female. One case (the second female perpetrator) involved male and female victims.

In the vast majority of reports, perpetrators held a higher position within the sport hierarchy, such as a coach (77 per cent), (medical) personnel (4 per cent) or committee/ board member (2 per cent). In 13 per cent of reports, the perpetrators were athletes themselves, of whom a third were under 16.

Table 2.2 Perpetrators by position, age and gender (N=323 and missing values = 38)

Position	Age group	Male	Female	Total	
		n	n	N	% of total
Athlete	Younger than 12	3	1	4	
	12 - 15y	8	1	9	
	16 - 20y	7	1	8	
	21 – 30y	6	1	7	
	31 – 50y	6	0	6	
	Older than 50	4	0	4	
	Total	**34**	**4**	**38**	**13.3**
Coach	16 - 20y	5	0	5	
	21 – 30y	60	2	62	
	31 – 50y	99	9	108	
	Older than 50	41	3	44	
	Total	**205**	**14**	**219**	**76.8**
Club board member	31 – 50y	2	0	2	
	Older than 50	2	0	2	
	Total	**4**	**0**	**4**	**1.4**
(Para-)medical staff	31 – 50y	1	0	1	
	Older than 50	1	0	1	
	Total	**2**	**0**	**2**	**0.7**
Other staff	Younger than 12	1	0	1	
	31 – 50y	5	0	5	
	Older than 50	4	0	4	
	Total	**10**	**0**	**10**	**3.5**
Other	21 – 30y	1	0	1	
	31 – 50y	7	0	7	
	Older than 50	4	0	4	
	Total	**12**	**0**	**12**	**4.2**

3.4. The sport

Forty-six sports are represented within the 323 reports. Fourteen per cent of reports (N=44) took place in soccer. Swimming (including water polo and platform diving) (N=42), athletics (N=29) and gymnastics (N=29) each represent around 10 per cent of reports. Volleyball (7 per cent) and cycling (5 per cent) are also represented in a significant number of reports. The remaining 149 incidents refer to 40 separate sports (cf. Table 2.3). However, due to the higher number of affiliated soccer players in the Netherlands (more than 1 million) the reported incidence rate is 0.38 per 10,000 members against other popular sports, such as gymnastics (1.14), volleyball (1.91) and swimming (2.99). Other popular sports have lower reported incidence rates (golf 0.03) or no reported incidents at all during this ten-year period (bridge, motorsport, squash, ice hockey, rugby and dance)[9].

When isolating the 240 reported incidents (74 per cent of total) with victims under 20 and comparing this to the number of affiliated athletes under 20, per sport federation, triathlon (0.4 incident per 100 young members) represents the highest proportion of reported incidents. Looking at the 'bigger' sports (more than 10,000 young members), cycling, swimming, table tennis ad track and field, proportionally, have the most reported incidents (all between 5.8 and 8.9 incidents per 10,000 members). Team sports score lower than (semi-) individual sports, with volleyball and base- and softball leading with almost 4 incidents per 10,000 young members.

Nearly 45 per cent of all incidents happened in individual sports, 37 per cent in team sports and 15 per cent in semi-individual sports such as tennis and judo. In 3 per cent of reports the sport-type was not recorded. In comparison, individual sport federation memberships[10] represent nearly 40 per cent of total; team sport federation memberships represent 41 per cent and semi-individual almost 20 per cent.

[9] However, as already noted this study cannot accurately capture rates of prevalence or incidence, therefore, these figures must be treated with extreme caution.

[10] In 2010 affiliated team sport federations had 1,944,020 members, individual sport federations had 1,888,786 members and semi-individual sport federations had 924,458 members (http://www.nocnsf.nl/cms/showpage.aspx?id=7677).

Table 2.3 Incidents (victims younger than 21) by sport federation in relation to membership

Sport federation	Memberships U21 in 2010	Reported incidents	N/10.000 members	N/100 members	Sport type
Go (Japanese board game)	20	1	*	*	SI
Triathlon	487	2	*	0.411	I
Checkers	979	1	*	0.102	SI
Canoe	1,002	1	*	0.100	I
Cycling	10,154	9	8.864	0.089	I
Swimming, platform diving and water polo	47,360	35	7.390	0.074	M
Table tennis	10,766	7	6.502	0.065	SI
Track and field	36,075	21	5.821	0.058	I
Rowing	5,047	2	*	0.040	I
Volleyball	59,352	23	3.875	0.039	T
Base- and softball	10,681	4	3.745	0.037	T
Archery	2,785	1	*	0.036	I
Gliding	6,463	2	*	0.031	I
Basketball	26,119	7	2.680	0.027	T
Rescue swimming	12,303	3	2.438	0.024	I
Martial arts (judo, karate and taekwondo)	47,732	11	2.305	0.023	SI
Handball	37,171	7	1.883	0.019	T
Gymnastics	157,388	25	1.588	0.016	I
Chess	6,463	1	*	0.015	SI
Korfball	53,778	7	1.302	0.013	T
Ice skating	49,582	6	1.210	0.012	I
Bowling	10,336	1	0.967	0.010	I
Badminton	23,936	2	0.836	0.008	SI
Soccer	627,442	39	0.622	0.006	T
Golf	17,469	1	0.572	0.006	I
Equestrian	88,924	4	0.450	0.004	I
Field hockey	156,322	7	0.448	0.004	T
Tennis	176,993	1	0.056	0.001	SI
Omnisport	Unknown	2			
Unknown		7			
Total		240			

*Legend: I = individual sport; SI = semi-individual sport; T = team sport; M = mixed federation; * = number of memberships too low.*

3.5. The sport level

According to the Helpline IRFs, when harassment or abuse commences the significant majority of victims were performing at an amateur or non-elite level (74 per cent of reported incidents). In 11 per cent of incidents the victim was engaged in elite/high-performance sport. In 5 per cent of cases victims were active in adapted sports (unknown level) (N=17), in 1 per cent of incidents the perpetrator had approached victims in both high performance and amateur sport settings; in the other 8 per cent of incidents sport level was unknown. However, in relation to the total number of elite athletes in the Netherlands, there were 5 incidents recorded for every 100 elite athletes. In comparison, reports for amateur athletes constitute only 0.005 per 100 athletes.

3.6. Sexual Offences

440 different offences of SHA were registered within the 323 reports (average of 1.36 offences per incident) (Table 2.4).

Most reports (47 per cent) relate to unwanted 'functional touching' (i.e., instruction related), for example, touching breasts or genital area during a coaching session, and unwanted 'non-instruction related touching', for example, unwanted cuddling or kissing. 16 per cent of reports included complaints of sexual abuse/sexual assault (e.g., forced masturbation of the perpetrator or victim, kissing of a minor under 16[11]).

Table 2.4 Registered offences of SHA

Type of SHA	Number of violations	%
Unwanted non-functional touching	103	23.4
Unwanted functional touching	103	23.4
Sexual abuse	91	20.7
Verbal sexual harassment	82	18.6
Voyeurism	31	7.0
(Attempt to) Rape	21	4.8
Exhibitionism (flashing)	9	2.0
Total	**440**	**100.0**

[11] The age of consent in the Netherlands is 16.

Thirteen reports of a consensual sexual relationship between an authority figure and an adult athlete were made by peer athletes or club board members. Ten sexual relationships between an adult authority figure and a child, legally prohibited and defined as sexual abuse, were also reported.

4. Discussion

The main purpose of this paper was to document, describe and evaluate data extracted from reports made to a national telephone service on SHA in sport in the Netherlands between 2001 and 2010. Certainly, the most striking finding, whilst far from unexpected, is that from 323 distinct reports of SHA made to the Helpline, 92 per cent of alleged perpetrators were male, older than the victim, and occupying a position of trust and responsibility in relation to the victim, most often in the role of coach. Whilst 30 per cent of reports relate to male victims, twice this number related to female victims.

These figures are very similar to those reported in wider research into sexual violence against children and young people (e.g., Gilbert et al., 2009; Wykes & Welsh, 2009). However, the way in which men's sexual violence is theorised has been the subject of vigorous debate for at least the last twenty-five years. Feminist perspectives in particular, have challenged the medical model of sex offending against children, instead examining 'child sexual abuse within its wider social context' (Seymour, 1998, p. 416). Thus, Cowburn and Dominelli (2001, p. 402) argue that 'medico-legal discourses minimize sexual violence by individualizing and pathologizing this kind of behaviour, thereby diverting attention from addressing its underlying social causes and links to hegemonic masculinity.'

Whilst an increasing number of sport organizations are now embracing 'child protection' and (at least in the UK) 'safeguarding' policies, the feminist perspective on sexual violence suggests a rather more substantial agenda for preventing SHA in sport is required. Essentially, feminist social scientists have argued that the roots of SHA are to be found not within deviant or abnormal psychology, but primarily within the norms of masculinity, particularly those forms of hyper-masculinity frequently found in sport (e.g., Anderson, 2002; Brackenridge, 2001; Connell, 2000).

Thus, conceptualising power is fundamental to feminist and sociological approaches to SHA (see Cossins, 2000). If research on SHA in sport provides further evidence of male

subjugation of women and children, including male children, a greater commitment to gender equity and children's rights would seem to be an essential dimension of sport leaders' and policymakers' response to the problem of SHA. It is not yet clear, however, whether the (similarly male-dominated) sports governing bodies are willing to recognise this or that the implementation of child protection/safeguarding standards (e.g., Davey & Tiivas, 2012) fully addresses this point. As Brackenridge (2004, p. 334) argues, in the UK 'the relatively narrow focus of the CPSU on children ... draws attention and resources away from those over [18] ... including many people with disabilities and, especially, adult women in sport.'

One advantage, then, of gathering data from a service such as this, is that it automatically generates data from both males and females, which has been a weakness in some early purposive studies. Whilst this data, in agreement with previous studies (e.g., Leahy, Pretty, & Tenenbaum, 2002), suggest that females are much more likely to experience SHA in sport than males (or at least more likely to report it), it also indicates that SHA is a very significant problem for male athletes. Indeed, in the 25 reports of SHA relating to a victim under the age of 12, unlike older age categories, male victims constituted almost 20 per cent more of the total than female victims. Whilst the number of cases is very small, the decreasing likelihood of male victimisation being *reported*, as the boy matures, against the increasing likelihood for females, presents an interesting notion for future work in this area and potentially adds a new dimension to knowledge of SHA in sport.

There are a number of issues that are known to exacerbate the underreporting of male victims (see Mendel, 1995; Spiegel, 2003). In particular, it has been argued that the, frequently hyper-masculinist, heteronormative narratives of male sports makes disclosure an especially challenging issue for male athlete-victims (Donnelly, 1999; Hartill, 2005; Toftegaard-Nielsen, 2001). It seems logical to suggest, then, that the influence of this narrative increases the longer a boy is invested in it (Hartill, 2013) perhaps making disclosure of SHA incrementally unlikely the longer a boy remains committed to the context he was abused in. Whilst it seems unlikely that this process would exclude females, the 'perfect' alignment of popular male-sport with hegemonic masculinity (Connell, 2000) may be a crucial factor. The allegiance secured by hazing/initiation ceremonies is important to note in this regard. Alternatively, an increasing awareness of a women's rights agenda which takes a strong position against men's sexual violence may have an empowering effect on female athletes.

The IRFs on *victims* under 12 years also recorded younger '*perpetrators*': 28 per cent of alleged perpetrators with victims younger than 12, were under 16; 32 per cent were younger than 20. Whilst it may be tentatively suggested that experimental sexual behaviour between peers may also be captured within this data, these incidents were clearly reported as unwanted, and/or harmful and should be treated as such regardless of the relative ages of the victim and perpetrator.

The data also suggests that young perpetrators (under 16) target males more than females (52 per cent versus 36 per cent respectively; 12 per cent target both sexes). Again, the vast majority (84 per cent) of these young perpetrators are male. A high tolerance of abusive and harmful behaviour amongst young males within sport has been noted for some time (e.g., Curry, 1991). This data suggests, then, that SHA intervention programmes also need to take into account the sexual harm that young people do to each other.

An overrepresentation of incidents in high performance environments is also observed, with 5 incidents per 100 elite athletes, compared to 0.005 incidents per 100 amateur athletes. It is now generally accepted within recent research that elite athletes are at greater risk of SHA as they may perceive they have most to lose by disclosure (Brackenridge, Kay, & Rhind, 2012; Fasting, Brackenridge, & Knorre, 2010). Yet many questions remain unanswered and it may be that those athletes victimised at the community level but do not progress to elite performance, simply disappear from the 'sports scene' and so may be unlikely to report through a sports organisation (if they in fact choose to do so at all). Research which cross-referenced for sport contexts from other sources of sexual violence data would be valuable indeed and this is perhaps something NOC*NSF would be well placed to lead on in the Netherlands.

According to the reported incidents in this ten-year frame, SHA seems to occur in every sport discipline and at every level of sport in the Netherlands (Table 2.3). Accounting for total youth membership, reports of SHA were highest in cycling, swimming, table tennis and track and field. However, on the basis of this data, these sports certainly cannot be construed as presenting a greater risk than other sports. Indeed, professionals in this field are very clear that as an organisation takes more responsibility for SHA and as the problem becomes more openly discussed, victims will be better informed to recognise their experiences as abusive and better supported to disclose them officially (Proudlove, 2012, personal communication). Therefore, as sport organisations begin to

engage with the issue of SHA as well as child protection issues and processes, higher rates of reported SHA may well indicate an organisation that is more responsive to and supportive of victims, rather than a sport that poses a greater risk.

In terms of knowledge generation, it seems that the most reliable finding generated by this service relates to *who* is doing the reporting. Of the 323 cases, half were reported by a sport organisation staff member seeking assistance; only 22 per cent of reports were made by the 'victim'. In 20 per cent of reports, contact was made by an individual who had been accused of an act in relation to SHA ('perpetrators'). This number is significant and indicates that the *Helpline* was not perceived simply as a support service for victims or as an investigatory tool to catch perpetrators.

Given the general problem of underreporting of sexual violence (Gilbert et al., 2009) and the relative lack of awareness within sports communities about SHA, we can assume that the data produced here represent only a small fraction of the total number of incidents. The fact that only 11 per cent of the Dutch sports community are currently aware of this service (Serkei, Goes, & de Groot, 2012) 13 years after it was launched, seems to suggest that many more cases would have been reported if the promotional campaign had been more substantial and effective. As NOC*NSF was one of the first sport organisations worldwide to implement a prevention policy for SHA in sport, an awareness of the problem amongst policy makers seems evident. However, it is not clear that this awareness has been effectively transferred throughout its structures. Given that (based on this data) young people are most often the victims, we would recommended that alternative communication channels, such as chat support (Fukkink & Hermanns, 2009), are developed in conjunction with children and young people, to promote the *Helpline* and facilitate access to it. Associated education and awareness raising campaigns would assist in this, but would also require considerably greater resources.

Whilst it may seem reasonable to suppose that awareness will increase the longer the service remains in place, our findings demonstrate this has been true for advisory services but not necessarily for counselling services. This seems to suggest that if the *Helpline* is to reach the widest possible audience and also offer an increasingly representative and detailed picture of SHA in sport in the Netherlands, resources will need to be targeted towards further raising awareness of its existence.

The development of an instrument that is both appropriate for service delivery (i.e., will not compromise the counselling role) whilst generating crucial data, must define what constitutes an effective approach in this field and researchers must be prepared to operate on these grounds.

It should not be assumed that our evaluation of the *Helpline* data constitutes a comprehensive evaluation of NOC*NSF's service. Indeed, this appears to have been absent from the initial planning of the *Helpline* programme. According to Tomison (2000, p. 6) 'a failure to evaluate means that a program is operating without clear evidence that it is effective'. A more thorough consideration of monitoring and evaluation at the start of programme planning would yield valuable information 'not only on a program's level of effectiveness but also the *reasons* for its effectiveness' (Tomison, 2000, p. 10). Whilst the 'gold standard' quasi-experimental model of evaluation is extremely resource intensive, the introduction of a contextualised evaluation framework, through a collaboration between researchers and service providers, would enable efficient programme refinement (Tomison, 2000) whilst contributing significantly to the wider evidence-base in a more rigorous fashion. So whilst we would argue that the IRF needs to capture more detail and that counsellor's should be given a clearer lead in relation to data collection, principally we would argue that planning for future work should include the development of a comprehensive evaluation framework. This would provide NOC*NSF with much greater confidence in their initiatives and enable on-going refinement towards a more effective and efficient service. Whilst the focus of such services must of course be the well-being of the individual accessing it, the sport organisation committed to enhancing the welfare of its members will endeavour to expand their understanding of the scale and nature of SHA in their own sporting environments.

This is a model which should be repeated elsewhere and will be especially important for those organisations with limited resources. Therefore, the implementation and evaluation of such interventions should be collaborative efforts between researchers and policy makers. Clearly, as the global sports community moves towards a standardised approach to child protection/safeguarding, evaluation of these developments is crucial if lessons are to be learned and the evidence base expanded.

5. Conclusion

To date, no large-scale study into the prevalence or incidence of SHA in Dutch sport has been undertaken. Despite the limitations of the Helpline, it nevertheless begins to inform such a picture and establish the ground for further study. Certainly, a large-scale quantitative study to establish prevalence rates of SHA (and other forms of negative experiences) in organised sport in the Netherlands, is now urgently required.

Quantitative data on SHA in sport is very difficult to accumulate and is, therefore, limited. It is vital that sport organisations make greater efforts to capture such information and enable it to be shared. NOC*NSF should be congratulated on the efforts it is has made in this regard. However, as important as the quantitative data generated by this Helpline is, such initiatives will always tell us at least as much about what gets *reported* (and who does the reporting) as it does about the SHA that actually takes place. Nevertheless, as sport organisations across the globe begin to take greater responsibility for this problem, evidence and knowledge generated by schemes such as this Helpline will prove valuable.

References

Alexander, K., Stafford, A., & Lewis, R. (2011). T*he experiences of children participating in organised sport in the UK*. Edinburgh: Dunedin Academic Press.

Anderson, E. (2002). Openly Gay Athletes: Contesting hegemonic masculinity in a homophobic environment. *Gender & Society*, *16*(6), 860–877. http://doi.org/10.1177/089124302237892

Brackenridge, C. H. (1997). He owned me basically...'Women's experience of sexual abuse in sport. *International Review for the Sociology of Sport*, *32*(2), 115–130.

Brackenridge, C. H. (2001). *Spoilsports: Understanding and preventing sexual exploitation in sport*. London: Routledge.

Brackenridge, C. H. (2004). Women and Children First? Child Abuse and Child Protection in Sport.

Brackenridge, C. H., Bringer, J. D., & Bishopp, D. (2005). Managing cases of abuse in sport. *Child Abuse Review*, *14*(4), 259–274. http://doi.org/10.1002/car.900

Brackenridge, C. H., & Fasting, K. (2002). *Sexual harassment and abuse in sport: International research and policy perspectives*. Whiting & Birch Limited.

Brackenridge, C. H., Kay, T., & Rhind, D. (2012). *Sport, children's rights and violence prevention: A sourcebook on global issues and local programmes*. (C. H. Brackenridge, T. Kay, & D. Rhind, Eds.). London: Brunel University.

Cense, M. (1997). R*ode kaart of carte blanche. Risicofactoren voor seksuele intimidatie en seksueel misbruik in de sport [Red card or carte blanche. Risk factors for sexual harassment and sexual abuse in sport]*. Utrecht: TransAct & NOC*NSF.

Cense, M., & Brackenridge, C. H. (2007). Temporal and developmental risk factors for sexual harassment and abuse in sport. *European Physical Education Review*, *7*(1), 61–79. http://doi.org/10.1177/1356336X010071006

Child Helpline International. (2012). *Violence against Children. Child Helpline Data on Abuse and Violence*. Amsterdam.

Chroni, S., Fasting, K., Hartill, M. J., Knorre, N., Martin, M., Papaefstathiou, M., ... Zurc, J. (2012). *Prevention of sexual and gender harassment and abuse in sports. Initiatives in Europe and beyond*. Frankfurt: Deutsche Sportjugend in Deutschen Olympischen Sportbund.

Connell, R. W. (2000). *The Men and the Boys*. Cambridge: Polity.

Cossins, A. (2000). *Masculinities, Sexualities and Child Sexual Abuse*. The Hague: Kluwer Law International.

Cowburn, M., & Dominelli, L. (2001). Masking hegemonic masculinity: Reconstructing the paedophile as the dangerous stranger. *British Journal of Social Work*, *31*(3), 399–415. http://doi.org/10.1093/bjsw/31.3.399

Curry, T. J. (1991). Fraternal Bonding in the Locker Room: A Profeminist Analysis of Talk About Competition and Women. *Sociology of Sport Journal*, *8*(2), 119–135. http://doi.org/10.1123/ssj.8.2.119

Davey, C., & Tiivas, A. (2012). *Draft International Standards for Safeguarding and Protecting Children in Sport*. Unpublished report.

David, P. (2005). *Human rights in youth sport*. Oxford: Routledge.

Donnelly, P. (1999). Who's fair game?: Sport, sexual harassment, and abuse. In P. White & K. Young (Eds.), *Sport and Gender in Canada* (pp. 107–128). Ontario: Oxford University Press.

Fasting, K., Brackenridge, C. H., & Knorre, N. (2010). Performance level and sexual harassment prevalence among female athletes in the Czech Republic. *Women in Sport and Physical Activity Journa*l, *19*(1), 26–32. http://doi.org/10.1123/wspaj.19.1.26

Fasting, K., Chroni, S., Hervik, S. E., & Knorre, N. (2011). Sexual harassment in sport toward females in three European countries. *International Review for the Sociology of Sport*, *46*(1), 76–89. http://doi.org/10.1177/1012690210376295

Frenken, J. (2002). Strafbare seksualiteit en seksueel deviant gedrag: definities en prevalenties. Tijdschrift Voor Seksuologie, *26*, 4–8.

Fukkink, R. G., & Hermanns, J. M. A. (2009). Children's experiences with chat support and telephone support. *Journal of Child Psychology and Psychiatry*, *50*(6), 759–766. http://doi.org/10.1111/j.1469-7610.2008.02024.x

Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D., & Macmillan, H. L. (2009). Recognising and responding to child maltreatment. *Lancet*, *373*(9658), 167–180. http://doi.org/10.1016/S0140-6736(08)61707-9

Hartill, M. J. (2005). Sport and the sexually abused male child. Sport Education and Society, *10*(3), 287–304. http://doi.org/10.1080/13573320500254869

Hartill, M. J. (2009). The Sexual Abuse of Boys in Organized Male Sports. *Men and Masculinities*, *12*(2), 225–249. http://doi.org/10.1177/1097184x07313361

Hartill, M. J. (2012). Child maltreatment and exploitation in sport. In K. L. Keskinen, H. Haag, & M. Talbot (Eds.), *Directory of Sport Science (6th ed.)*. Berlin: Berlin: International Council of Sport Science and Physical Education (ICSSPE).

Hartill, M. J. (2013). Concealment of Child Sexual Abuse in Sports. *Quest*, *65*(2), 241–254.

Hartill, M. J., & Prescott, P. (2007). Serious business or "any other business"? Safeguarding and child protection policy in british rugby league. Child Abuse Review, *16*(4), 237–251.

Hoefnagels, C., & Mudde, A. (2000). Mass media and disclosures of child abuse in the perspective of secondary prevention: putting ideas into practice. *Child Abuse Negl*, *24*(8), 1091–1101.

Lang, M., & Hartill, M. J. (2015). *Safeguarding, Child Protection and Abuse in Sport: International Perspectives in Research, Policy and Practice*. (M. Lang & M. J. Hartill, Eds.). London: Routledge.

Leahy, T., Pretty, G., & Tenenbaum, G. (2002). Prevalence of sexual abuse in organised competitive sport in Australia. *Journal of Sexual Aggression*, *8*(2), 16–36.

Mendel, M. P. (1995). *The male survivor: The impact of sexual abuse*. London: Sage.

Messner, M., & Sabo, D. (1994). *Sex, violence and power in sports: Rethinking masculinity*. California: The Crossing Press.

Moget, P., & Weber, M. (2008). Vulnerabilities, Pitfalls and Chances in Sports. A Decade of Social Security Policies in Dutch Sports. In Y. Vanden Auweele, M. Maes, K. De Martelaer, & T. Vertommen (Eds.), *Ethics Management in Youth Sport. Implementation of the Panathlon Declaration. Strategies and Good Practices*. Ghent: Panathlon International.

Moget, P., Weber, M., & van Veldhoven, N. (2012). Sexual harassment and abuse in in sport in the Netherlands. (C. H. Brackenridge, T. Kay, & D. Rhind, Eds.) *Sport, Children's Rights and Violence Prevention: A Sourcebook on Global Issues and Local Programmes*. West London: Brunel University.

NOC*NSF. (1997). *Gedragsregels ter preventie van seksuele intimidatie in de sport. [Code of conduct for the prevention of sexual harassment in sport]* . Arnhem: NOC*NSF.

NOC*NSF. (2012a). NOC*NSF Hulplijn [NOC*NSF Helpline]. Retrieved from http://www.nocnsf.nl/cms/showpage.aspx?id=1506

NOC*NSF. (2012b). Seksuele intimidatie [Sexual Harassment]. Retrieved from http://www.watisjouwgrens.nl/

Noz, M. (2011). Child helplines as awareness-raising, referral and reporting mechanisms on sexual violence against children. In Council of Europe (Ed.), *Protecting Children from Sexual Violence: A Comprehensive Approach*. Strasbourg: Council of Europe.

NSPCC. (2009). *ChildLine Casenotes: Children Talking to ChildLine about Sexual Abuse*. Leicester.

Rulofs, B. (2015). Child protection in German Sport. In M. Lang & M. J. Hartill (Eds.), *Safeguarding, Child Protection and Abuse in Sport: International Perspectives in Research, Policy and Practice* (pp. 49–57). London: Routledge.

Schipper-van Veldhoven, N. H. (2012). Sports in a pedagogical perspective. In S. Harvey & R. Light (Eds.), *Ethics in Youth Sport: Policy and pedagogical applications* (pp. 122–135). London: Routledge.

Serkei, B., Goes, A., & de Groot, N. (2012). *Van blind vertrouwen naar verantwoord beleid. Bruikbaarheid en effectiviteit van beleidsinstrumenten seksuele intimidatie NOC*NSF [From blind trust to responsible policy. Usefulness and effectiveness of NOC*NSF sexual harassment policy instruments]*. Utrecht: MOVISIE.

Seymour, A. (1998). Aetiology of the sexual abuse of children: an extended feminist perspective. *Women's Studies International Forum*, *21*(4), 415–427. http://doi.org/10.1016/S0277-5395(96)00068-4

Spiegel, J. (2003). *Sexual Abuse of Males: The SAM Model of Theory and Practice*. New York: Brunner-Routledge.

Toftegaard-Nielsen, J. (2001). The Forbidden Zone. Intimacy, Sexual Relations and Misconduct in the Relationship between Coaches and Athletes. *International Review for the Sociology of Sport*, *36*(2), 165–182.

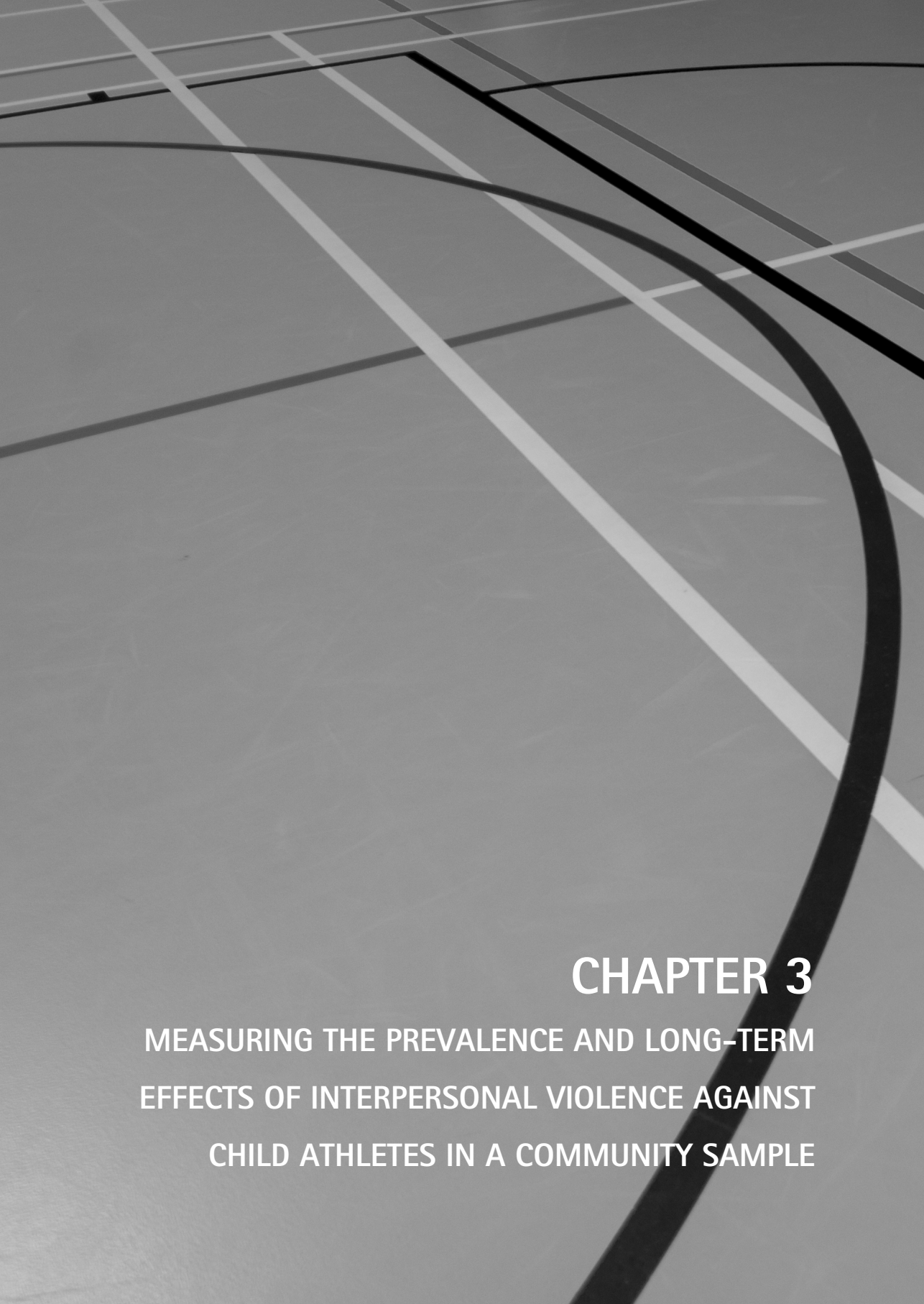
Tomison, A. M. (2000). *Evaluating child abuse prevention programs. Issues in Child Abuse Prevention* (Vol. 12). National Child Protection Clearinghouse. Australian Institute of Family Studies.

Trouw. (1997). Judoleraar veroordeeld voor ontucht met leerlingen. *Trouw*, 26 July 1997.

UNICEF. (2010). *Protecting Children from Violence in Sport: A Review with a Focus on Industrialized Countries*. Florence: UNICEF Innocenti Research Centre.

Weber, M., de Bruin, A. P., & Moget, P. (2006). *The Dutch Program against Sexual Harassment in Sports 1996 – 2006*. Arnhem: NOC*NSF.

Wykes, M., & Welsh, K. (2009). *Violence, gender and justice*. London: Sage .



CHAPTER 3

MEASURING THE PREVALENCE AND LONG-TERM EFFECTS OF INTERPERSONAL VIOLENCE AGAINST CHILD ATHLETES IN A COMMUNITY SAMPLE

1. Introduction

Several types of data sources can be consulted to assess the prevalence of interpersonal violence (IV) against children. Systematic analysis of cases reported to legal authorities, health and social services can provide relevant information. However, there are major limitations in using such data to assess the extent of the problem, namely that the number of reported cases is very likely to be an underestimate of the extent of the problem, due to underreporting. Indeed for sexual crimes, the 'dark number' (i.e., cases that never get officially reported) is estimated to be around 90 to 95% (Biderman & Reiss, 1967; Federale Politie, 2015). Legal definitions do not include all types of unethical or unwanted behavior towards children. Cases are not referred to the judicial system might be reported to disciplinary systems at sport (umbrella) federation level (see **Chapter 2**). Such administrative records, collected in sport organisations databases can be of use. Again, the number of reported cases here might be an underestimate of the extent of the problem, knowing that most of the people affected, and in particular children, do not share disclose their experiences to official institutions. Furthermore, only few sport organisations keep track of reported incidents concerning IV against athletes, and if they do so, records may not disaggregate between proven, unfounded and unproven cases (Lang & Pinder, 2017).

Thus, large-scale quantitative self-report studies in a general population sample are required to estimate the prevalence and long-term impact of IV against children in sport. However, measuring the prevalence of IV against children by using self-reports is complex. Prospective studies on IV in children are very expensive and susceptive for the observator's interpretation. To evade many of these methodological, ethical and judicial difficulties, researchers often turn to *retrospective* accounts of adults, instead of surveying children. While it is a predominant belief that *prospective* data are of higher quality than retrospective data, Kendall-Tackett and Becker-Blease (2004) argue that retrospective data are valuable for the reason that prospective designs fail to take into account many survivors that never reported their experiences to anyone. If research only relies on identified victims of child maltreatment, it is not representative of the totality of child maltreatment victims.

In this chapter, I will discuss the main methodological issues when assessing the prevalence and long-term impact of IV in general, and in the context of sport. First, I will present some methodological challenges such as the use of retrospective self-reports

and survey modes. Secondly, I will reconstruct the procedure to build and distribute the 'Interpersonal Violence against Children in Sport' questionnaire that was used in this dissertation.

2. Methodological aspects

When measuring the prevalence of childhood IV, several methodological issues should be considered: the validity and psychometric properties of retrospective self-reports, the sampling procedure, the mode of measurement and the questionnaire construction.

2.1. The validity and reliability of retrospective self-reports

The validity of retrospective self-reports of childhood experiences is frequently debated in the literature, as one fears that these might include false positives (respondents reporting childhood violence which they did not suffer), false negatives (respondents not reporting experiences that did happen) and measurement errors (questions that do not measure what was meant to be measured). However, research shows that false positive accounts of childhood violence are less probable than false negatives (people who do not recall or report these negative experiences, although they did experience them) (Hardt & Rutter, 2004), suggesting that prevalence rates obtained in these studies are an underestimation of the actual rates. Moreover, studies have shown that self-reports of adverse childhood experiences are adequately stable over time (Dube, Williamson, Thompson, Felitti, & Anda, 2004; Pereira da Silva & da Costa Maia, 2013).

Some authors have questioned the reliability of self-reports of childhood violence, suggesting that psychopathology at the time of evaluation affects self-reports (Widom, Raphael, & DuMont, 2004). Others do not share their concern that subjects in poor health may better recall and report early negative experiences and are more likely to interpret their early experiences negatively. Using a test-retest design, Pinto and colleagues (2014) found that retrospective self-reports about childhood adversity are not related to the health state at the time of the report. It can be concluded that retrospective accounts of childhood violence offer a trustworthy source of information. By using adult respondents, researchers avoid several ethical issues that would appear when surveying children about experiencing violence.

Unfortunately, considering the prevalence and importance of studies using retrospective methods, too little attention has been paid to development of psychometrically sound measures that provide comprehensive information about a range of child abuse experiences (DiLillo et al., 2010). Researchers often rely on 'ad hoc' developed measures, reporting no or few psychometric properties. After a comprehensive review of childhood sexual violence measures, Hulme (2004) found that half of 116 studies used instruments constructed by their authors; only one of these studies offered any psychometric support beyond face validity.

2.2. Sampling

Another methodological issue is related to the samples used to measure the prevalence and consequences of IV in childhood. Looking into psychological correlates of child sexual abuse, Rind and colleagues (1997) strongly advise to move away from clinical and legal samples. Clinical and legal samples are highly problematic because they cannot be assumed to be representative of the general population affected by child sexual abuse, and because data coming from these samples are vulnerable to several biases that threaten their validity. Instead, it is recommend to use population samples, or college samples, as these better represent reality (Rind, Tromovitch, & Bauserman, 1998) and include people who experienced abuse but are not referred to clinical or legal institutions. Performing a power analysis allows us to determine the sample size needed to obtain the desired presicion in the parameter estimate.

2.3. Mode

The decline in telephone survey response rates in the 1990s, the rapid increase in Internet access rates, the emergence of the trend toward mobile phones motivated researchers to develop new large-scale survey methods (Dillman, Smyth, & Christian, 2009). The marginal costs of contacting and getting responses from additional respondents is smaller than for any other survey method, which also explains the rapid development of web surveying. Not surprisingly, computer-assisted survey techniques were as trustworthy as older, well-known techniques such as mail (pencil-and-paper) surveys and telephone (automated touch-tone) responses (Dillman et al., 2009). Studies showed that Internet systems achieved the same results as traditional methods, regardless of the method or the sensitivity of the questions (Knapp & Kirk, 2003). Moreover, comparing difference conditions (paper-and-pencil questionnaire, face-to-face interview and

computer-administered survey) revealed no differences in disclosure rates. Meta-research on victims' reports on the impact of data collection methods on findings shows that a computer-administered format is the most preferred method (DiLillo, DeGue, Kras, Di Loreto-Colgan, & Nash, 2006; Rosenbaum & Langhinrichsen-Rohling, 2006; Rosenbaum, Rabenhorst, Reddy, Fleming, & Howells, 2006) because of its 'confidential means' and feeling of anonymity. Respondents add that using a web survey for asking sensitive questions is not experienced as disrespectful or insensitive (Wager, 2012).

However, using the Internet for conducting general population surveys has its difficulties. First, in contrast to telephone and postal mail, utilities being publicly regulated, most Internet providers are privately owned and are not public utility, meaning that Internet providers have the right to prevent access to customers (Dillman et al., 2009). Secondly, there is no sampling frame for Internet users and no standard way to assigning e-mail addresses that would facilitate sampling through an algorithm. To overcome these difficulties, internet panels were built as a practical solution to compile and maintain very large lists of Internet users who are willing and able to answer web surveys (Dillman et al., 2009). Panel members are asked to respond regularly to several survey requests. The research bureau manages the panel, gathers demographic information and matches the background characteristics of the panel members with the target population for each survey.

While the Internet is now widespread among Dutch and Flemish citizens, it still does not have a full coverage, meaning that using an online panel will inevitably lead to an under-coverage of the total population, leaving out those who do not have access to Internet. Despite its rapid growth, also among minority groups in society, the non-user group increasingly deviates from the Internet- user population (Bethlehem, 2006). A meta-study on more than 90% of Dutch online panels shows that these panels represent a certain segment of the total population and that this selection already takes places before one enters the panel (van Ossenbruggen, Vonk, & Willems, 2006). A major part of the population is not represented in the panel, but also does not participate in more 'traditional' forms of research. Therefore, response rates are not an indication of the quality of a sample, but rather an indicator for the economic efficiency of the panel. When using online samples to get a representative image of the actual population, one should bear in mind that self-selection, multi-memberships of several panels, and the lack of coverage of non-internet using segments in society might create a substantial

bias in the results. However, the often-heard fear that panels mainly consist of retired people and students proves to be unfounded (van Ossenbruggen et al., 2006).

2.4. Questionnaire construction

The concept of IV should be operationalized in different categories (subtypes of IV) and corresponding items (for operationalisation in this study, see paragraph 3). Commonly, three to five subtypes of violence are used: psychological violence, physical violence, sexual violence, psychological neglect, and physical neglect. To minimize underreporting, explicit questions covering the broad spectrum of IV, should be used (Hamby & Koss, 2003). When asked vaguely about non-operationalized concepts such as 'sexual harassment', prevalence figures tend to be much lower compared to when asking a variety of items constituting sexual harassment in detail. A behaviourally specific, multidimensional view of violence, including several items on each subtype is advocated to be superior to systems that use more subjective, participant-defined criteria (DiLillo, Fortier, et al., 2006). While it is important to use explicit questions that cover the full range of violence experiences, at the same time the number of items should be kept at a minimal level in order to avoid drop-out (Hamby & Koss, 2003).

2.5. Ethical considerations

Conducting research on behaviours that are highly personal and sensitive could conceivably pose threat of harm to the participants. Recalling experiences of interpersonal violence in childhood may be emotionally upsetting. Even if children are not directly asked, but retrospective accounts of adults are gathered, complex ethical issues still arise. Assuring the wellbeing and safety of research respondents is of paramount importance.

Indeed, research shows that those who experiences violence report higher levels of distress, particularly for those with more recent and more extensive histories of violence (Langhinrichsen-Rohling, Arata, O'Brien, Bowers, & Klibert, 2006; Wager, 2012). However, participation appears to facilitate a sense of empowerment, as well as a greater personal benefit, for several survivors of child sexual abuse (Wager, 2012), with less than 5% regretting their participation. Finkelhor and colleagues (2014) found similar results and added that regret about participation was mostly due to the length

of the survey, not the types of questions being asked. Asking about exposure to abuse and sensitive victimization is associated with low levels of respondent upset. Becoming distressed during the survey is reported by a significant number of respondents, but at the same time they report that these emotions are an everyday occurrence or that they dissipated fairly rapidly (Wager, 2012).

Surveys should be rigorously prepared and take several safety procedures into account in order to minimalize the risk of harming the participants. Detailed briefing of respondents ahead of the actual survey on the nature of the questions, the anonymity and privacy precautions as well as proper referral to helpline or mental health services in case of distress are essential elements in an ethically sound research design. Open dialogue comment boxes are preferred to accompany closed questions, so that they can elaborate on their experiences, which is deemed by some as being therapeutic (Pennebaker, 2004). While it is often assumed that victimized participants require special protection, this view fails to take into account the evidence that such disclosure is regularly followed by emotional relief that many participants identify as a benefit of the research participation (Newman & Kaloupek, 2004).

3. Operationalizing interpersonal violence against children in sport

3.1. Construction of a questionnaire for the context of sport

The context of sport, in which children are at risk for different types of interpersonal violence, asks for a specific questionnaire that takes into account the specific characteristics of sport participation. Up to date, there is no validated questionnaire available that surveys experiences of IV against children in sport. Other studies have used a variety of ad hoc questionnaires, developed by sport or child protection researchers have, found their use in some smaller scaled quantitative studies on concepts within IV in sport, such as sexual harassment and or abuse.

No international consensus questionnaire, including all types of IV against children in sport is available. In 2011, Alexander and colleagues (Alexander, Stafford, & Lewis, 2011) published a study on negative experiences in youth sport with 6.000 UK students. The questionnaire included all relevant components of sport-related childhood violence, as well as the 17 main, forms of abuse, neglect and violence in competitive sports listed by David (2005, p. 56). The questionnaire showed good face and content validity,

comparing to two of the most commonly used trauma questionnaires, the Childhood Trauma Questionnaire (CTQ) (Bernstein, Fink, Handelsman, & Foote, 1994) and the Adverse Childhood Experiences questionnaire (ACE) (Felitti et al., 1998).

The index of negative experiences in sport, constructed by Alexander and colleagues, is used as a basis for our questionnaire. We have maintained the subdivisions of psychological, physical, and sexual IV but omitted the items on self-harm, organized abuse, drug use, and body image. The word harm was not adopted in order to preserve neutrality. The order and wording of some items was modified slightly, some items were split or merged, and a classification method was added (cf. infra). The questionnaire was then translated into Dutch and tested for compatibility with the Flemish language (the variant of Dutch spoken in Flanders). Back-translation was performed by a certified translator, following the principles of Brislin (1970). Comparison with Alexander et al.'s original questionnaire (2011) revealed no substantive differences.

The resultant questionnaire consisted of four sections, starting with a demographic and descriptive section inquiring into the respondents' sport career up until the age of 18, where they could indicate up to five different sports (from a list of the 72 most popular organized sports in the Netherlands and Flanders) together with the highest level achieved in each, and their overall impression of their childhood sport experiences. The next three sections probed the respondents' childhood experiences while playing sports: 14 items on *psychological violence*, comprising, among other types, aggressive verbal intimidation, exaggerated negative comments on performance or body, threats, and neglect, 10 items on *physical violence* and forced overtraining, and 17 items on *sexual violence* including sexual harassment and abuse.

Rather than using a predetermined definition of IV, a set of detailed, personalized items on experiences involving IV were presented, for instance "you were being touched during training in a way that made you uneasy / feel uncomfortable", "you were criticized or threatened because you did not want to participate in training sessions or matches/ competitions"; for further examples, see Appendix.

Having indicated experiences with one of the items describing IV, respondents were asked additional questions about their experiences with specific attention to perpetrator characteristics. When answering these additional questions, respondents were asked to focus on the most 'sever' event, or serious of interconnected events, according to their

own opinion. Questions about the perpetrator were (a) Who did this to you? (b) Did it involve one or more persons? (c) Did it concern a man/men, a woman/women or both? (d) How ol was this individual/were these individuals?

3.2. Severity categorisation

Being aware of the subjectivity of each self-reported retrospective experience and giving the inclusion of items on milder forms of violence, an additional severity assessment by independent experts was considered necessary. Quantitative research will never fully capture self-reported experiences but, by using expert severity assessments besides the respondents' frequency indications, we have attempted to structure the data as sensitively as possible. An expert group, consisting of 28 independent professionals in the field of child maltreatment, policy, research and/or clinical practice in Flanders and the Netherlands was established. They were recruited via the personal connections of our research team and provided with a protocol on how to assess the questionnaire items on content, formulation and severity. Aside from providing qualitative feedback on the content and formulation, they scored each of the 41 items from 1 to 3 (low, medium, high) indicating how they perceived the severity of the reported incident(s). Our classification system thus relied on both these expert severity ratings and the respondents' self-reported frequency scores (see Appendix and Table 3.1). Note that there is no reason to assume correlations between the items (e.g., when you have been a victim of sexual assault in sport, it does not necessary mean you have also experienced verbal sexual harassment, sexual glances…). Therefore, instead of attempting to build a scale, the frequency (reported by respondents) and the severity (assessed by experts) of each item were the empirical input for constructing a measurement of the overall severity of the experience within each type of IV (psychological, physical, sexual).

Items describing incidents with the lowest expert severity rating and respondent frequency scores were classified as mild IV, including one-time events with a medium severity rating, while those detailing events having received the lowest or a medium severity rating and a regularly/often score were categorized as moderate. Events the experts had rated as most severe were classified as severe regardless of their frequency.

Table 3.1 Response classification based on expert-rated event severity and respondent-rated event frequency

	Frequency		
	Once	A few times	Regularly, often
Event severity score 1 (low)	**Mild** e.g., you were negatively criticized about your performance	**Mild** e.g., your privacy was invaded (someone was standing too close to you, etc.)	**Moderate** e.g., you were shouted or cursed at
Event severity score 2 (medium)	**Mild** e.g., you were being touched during training in a way that made you uneasy	**Moderate** e.g., you were put down, embarrassed or humiliated	**Severe** e.g., you were threatened with being thrown out (of the team, club, gym, etc.)
Event severity score 3 (high)	**Severe** e.g., someone touched you sexually against your will	**Severe** e.g., you were hit with an object (e.g.,shoe, racket, hockey stick)	**Severe** e.g., you were grabbed by the throat / choked, You were forced to have sex with penetration

4. Measuring the impact of IV against children in sport on mental health and quality of life in adulthood

The association between childhood violence and adult mental health has been extensively documented in numerous epidemiological studies (e.g., Edwards, Holden, Felitti, & Anda, 2003; Felitti et al., 1998; Li, D'Arcy, & Meng, 2016). While the physical and psychological sequelae of childhood violence are well documented, there is less evidence regarding its impact on quality of life (QOL) (Embrechts, Janssens, Vertommen, De Venter, & Van Den Eede, 2016). As to the sport context, a large-scale general population study investigating the impact of IV against athletes, on mental health as well as on QOL, is lacking.

To measure the long-term impact of IV in sport in a general population sample, one questionnaire on psychological problems and one of QOL, was included in this study. Besides good psychometric properties, easiness of completion and short completion time were prerequisites. To measure the impact on mental health, we opt to use a short version of the Symptom Checklist (SCL-90R), a widely used self-report instrument assessing the subjective symptom burden in a broad range of mental disorders (Derogatis & Fitzpatrick, 2004). The Brief Symptom Inventory (BSI-18) is a screening tool that assesses somatization, depression and anxiety. Its 18 items are scored on a 5-point scale from 0 (not at all) to 4 (very often) and subdivided into three 6-item subscales: somatization, depression and anxiety (Derogatis & Fitzpatrick, 2004). The global severity index (GSI) is the raw total score of all items and ranges from 0 to 72, with a higher score indicating more psychopathology; it shows high correlations with the SCL-90R total score. Subscale scores are calculated by dividing the scores by the number of items and range from 0 to 4. The subscales and GSI have a good internal consistency (somatization α =.82, depression α =.87, anxiety α =.84 and GSI α = .93) and confirmatory factor analysis supports the GSI as first-order and the three scales as second-order factors (Franke et al., 2017). The BSI-18 was translated into Dutch in 2011, with the manual providing population norms for Dutch adults (de Beurs, 2011).

To assess QOL, we chose to use the instrument developed by the World Health Organisation. The WHOQOL-Brèf (18 items) is the short version of the WHOQOL (100 items) and captures QOL in four domains: physical health, psychological health, social relationships and environment (Skevington, Lotfy, & O'Connell, 2004). This instrument is one of the few available that addresses social and environmental aspects of QOL, and therefor was chosen above measures such as the SF-36 that emphasize physical, and to a lesser extent, psychological aspects of QOL. The 100-item WHOQOL was developed to obtain a broader index of health. Its brief version (WHOQOL-Brèf) consists of 26 items of which two are 'benchmark' items gauging the general facet of QOL, with the remaining 24 items capturing four domains: physical health (7 items), psychological health (6 items), social relationships (3 items), and environment (8 items). Respondents are asked to keep the last two weeks in mind when rating the items on a 5-point scale (1 = not at all/very poor; 5 = very good/completely). To calculate the domain scores, the mean score of the domain items is multiplied by 4, so that all domain scores range between 4 and 20. Analyses of internal consistency, item–total correlations, discriminant validity and construct validity through confirmatory factor analysis, indicate that the

WHOQOL-BREF has good to excellent psychometric properties of reliability and validity (Skevington et al., 2004). The WHOQOL-Brèf was translated into Dutch in 1996 (de Vries & van Heck, 1996). To date, no norms are available for the Belgian or Dutch population. The international field trial conducted by the WHOQOL Group provides a comparison group of 11,830 persons, representing 23 countries worldwide (Skevington et al., 2004).

5. Procedure

5.1. Pretest and pilot

The first (offline) version of the Interpersonal Violence against Children in Sport (IViS) was pretested by 40 Dutch and Flemish child maltreatment professionals simulating to be childhood victims of IV in sport who also completed a feedback form on its content, language, duration, and layout. Taking into account the findings of meta-research on violence, victims' reports on the impact of data collection methods on findings, and the method preferred by respondents (DiLillo, DeGue, et al., 2006; Rosenbaum & Langhinrichsen-Rohling, 2006; Rosenbaum et al., 2006), we opted for a computer-administered format.

The online version of the questionnaire was piloted in the target population accessed via GfK, a market research bureau active both in the Netherlands and Belgium (see 5.1 Sampling). The pilot study included 487 Flemish and Dutch adult respondents, pre-screened on having participated in organized sport before the age of 18. The pilot study showed a fluent screening process, leading to minor changes in the questionnaire structure, working routing, and filtering. The obtained prevalence rates (i.e., 32% for psychological IV, 12% for physical IV, and 19% for sexual IV) were comparable to available prevalence estimated in the literature, using a low threshold measure.

In order to calculate the sample size of the study, we used the pilot results as an estimation of the prevalence of IV with a 99% confidence level. This way, we were able to set a sample size of at least 800 respondents for the prevalence research questions, and at least 3950 respondents to measure the impact of IV on long-term mental health and quality of life.

5.2. Sampling

Sampling and data collection were performed by GfK, a market research bureau active in more than 100 countries worldwide. In both the Netherlands and Belgium, GfK administers a longitudinal panel of over 200,000 members in the Netherlands and over 80,000 members in Belgium, representative for the population. GfK controls memberships selection and constantly monitors the quality of the panel. For this study, panel members between 18 and 50 years old were pre-screened on having participated in at least one form of organised sport before the age of 18 (see Figure 3.1). The minimum age was set to 18 years old to include adults with very recent experience sin youth sport, allowing us to map the current situation. The maximum age was set to 50 to allow sufficient time to pass, knowing that sequelae of IV in childhood can be expressed only many years later. We chose not to include people over 50 years old because of greater risk of recall bias and cognitive decline. Panel members who were not active in youth sport, did not receive an invitation to participate in the study.

The sampling procedure in the Netherlands and Flanders
After prescreening the Dutch panel members on their participation in youth sport, 4,751 panel members were invited to participate in the study. Within the 3-week fieldwork period, 2,755 (58%) used the web-survey hyperlink. Of these, 346 (12%) did not meet the inclusion criteria (18-50 years and active in organized sport before age 18), 84 did not provide their informed consent, while another 326 did not fully complete the questionnaire. All those were excluded from the study. With 1999 respondents having completed the questionnaire correctly after less than three weeks, the target number had been reached and the Dutch survey site was closed.

Inherent to a different way of panel organization in Flanders, the Flemish respondents were not prescreened on having participated in youth sport before the start of the study. In total, 16,863 Flemish panel members were sampled to take part in the study. Of the 4,236 panel members in Flanders that activated the hyperlink during the time frame of the fieldwork, 1,750 (41%) did not meet the inclusion criteria, 16 did not give their informed consent, while 426 failed to complete the survey. At the end of the fieldwork period, the data of 2,044 Flemish respondents were available for further analysis.

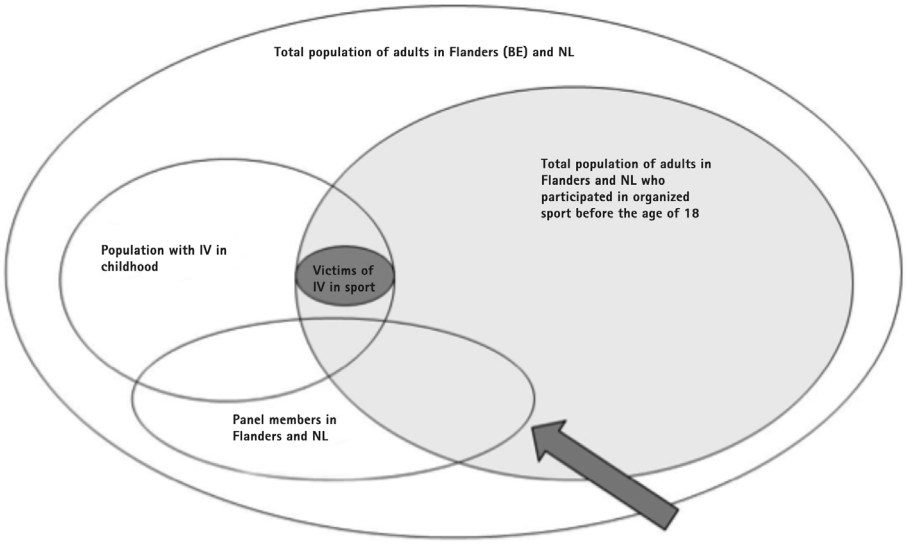


Figure 3.1 Schematic representation of the study population and sample

In total, 4,043 respondents had successfully finished the questionnaire within three weeks. The fieldwork was terminated as soon as the target number of participants was reached, preventing the exact response rate from being determined. Our sample can hence be best described as a *convenience sample* of respondents who have chosen to be panel members and are thus willing and able to fill out a questionnaire relatively rapidly. Because there are no detailed demographic characteristics for all age groups or participation rates in youth sport between 1970 and 2010 (the time the respondents were engaged in sport) in either country, we are unable to demonstrate the representativeness of our sample. Nevertheless, we feel it was sufficiently large and diverse, with a balanced gender ratio and a wide variety in ages, education level, sexual preference and ethnicity (see Table 3.2), coming from both rural and urban areas in the Netherlands and Flanders.

Table 3.2 Sociodemographic and sports participation characteristics for all respondents

		Total sample (N=4,043)	Netherlands (n=1,999)		Flanders, Belgium (n=2,044)	
			Female	Male	Female	Male
		N (%)	N (%)	N (%)	N (%)	N (%)
Age	18-24 years	718 (17.8)	179 (18.2)	183 (18.0)	254 (20.7)	102 (12.5)
	25-34 years	1,214 (30.0)	298 (30.3)	265 (26.1)	425 (34.6)	226 (27.7)
	35-44 years	1,264 (31.3)	300 (30.5)	347 (34.2)	344 (28.0)	273 (33.5)
	45-50 years	847 (20.9)	207 (21.0)	220 (21.7)	205 (16.7)	215 (26.3)
Education	Low	651 (16.1)	178 (18.1)	182 (17.9)	154 (12.6)	137 (16.9)
	Moderate	1,706 (42.2)	471 (47.9)	478 (47.1)	430 (35.2)	327 (40.4)
	High	1,674 (41.4)	335 (34.0)	355 (35.0)	638 (52.2)	346 (42.7)
Sexual preference	Heterosexual	3,672 (90.8)	914 (94.9)	942 (93.5)	1,090 (90.5)	726 (90.1)
	Gay	166 (4.1)	21 (2.2)	42 (4.2)	58 (4.8)	45 (5.6)
	Bisexual	143 (3.5)	28 (2.9)	23 (2.3)	57 (4.7)	35 (4.3)
Ethnicity	Dutch/Belgian	3,693 (91.3)	891 (90.8)	927 (91.6)	1,122 (92.0)	753 (92.4)
	Ethnic minority	335 (8.3)	90 (9.2)	85 (8.4)	98 (8.0)	62 (7.6)

5.3. Briefing

Panel members were invited to participate in the study by email. During the screening procedure, in which panel members were asked about their participation in organised sport before the age of 18, information was given about the following study on negative experiences in sport. The briefing letter explained that participating in youth sport could have had positive as well as negative experiences, and that the researchers were not looking for those who experienced only negative things in sport.

Before the start of the survey, a detailed informed consent procedure was presented. Respondents were invited to agree with following information: that the briefing has been properly read and understood, that she/he is aged between 18 and 50, that he/she has been living in Flanders or the Netherlands during childhood, that he/she understood that some questions might related to sensitive issues such as abuse and that this might trigger feelings of distress or negative memories, that he/she understood that the gathered data would be treated confidentially and anonymously and would be published in research reports, and that he/she was free to skip questions about stop/pause the survey at any point and without explanation.

At the end of the survey, respondents were thanked for their participation and were reassured that their responses would be treated anonymously and confidentially. Those who wanted to could leave a comment and could visit a website with some basic information about the rationale of the study. Contact details of the principal investigator of the study, as well as detailed referrals to Dutch and Flemish helplines and health care providers were provided. Approval for the research protocol was obtained from the Antwerp University Hospital ethics committee prior to the pilot study (file code 13/44/430).

6. Closing remarks

Measuring the extent of violence against children in the context of sport, by retrospectively surveying adults, is largely unexplored and comes with substantial methodological and ethical issues. Up until now, no standardized, validated instrument is available. General inventories of childhood trauma outside sport are a starting point for the development of a questionnaire specific to the context of sport. In such questionnaire, the specific nature, risk factors, behaviours, circumstances, characteristics and sensitivities of the

sport setting should be taken into account so that the questionnaire is able to specifically capture experiences of interpersonal violence against children in this setting.

In this study, we attempted to provide an answer to the current lack of an integrated, broad spectrum, behaviourally based questionnaire to retrospectively assess the prevalence of IV against child athletes in sport. There are limitations to our approach which can be expressed prior to conducting the online questionnaire. Firstly, we rely on recall data. As previous studies have shown with respect too false negatives/positives (see section 1), this may lead to an underestimate of the prevalence of IV. Secondly, data rely on a subset of Flemish and Dutch respondents who are a member of a panel and willing to participate in this study. Despite that, our study has a sufficiently large sample taken from a comparatively general population in Flanders and the Netherlands, with a balanced gender ratio and a wide variety in age, education, sexual preference, ethnicity, marital status, and number and level of sports played. Taking the limitations into account, the current study design provides a reliable cross-sectional estimate of the extent of IV against child athletes in both regions.

References

Alexander, K., Stafford, A., & Lewis, R. (2011). *The experiences of children participating in organised sport in the UK*. Edinburgh: Dunedin Academic Press.

Bernstein, D. P., Fink, L., Handelsman, L., & Foote, J. (1994). Initial reliability and validity of a new retrospective measure of child abuse and neglect. *American Journal of Psychiatry*, *151*(8), 1132–1136. http://doi.org/10.1176/ajp.151.8.1132

Bethlehem, J. (2006). *Representativiteit van web-surveys - Een illusie?* Voorburg: Centraal Bureau voor de Statistiek.

Biderman, A. D., & Reiss, A. J. R. J. (1967). On exploring the "dark figure" of crime. *The Annals of the American Academy of Political and Social Science*, *374*(1), 1–15. http://doi.org/10.1177/000271626737400102

Brislin, R. W. (1970). Back-Translation for Cross-Cultural Research. *Journal of Cross-Cultural Psychology*, *1*(3), 185–216. http://doi.org/10.1177/135910457000100301

David, P. (2005). *Human rights in youth sport*. Oxford: Routledge.

de Beurs, E. (2011). *Brief Symptom Inventory Handleiding* (Herziene e). Leiden: PITS.

de Vries, J., & van Heck, G. L. (1996). *Nederlandse WHOQoL-Bref*. Tilburg.

Derogatis, L. R., & Fitzpatrick, M. (2004). The SCL-90-R, the Brief Symptom Inventory (BSI), and the BSI-18. In M. Maruish (Ed.), *The use of psychological testing for treatment planning and outcomes assessment: Instruments for adults* (3rd Editio, pp. 1–41). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

DiLillo, D., DeGue, S., Kras, A., Di Loreto-Colgan, A. R., & Nash, C. (2006). Participant responses to retrospective surveys of child maltreatment: does mode of assessment matter? *Violence and Victims*, *21*(4), 410–424.

DiLillo, D., Fortier, M. a, Hayes, S. a, Trask, E., Perry, A. R., Messman-Moore, T., … Nash, C. (2006). Retrospective assessment of childhood sexual and physical abuse: a comparison of scaled and behaviorally specific approaches. *Assessment*, *13*(3), 297–312. http://doi.org/10.1177/1073191106288391

DiLillo, D., Hayes-Skelton, S. A., Fortier, M. A., Perry, A. R., Evans, S. E., Messman Moore, T. L., … Fauchier, A. (2010). Development and initial psychometric properties of the Computer Assisted Maltreatment Inventory (CAMI): a comprehensive self-report measure of child maltreatment history. *Child Abuse Negl*, *34*(5), 305–317. http://doi.org/10.1016/j.chiabu.2009.09.015

Dillman, D. A., Smyth, J. D., & Christian, L. M. (2009). *Internet, Mail, and Mixed-Mode Surveys: The Tailored Design Method*. New Jersey: Wiley & Sons.

Dube, S. R., Williamson, D. F., Thompson, T., Felitti, V. J., & Anda, R. F. (2004). Assessing the reliability of retrospective reports of adverse childhood experiences among adult HMO members attending a primary care clinic. *Child Abuse Negl*, *28*(7), 729–737. http://doi.org/10.1016/j.chiabu.2003.08.009

Edwards, V. J., Holden, G. W., Felitti, V. J., & Anda, R. F. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: results from the adverse childhood experiences study. *Am J Psychiatry*, *160*(8), 1453–1460. http://doi.org/10.1176/appi.ajp.160.8.1453

Embrechts, R., Janssens, S., Vertommen, T., De Venter, M., & Van Den Eede, F. (2016). Levenskwaliteit na jeugdtrauma: Literatuuroverzicht. *Tijdschrift Voor Geneeskunde*, *72*(7), 447–455. http://doi.org/10.2143/TVG.72.07.2002091

Federale Politie. (2015). Veiligheidsmonitor. Retrieved July 12, 2017, from http://www.moniteurdesecurite.policefederale.be/veiligheidsmonitor/

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., … Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, *14*(4), 245–258. http://doi.org/10.1016/S0749-3797(98)00017-8

Finkelhor, D., Vanderminden, J., Turner, H., Hamby, S., & Shattuck, A. (2014). Upset among youth in response to questions about exposure to violence, sexual assault and family maltreatment. *Child Abuse & Neglect*, *38*(2), 217–23. http://doi.org/10.1016/j.chiabu.2013.07.021

Franke, G. H., Jaeger, S., Glaesmer, H., Barkmann, C., Petrowski, K., & Braehler, E. (2017). Psychometric analysis of the brief symptom inventory 18 (BSI-18) in a representative German sample. *BMC Medical Research Methodology*, *17*(1), 14. http://doi.org/10.1186/s12874-016-0283-3

Hamby, S. L., & Koss, M. P. (2003). Shades of gray: A qualitative study of terms used in the measurement of sexual victimization. *Psychology of Women Quarterly*, *27*(3), 243–255. http://doi.org/10.1111/1471-6402.00104

Hardt, J., & Rutter, M. (2004). Validity of adult retrospective reports of adverse childhood experiences: Review of the evidence. *Journal of Child Psychology and Psychiatry*, *45*(2), 260–273. http://doi.org/10.1111/j.1469-7610.2004.00218.x

Hulme, P. A. (2004). Retrospective measurement of childhood sexual abuse: a review of instruments. *Child Maltreatment*, *9*(2), 201–217. http://doi.org/10.1177/1077559504264264

Kendall-Tackett, K., & Becker-Blease, K. (2004). The importance of retrospective findings in child maltreatment research. *Child Abuse Negl*, *28*(7), 723–727. http://doi.org/10.1016/j.chiabu.2004.02.002

Knapp, H., & Kirk, S. A. (2003). Using pencil and paper, Internet and touch-tone phones for self-administered surveys: does methodology matter? *Computers in Human Behavior*, *19*(1), 117–134.

Lang, M., & Pinder, S. (2017). Telling (dangerous) stories: a narrative account of a youth coach's experience of an unfounded allegation of child abuse. *Qualitative Research in Sport, Exercise and Health*, *9*(1), 99–110. http://doi.org/10.1080/2159676X.2016.1246469

Langhinrichsen-Rohling, J., Arata, C., O'Brien, N., Bowers, D., & Klibert, J. (2006). Sensitive research with adolescents: Just how upsetting are self-report surveys anyway? *Violence Vict*, *21*(4), 425–444.

Li, M., D'Arcy, C., & Meng, X. (2016). Maltreatment in childhood substantially increases the risk of adult depression and anxiety in prospective cohort studies: systematic review, meta-analysis, and proportional attributable fractions. *Psychological Medicine*, *46*, 717–730. http://doi.org/10.1017/S0033291715002743

Newman, E., & Kaloupek, D. G. (2004). The risks and benefits of participating in trauma-focused research studies. *J Trauma Stress*, *17*(5), 383–394. http://doi.org/10.1023/B:JOTS.0000048951.02568.3a

Pennebaker, J. W. (2004). *Writing to heal: A guided journal for recovering from trauma and emotional upheaval*. Oakland, CA: New Harbinger Press.

Pereira da Silva, S. S., & da Costa Maia, A. (2013). The stability of self-reported adverse experiences in childhood: a longitudinal study on obesity. *Journal of Interpersonal Violence*, *28*(10), 1989–2004. http://doi.org/10.1177/0886260512471077

Pinto, R., Correia, L., & Maia, Â. (2014). Assessing the Reliability of Retrospective Reports of Adverse Childhood Experiences among Adolescents with Documented Childhood Maltreatment. *Journal of Family Violence*, *29*(4), 431–438. http://doi.org/10.1007/s10896-014-9602-9

Rind, B., & Tromovitch, P. (1997). A Meta-Analytic Review of Findings from National Samples on Psychological Correlates of Child Sexual Abuse. *Journal of Sex Research*, *34*(3), 237–255. Retrieved from http://biblio.vub.ac.be/vlink/VlinkMenu.CSP?url_ver=Z39.88-2004&url_ctx_fmt=info:ofi/fmt:kev:mtx:ctx&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rfr_id=info:sid/&rft.genre=article&rft.issn=00224499&rft.title=Journal of sex research&rft.atitle=A meta-analytic

Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin*, *124*(1), 22–53. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/9670820

Rosenbaum, A., & Langhinrichsen-Rohling, J. (2006). Meta-research on violence and victims: the impact of data collection methods on findings and participants. *Violence and Victims*, *21*(4), 404–409. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/16897909

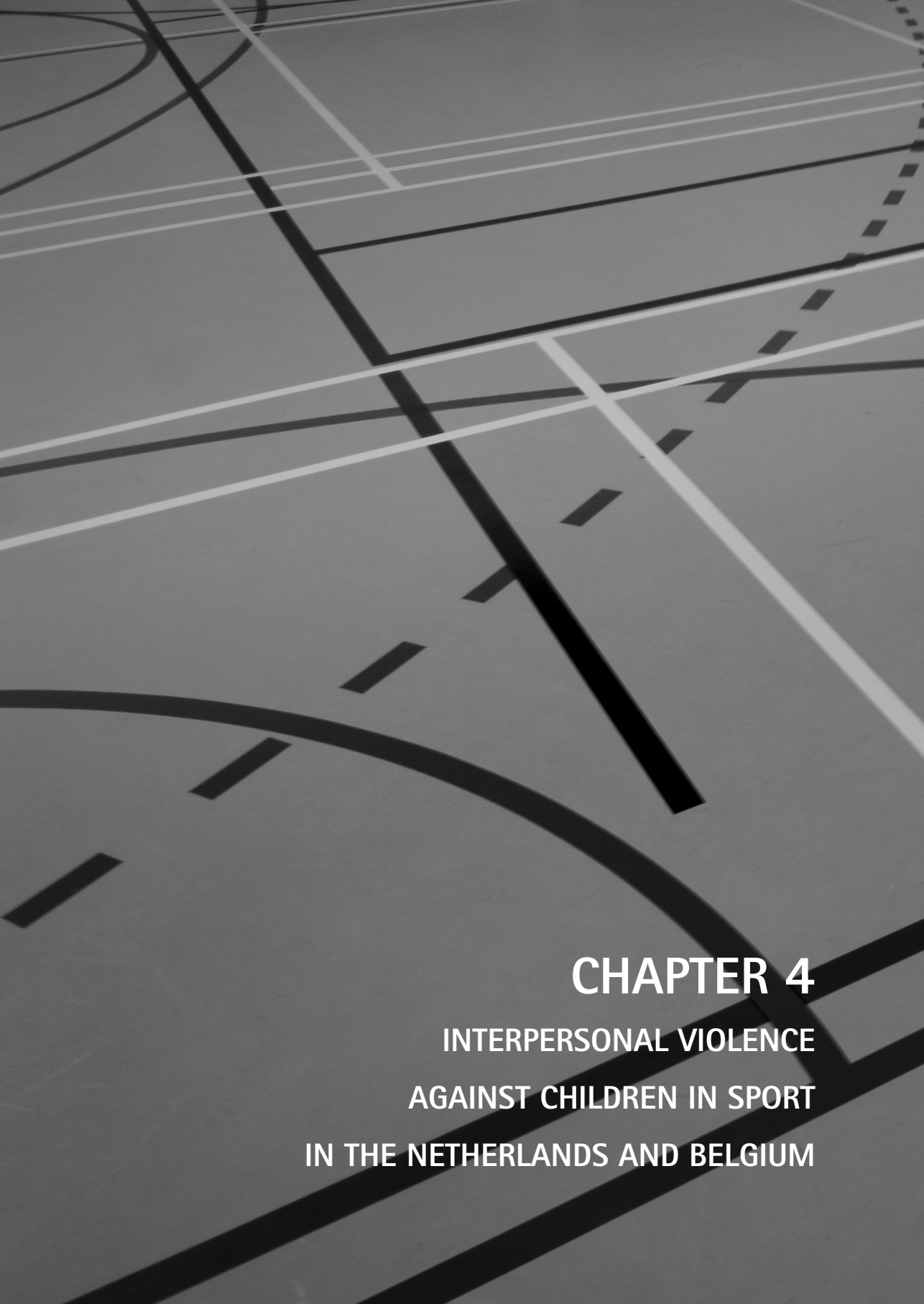
Rosenbaum, A., Rabenhorst, M. M., Reddy, M. K., Fleming, M. T., & Howells, N. L. (2006). A comparison of methods for collecting self-report data on sensitive topics. *Violence and Victims*, *21*(4), 461–471. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/16897913

Skevington, S. M., Lotfy, M., & O'Connell, K. A. (2004). The World Health Organization's WHOQOL-BREF quality of life assessment: psychometric properties and results of the international field trial. A report from the WHOQOL group. *Qual Life Res*, *13*(2), 299–310. http://doi.org/10.1023/B:QURE.0000018486.91360.00

van Ossenbruggen, R., Vonk, T., & Willems, P. (2006). Online panels, goed bekeken. *Clou*, *24*(28–34).

Wager, N. M. (2012). Respondents' Experiences of Completing a Retrospective Web-Based, Sexual Trauma Survey: Does a History of Sexual Victimization Equate With Risk for Harm? *Violence Vict*, *27*(6), 991–1004.

Widom, C. S., Raphael, K. G., & DuMont, K. A. (2004). The case for prospective longitudinal studies in child maltreatment research: commentary on Dube, Williamson, Thompson, Felitti, and Anda (2004). *Child Abuse and Neglect*, *28*(7), 715–722. http://doi.org/10.1016/j.chiabu.2004.03.009



CHAPTER 4

INTERPERSONAL VIOLENCE AGAINST CHILDREN IN SPORT IN THE NETHERLANDS AND BELGIUM

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Abstract

The current article reports on the first large-scale prevalence study on interpersonal violence against children in sport in the Netherlands and Belgium. Using a dedicated online questionnaire, over 4,000 adults prescreened on having participated in organized sport before the age of 18 were surveyed as to their experiences with childhood psychological, physical, and sexual violence while playing sports. Being the first of its kind in the Netherlands and Belgium, our study has a sufficiently large sample taken from a comparatively general population, with a balanced gender ratio and wide variety in socio-demographic characteristics. The survey showed that 38% of all respondents reported experiences with psychological violence, 11% with physical violence, and 14% with sexual violence. Ethnic minority, lesbian/gay/bisexual (LGB) and disabled athletes, and those competing at the international level report significantly more experiences of interpersonal violence in sport. The results are consistent with rates obtained outside sport, underscoring the need for more research on interventions and systematic follow-ups, to minimize these negative experiences in youth sport.

Keywords: prevalence; child abuse; harassment; maltreatment; unwanted behavior; organized sport

1. Introduction

Interpersonal violence (IV) in sport is an understudied phenomenon. Indeed, it is not customary to dwell on the negative sides of sport, which is traditionally viewed as a social good. Policy makers have been more preoccupied with making sport available (the sport-for-all doctrine) and injury-free than making it safe from interpersonal violence such as harassment and abuse (Schipper-van Veldhoven, 2012). Competitive sport is characterized by unique structures and cultures, a high tolerance of random incidents of physical violence and injuries as being part of the "rough and tumble" of the game, asymmetrical power relationships between coaches and athletes, the male-dominated gender ratio, and the sports culture often being associated with authoritarian leadership, the often-required physical contact, the reward structures, and participation at an early age (Alexander, Stafford, & Lewis, 2011; Brackenridge, 2010; Cense & Brackenridge, 2001; Kirby, Greaves, & Hankivsky, 2000). These characteristics suggest that sport is a conducive climate for IV against child athletes. Still, very few people expect sport to be associated with IV. As it is one of the responsibilities of leaders in organized sport to create a safe climate, a better understanding of the nature and frequency of occurrence of IV in youth sport is essential. The current study is the first large-scale quantitative analysis of the prevalence (i.e., the proportion of a population that has a specific characteristic at a given time) of IV among young athletes in the Netherlands and Belgium.

1.1. Prevalence research

There is a paucity of empirical evidence of IV against children in sport. The first quantitative studies in this field focused on unwanted sexual experiences among female athletes of various ages and found the prevalence of sexual harassment and abuse to vary between 2% and 50% (Fasting, Chroni, Hervik, & Knorre, 2011; Kirby et al., 2000; Leahy, Pretty, & Tenenbaum, 2002). Comparison of such studies is difficult because of the different definitions and research approaches they adopted. Nonetheless, recurrent findings are that risks are higher for girls and women than they are for boys and men, and more so for athletes performing at the elite rather than the recreational level (Fasting, Brackenridge, & Sundgot-Borgen, 2003; Leahy et al., 2002).

The focus on sexual violence in sport has recently widened to include other types of IV, with some (mostly qualitative) studies investigating emotional abuse, overtraining,

physical punishment, hazing, bullying, and pressurization of young athletes (Baar & Wubbels, 2013; Gervis & Dunn, 2004; Stafford & Fry, 2013; Stirling, Bridges, Cruz, & Mountjoy, 2011; Stirling & Kerr, 2012; Tiessen-Raaphorst & Breedveld, 2007). In the United Kingdom, Alexander and colleagues (2011) recorded prevalence estimates of 75% for emotional harm and 24% for physical harm in athletes under the age of 16. However, the study suffered from a very low response rate (under 1%) and a potential selection bias can therefore not be excluded. A Dutch study on unwanted behavior in sport that gauged verbal, physical, and sexual violence (Tiessen-Raaphorst, Lucassen, van den Dool, & van Kalmthout, 2008) revealed that 1 in 5 respondents aged 12 years or over reported having been a victim (11%) or a witness of unwanted behaviors including verbal (12%) or physical aggression (6%), and sexual harassment (1%). More recent Dutch data (Romijn, van Kalmthout, Breedveld, & Lucassen, 2013) shows that nearly 4 in 10 of those who regularly participate in organized sport experience or witness unwanted behavior. To date, reliable prevalence rates for psychological and physical violence in organized youth sport are not available.

1.2. Study purpose

The main objective of the present article is to assess the prevalence of retrospectively self-reported IV in organized youth sport in Flanders and the Netherlands, while also considering differences between male and female, and their current ages.

Secondly, it is the aim to compare prevalence estimates in Flanders and the Netherlands. Shortly after a high profile case of sexual abuse in Dutch sport in 1996, the sport authorities in the Netherlands effected a Prevention of Sexual Harassment in Sport policy, which would later be incorporated into a comprehensive Safer Sports Climate program (Schipper-van Veldhoven, Vertommen, & Vloet, 2014). Flanders, the Dutch-speaking part of the federal state of Belgium, on the other hand, only recently took action by implementing a safeguarding policy in sport (Vertommen, Tolleneer, Maebe, & De Martelaer, 2014). While it is not the purpose of this study to evaluate the efficacy of the Dutch prevention system, this difference in the timing of prevention strategies underscores the relevance of a comparison of the Flemish and Dutch situation.

The third objective of this study is to focus on potentially risk-increasing factors such as sexual orientation, ethnicity, disability, and highest performance level. While there is no strong evidence available from studies in sport, the majority of studies in a general

population indicate a higher prevalence of IV in minority groups consisting of LGB, immigrants and people with disabilities (Balsam, Rothblum, & Beauchaine, 2005; Friedman et al., 2011; Hussey, Chang, & Kotch, 2006; Jones et al., 2012; Putnam, 2003). Sport demands the most of its elite performers. International youth athletes invest an immense amount of time, money, energy in their sport, and have much more to lose. This makes them more vulnerable for exposure to IV in a sports context. Several studies have found elite athletes to be at higher risk of experiencing non-accidental violence in sport (Alexander et al. 2011, Fasting et al. 2003, Leahy et al. 2002).

2. Methods

2.1. Definitions

Violence is a contested term and has numerous definitions. Operationalizations of the concepts violence, maltreatment, and abuse vary worldwide, which complicates the interpretation and comparison of prevalence rates across studies. For our study we adopted the definition of violence as documented in article 19 of the Convention on the Rights of the Child (United Nations, 1989): "*[..] all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parent(s), legal guardian(s) or any other person who has the care of the child*".

The term violence is conceptually and functionally related (Brackenridge, 2010) to the term abuse but comprises a wider range of behaviors that are not always or necessarily understood as abusive (e.g., harassment, peer-to-peer bullying, and verbal intimidation) (Krug, Mercy, Dahlberg, & Zwi, 2002; United Nations, 2006). One might question our decision to apply such a broad definition of violence, containing milder forms such as whistling, glancing, and teasing. The United Nations Committee on the Rights of the Child, however, states the following on this issue: "A*ll forms of violence against children, however light, are unacceptable. [...] Frequency, severity of harm and intent to harm are not prerequisites for the definitions of violence. State parties may refer to such factors in intervention strategies in order to allow proportional responses in the best interests of the child, but definitions must in no way erode the child's absolute right to human dignity and physical and psychological integrity by describing some forms of violence as legally and/or socially acceptable*." (2011, p. 8)

When studying IV in sport, one needs to distinguish behavior deemed to be a normal part of the game from that considered to overstep the ethical mark (Brackenridge, 2010), i.e., deliberate or non-accidental IV. Accordingly, violence occurring within the bounds of prescribed constitutive rules is not considered in this study.

We define organized sport as every recreational or competitive sporting activity that is voluntary, takes place within the context of a club or organization outside the school curriculum, and involves an element of training or instruction by an adult, including sport camps and organized extracurricular sporting activities at school but excluding physical education (PE lessons) and informal physical activities (e.g., street soccer games, walking the dog, and gardening).

2.2. The IViS questionnaire

Currently, there is no validated international questionnaire on IV against children in sport. Alexander et al. (2011) used an informal index of possible negative and harmful experiences children might face in sport, which we used as a basis for our survey questionnaire. Comparing the Alexander et al. (2011) items with internationally validated clinical ACE inventories (in general), such as Felitti et al.'s ACE questionnaire (1998) and Berstein et al.'s Childhood Trauma Questionnaire (1994), we found their index to show good face and content validity, with all the relevant components of sport-related childhood trauma being represented, as well as the 16 main forms of abuse, neglect, and violence in competitive sports as listed by David (2004, p. 56). We have maintained the subdivisions of psychological, physical, and sexual IV but omitted the items on self-harm, organized abuse, drug use, and body image. The word harm was not adopted in order to preserve neutrality. The order and wording of some items was modified slightly, some items were split or merged, and a classification method was added (cf. infra). The questionnaire was then translated into Dutch and tested for compatibility with the Flemish language (the dialect of Dutch spoken in Flanders). Back-translation was performed by a certified translator. Comparison with Alexander et al.'s original questionnaire (2011) revealed no substantive differences.

The resultant questionnaire consisted of four sections, starting with a demographic and descriptive section inquiring into the respondents' sport career up until the age of 18, where they could indicate up to five different sports (from a list of the 72 most popular organized sports in the Netherlands and Flanders) together with the highest

level achieved in each, and their overall impression of their childhood sport experiences. The next three sections probed the respondents' childhood experiences while playing sports: 14 items on *psychological violence*, comprising, among other types, aggressive verbal intimidation, exaggerated negative comments on performance or body, threats, and neglect, 10 items on *physical violence* and forced overtraining, and 17 items on *sexual violence* including sexual harassment and abuse. To minimize underreporting, it is important to use explicit questions that cover the full range of violence experiences (Hamby & Koss, 2003). Rather than using a predetermined definition of IV, a set of detailed, personalized items on experiences involving IV were presented, for instance "you were being touched during training in a way that made you uneasy / feel uncomfortable", "you were criticized or threatened because you did not want to participate in training sessions or matches/competitions"; for further examples, see Appendix.

The first (offline) version of the Interpersonal Violence against Children in Sport (IViS) was pretested by 40 Dutch and Flemish professionals simulating to be childhood victims of IV in sport who also completed a feedback form on its content, language, duration, and layout. Taking into account the findings of meta-research on violence, victims' reports on the impact of data collection methods on findings, and the method preferred by respondents (DiLillo, DeGue, Kras, Di Loreto-Colgan, & Nash, 2006; Rosenbaum & Langhinrichsen-Rohling, 2006; Rosenbaum, Rabenhorst, Reddy, Fleming, & Howells, 2006), we opted for a computer-administered format using Confirmit software. This online version was then piloted in the target population. The trial included 487 Flemish and Dutch adult respondents having played organized sport before the age of 18 years and showed a fluent screening process, leading to minor changes in the questionnaire structure, wording, routing, and filtering. The prevalence rates we obtained (i.e., 32% for psychological IV, 12% for physical IV, and 19% for sexual IV) were comparable to rates mentioned in the literature.

2.3. Severity classification

Being aware of the subjectivity of each self-reported retrospective experience and giving the inclusion of items on milder forms of violence, an additional severity assessment by independent experts was considered necessary. We know that quantitative research will never fully capture self-reported experiences but, by using expert severity assessments besides the respondents' frequency indications, we have attempted to structure the data as sensitively as possible. An expert group, consisting of 28 independent professionals in

the field of child maltreatment policy, research and/or clinical practice in Flanders and the Netherlands, scored each of the 41 items from 1 to 3 (low, medium, high) indicating how they perceived the severity of the reported incident(s). Our classification system thus relied on both these expert severity ratings and the respondents' self-reported frequency scores (see Appendix and Table 4.1). Note that there is no reason to assume correlations between the items (e.g., when you have been a victim of sexual assault in sport, it does not necessary mean you have also experienced verbal sexual harassment, sexual glances…). Therefore, instead of attempting to build a scale, the frequency (reported by respondents) and the severity (assessed by experts) of each item were the empirical input for constructing a measurement of the overall severity of the experience within each type of IV (psychological, physical, sexual).

Table 4.1 Response classification based on expert-rated event severity and respondent-rated event frequency

	Frequency		
	Once	A few times	Regularly, often
Event severity score 1 (low)	**Mild** e.g., you were negatively criticized about your performance	**Mild** e.g., your privacy was invaded (someone was standing too close to you, etc.)	**Moderate** e.g., you were shouted or cursed at
Event severity score 2 (medium)	**Mild** e.g., you were being touched during training in a way that made you uneasy	**Moderate** e.g., you were put down, embarrassed or humiliated	**Severe** e.g., you were threatened with being thrown out (of the team, club, gym, etc.)
Event severity score 3 (high)	**Severe** e.g., someone touched you sexually against your will	**Severe** e.g., you were hit with an object (e.g., shoe, racket, hockey stick)	**Severe** e.g., you were grabbed by the throat / choked, You were forced to have sex with penetration

Items describing incidents with the lowest expert severity rating and respondent frequency scores were classified as mild IV, including one-time events with a medium severity rating, while those detailing events having received the lowest or a medium severity rating and a regularly/often score were categorized as moderate. Events the experts had rated as most severe were classified as severe regardless of their frequency.

2.4. Procedure

The prevalence of childhood sport-related IV was measured using a retrospective web-based survey of adult respondents aged between 18 and 50 years who had engaged in organized sports as a child (up to the age of 18). Sampling and data collection were performed by GfK (www.gfk.com), a market research company active in the Netherlands and Belgium drawing on a longitudinal panel. The panel is a convenience sample of the Internet population in both countries. Panel members were invited to participate in the study by email. The briefing letter contained information on the content of the web survey, a link to an informative website about the methodology of the study, a directory of counselling services, and a hyperlink to the actual IViS questionnaire. Respondents could only proceed after agreeing with the informed consent request. Respondents were able to pause or terminate the survey at any point or stage. Approval for the research protocol was obtained from the Antwerp University Hospital ethics committee prior to the pilot study (file code 13/44/430).

2.5. The sample

After prescreening the Dutch panel members on their participation in youth sport, 4,751 panel members were invited to participate in the study. Within the 3-week fieldwork period, 2,755 (58%) used the web-survey hyperlink. Of these, 346 (12%) did not meet the inclusion criteria (18-50 years and active in organized sport before age 18), 84 did not provide their informed consent, while another 326 did not fully complete the questionnaire. All those were excluded from the study. With 1999 respondents having completed the questionnaire correctly after less than three weeks, the target number had been reached and the Dutch survey site was closed.

Inherent to a different way of panel organization in Flanders, the Flemish respondents were not prescreened on having participated in youth sport before the start of the study. In total, 16,863 Flemish panel members were sampled to take part in the study. Of the

4,236 panel members in Flanders that activated the hyperlink during the time frame of the fieldwork, 1,750 (41%) did not meet the inclusion criteria, 16 did not give their informed consent, while 426 failed to complete the survey. At the end of the fieldwork period, the data of 2,044 Flemish respondents were available for further analysis. In total, 4,043 respondents had been successfully recruited within three weeks.

2.6. Statistical procedures

The primary aim of this study was measuring the prevalence of IV in youth sport. To be able to assess a prevalence of 6% with a maximum precision of 3% at a significance level of 0.01, and assuming random samples from the target populations, 2000 respondents in each country were required. Precision is defined here as the width of the 99% confidence interval (CI). The assumption of a 6% prevalence is based on the results for severe psychological, physical and/or sexual violence in the pilot study (Hintze, 2011).

To determine differences between subgroups, simple binary logistic regressions were used. ORs and 99% CIs are reported. A multiple binary logistic regression model containing gender, ethnicity, current age group, highest sport level, sexual preference, disability, and country was built for each of the three IV types. Pairwise interactions were checked and included in the model if significant. Posthoc comparisons were made for the interaction terms included. Through backward elimination, we arrived at the most parsimonious model, with all main effects and interactions significant at alpha < 0.001. The partial nonresponse was less than 1%, so no additional adjustment was made. All statistical analyses were performed using IBM SPSS software version 22.

3. Results

3.1. Sociodemographic and sport characteristics of the study sample

The sociodemographic characteristics of the respondents in the final sample for analysis are summarized in Table 4.2. The respondents, of whom 55% were female, were recruited from all regions in Flanders and the Netherlands, from cities as well as rural areas, and their ages were evenly distributed between 18 and 50 years. As to level of education, 16% had received no or lower secondary education only, 42% had completed higher secondary/vocational education, and 42% had obtained a university degree (BA, MA/MSc, PhD). Children's participation in Flemish club-organized sports varied between 45

and 57% in the last three decades, whereby boys had somewhat higher participation rates than girls (Vandermeerschen, Vos, & Scheerder, 2014). In the Netherlands, around 88% of 6-to-17-year olds regularly engaged in physical activities in 2013, with equal participation rates for boys and girls (Collard & Hoekman, 2012; Collard & Pulles, 2014). Our study sample reflects the few characteristics that are known about the target population.

Table 4.2 also provides an overview of the respondents' childhood sports background. The majority (69%) had participated in more than one sport, with nearly all (97%) having been active members of at least one club sport. Many had been active in informal sport groups, sport camps, or as members of commercial sports facilities (e.g., a gym/fitness club). The highest performance level achieved varied widely: almost a third of all respondents had played recreational sports only; the others had played at least one of the listed sports at the competitive level, ranging from local to international (3%), while 5% had participated in organized sport activities for disabled children, although the majority had not done so exclusively.

Table 4.2 Sociodemographic and sports participation characteristics for all respondents

		Total sample (N=4,043)	Netherlands (n=1,999)		Flanders, Belgium (n=2,044)	
			Female	Male	Female	Male
		N (%)	n (%)	n (%)	n (%)	n (%)
Age	18-24 years	718 (17.8)	179 (18.2)	183 (18.0)	254 (20.7)	102 (12.5)
	25-34 years	1,214 (30.0)	298 (30.3)	265 (26.1)	425 (34.6)	226 (27.7)
	35-44 years	1,264 (31.3)	300 (30.5)	347 (34.2)	344 (28.0)	273 (33.5)
	45-50 years	847 (20.9)	207 (21.0)	220 (21.7)	205 (16.7)	215 (26.3)
	Total	4,043 (100.0)	984 (100.0)	1,015 (100.0)	1,228 (100.0)	816 (100.0)
Education	Low	651 (16.1)	178 (18.1)	182 (17.9)	154 (12.6)	137 (16.9)
	Moderate	1,706 (42.2)	471 (47.9)	478 (47.1)	430 (35.2)	327 (40.4)
	High	1,674 (41.4)	335 (34.0)	355 (35.0)	638 (52.2)	346 (42.7)
	Total	4,031 (99.7)	984 (100.0)	1,015 (100.0)	1,222 (100.0)	810 (100.0)
Sexual preference	Heterosexual	3,672 (90.8)	914 (94.9)	942 (93.5)	1090 (90.5)	726 (90.1)
	Gay	166 (4.1)	21 (2.2)	42 (4.2)	58 (4.8)	45 (5.6)
	Bisexual	143 (3.5)	28 (2.9)	23 (2.3)	57 (4.7)	35 (4.3)
	Total	3,981 (98.5)	963 (100.0)	1,007 (100.0)	1,205 (100.0)	806 (100.0)
Ethnicity	Dutch/Belgian origin	3693 (91.3)	891 (90.8)	927 (91.6)	1122 (92.0)	753 (92.4)
	Ethnic minority (self, father and/or mother)	335 (8.3)	90 (9.2)	85 (8.4)	98 (8.0)	62 (7.6)
	Total	**4,028 (99.6)**	**981 (100.0)**	**1,012 (100.0)**	**1,220 (100.0)**	**815 (100.0)**

Table 4.2 Sociodemographic and sports participation characteristics for all respondents • continuation

		Total sample (N=4,043)	Netherlands (n=1,999)		Flanders, Belgium (n=2,044)	
			Female	Male	Female	Male
		N (%)	n (%)	n (%)	n (%)	n (%)
Marital status	Married	1,513 (37.4)	403 (41.0)	416 (41.0)	391 (31.8)	303 (37.1)
	Cohabitant	938 (23.2)	219 (22.3)	203 (20.0)	321 (26.1)	195 (23.9)
	In a relationship (non-cohabitant)	494 (12.2)	112 (11.4)	107 (10.5)	180 (14.7)	95 (11.6)
	Divorced and single	213 (5.3)	51 (5.2)	29 (2.9)	84 (6.8)	49 (6.0)
	Single (never married)	752 (18.6)	171 (17.4)	224 (22.1)	202 (16.4)	155 (19.0)
	Widow(er)	14 (0.3)	5 (0.5)	1 (0.1)	7 (0.6)	1 (0.1)
	Other	89 (2.2)	15 (1.5)	32 (3.2)	34 (2.8)	8 (1.0)
	Prefer not to tell	30 (0.7)	8 (0.8)	3 (0.3)	9 (0.7)	10 (1.2)
	Total	4,043 (100.0)	984 (100.0)	1,015 (100.0)	1,228 (100.0)	816 (100.0)
Participation in sport for disabled children	Yes, exclusively	52 (1.3)	10 (1.0)	6 (0.6)	13 (1.1)	23 (2.8)
	Yes, but not exclusively	133 (3.3)	22 (2.2)	29 (2.9)	33 (2.7)	49 (6.0)
	No	3,849 (95.2)	952 (96.7)	977 (96.5)	1180 (96.2)	740 (91.1)
	Total	**4,034 (99.8)**	**984 (100.0)**	**1,012 (100.0)**	**1,226 (100.0)**	**812 (100.0)**

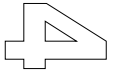

Table 4.2 Sociodemographic and sports participation characteristics for all respondents • continuation

		Total sample (N=4,043)	Netherlands (n=1,999)		Flanders, Belgium (n=2,044)	
			Female	Male	Female	Male
		N (%)	n (%)	n (%)	n (%)	n (%)
Number of sports	1 sport	1262 (31.2)	217 (22.1)	275 (27.1)	432 (35.2)	338 (41.4)
	2 sports	1015 (25.1)	248 (25.2)	296 (29.2)	279 (22.7)	192 (23.5)
	3 sports	757 (18.7)	223 (22.7)	192 (18.9)	230 (18.7)	112 (13.7)
	4 sports	499 (12.3)	147 (14.9)	136 (13.4)	144 (11.7)	72 (8.8)
	5 sports	510 (12.6)	149 (15.1)	116 (11.4)	143 (11.6)	102 (12.5)
	Total	**4,043 (100.0)**	**984 (100.0)**	**1,015 (100.0)**	**1,228 (100.0)**	**816 (100.0)**
Sport organization	Sports club	3,898 (96.4)	967 (98.3)	990 (97.5)	1160 (94.5)	781 (95.7)
	Informal groups of friends/family	1,399 (34.6)	278 (28.3)	342 (33.7)	407 (33.1)	372 (45.6)
	Alone, non-organized	1,108 (27.4)	249 (25.3)	290 (28.6)	287 (23.4)	282 (34.6)
	Member of commercial sport provider	1,021 (25.3)	270 (27.4)	217 (21.4)	341 (27.8)	193 (23.7)
Highest sport level	Recreational	1,239 (30.6)	285 (29.0)	173 (17.0)	599 (48.8)	182 (22.4)
	Competitive, local level	1,023 (25.3)	311 (31.6)	281 (27.7)	254 (20.7)	177 (21.7)
	Competitive, regional level	1,245 (30.8)	289 (29.4)	428 (42.2)	230 (18.7)	298 (36.6)
	Competitive, national level	421 (10.4)	79 (8.0)	104 (10.2)	110 (9.0)	128 (15.7)
	Competitive, international level	112 (2.8)	19 (1.9)	29 (2.9)	35 (2.9)	29 (3.6)
	Total	**4,040 (99.9)**	**983 (100.0)**	**1,015 (100.0)**	**1,228 (100.0)**	**814 (100.0)**

3.2. Reported prevalence of IV in the overall sample

Table 4.3 gives an overview of the self-reported frequency of IV during the respondents' sports histories. Almost 38% indicated *at least one incident* of psychological violence, 11% at least one event involving physical violence, while 14% had experienced sexual violence at least once.

Table 4.3 Prevalence of childhood interpersonal violence (IV) in sport per type for the total study sample (low threshold measure, i.e., at least one experience)

	n	%	Confidence Interval (99%)
Psychological Violence	1,520	37.6	35.7 - 39.6
Physical Violence	455	11.3	10.0 - 12.6
Sexual Violence	578	14.3	12.9 - 15.8
At least one type of IV	1,785	44.2	42.1 - 46.2
All types of IV	167	4.1	3.4 - 5.0

A total of 1,785 respondents (44%) reported at least one experience with one of the three types of IV, 167 of whom (4%) had experienced all three types. The set diagram in Figure 4.1 shows the proportions and relations for the various IV types. Of the respondents reporting physical or sexual violence, the majority (80% and 67%, respectively) also reported at least one incident of psychological violence.

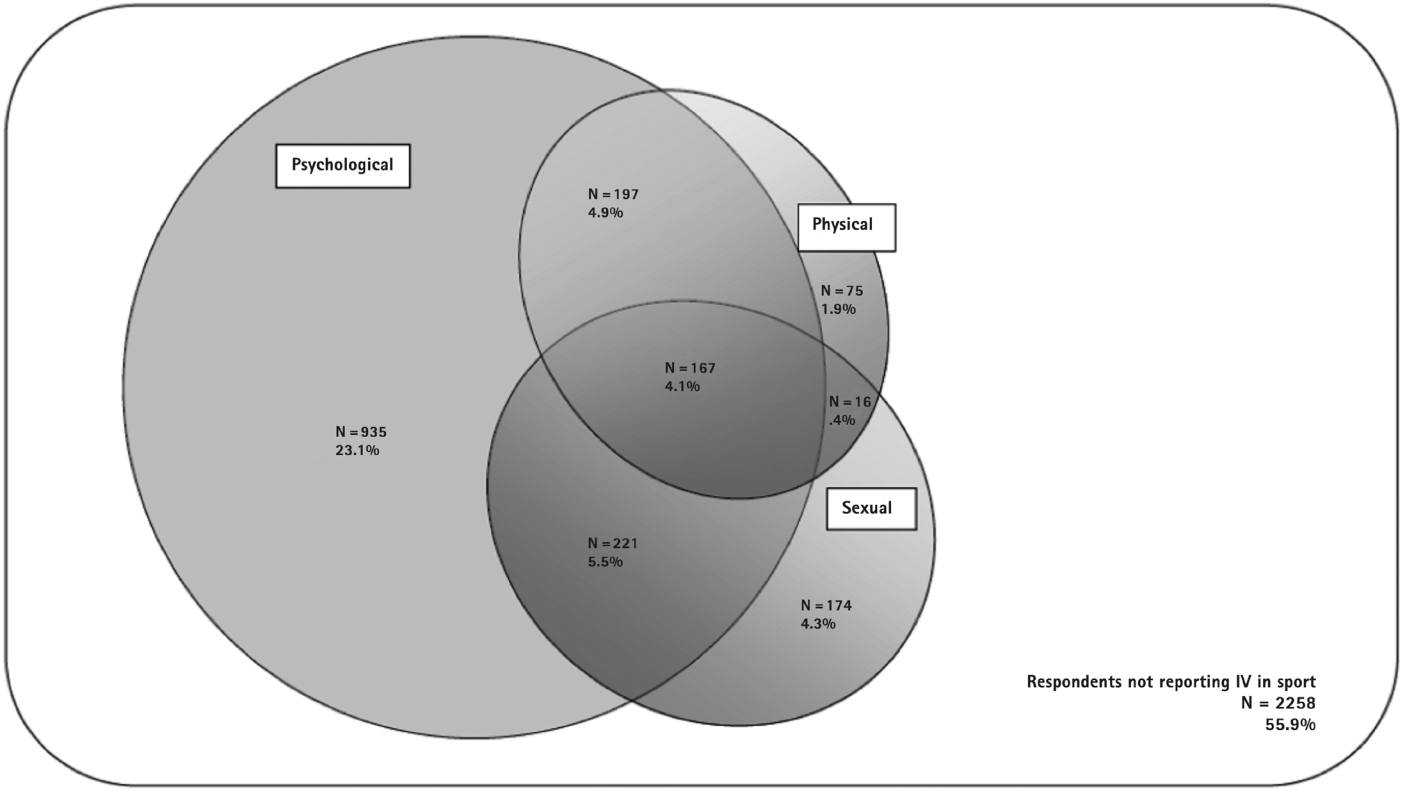

Figure 4.1 Proportions and correlations of the three types of IV (low threshold measure, i.e., at least one experience)

3.3. Reported prevalence of IV according to country and gender

In Table 4.4 the reports of IV are classified according to country, gender, current age, sexual preference, ethnicity, participation in disabled sports, and highest sporting achievement. We found no significant differences between Flemish and Dutch reports of psychological violence. For physical and sexual violence, however, the prevalence rates are significantly higher in Flanders (Table 4.4 and Table 4.5). Psychological violence shows no significant gender differences, but the rates for physical violence ($p < .001$) are higher in the male respondents while the female respondents reported higher rates of sexual violence ($p < .001$).

3.4. Reported prevalence of IV according to current age

Experiences with physical and sexual violence did not differ among the four age groups: respondents having participated in sports in the 1970s, 1980s, 1990s, and 2000s reported similar rates for these IV types (Table 4.5). The number of reports of psychological violence are, however, significantly lower in the older respondents, with the oldest group (playing sports in the 1970s and 1980s) reporting significantly fewer incidents (30%) than the youngest group (playing sports in the 2000s; 46%; $p < .001$) (Table 4.5).

Table 4.4 Reported prevalence of the three types of childhood interpersonal violence (IV) in sport per subgroup (low threshold measure, i.e., at least one experience)

		Psychological Violence	Physical Violence	Sexual Violence
		N (%)	N (%)	N (%)
Country	the Netherlands	735 (36.8)	196 (9.8)	237 (11.9)
	Flanders, Belgium	785 (38.5)	259 (12.7)	341 (16.7)
Gender	Female	803 (36.3)	195 (8.8)	380 (17.2)
	Male	717 (39.2)	260 (14.2)	198 (10.8)
Age	18-24 years	332 (46.4)	93 (13.0)	123 (17.2)
	25-34 years	505 (41.7)	127 (10.5)	163 (13.4)
	35-44 years	431 (34.1)	132 (10.5)	176 (14.0)
	45-50 years	252 (29.8)	103 (12.2)	116 (13.7)
Sexual preference	Heterosexual	1,355 (36.9)	385 (10.5)	489 (13.3)
	Gay	65 (39.4)	21 (12.7)	34 (20.6)
	Bisexual	73 (51.0)	39 (27.5)	43 (30.3)
Ethnicity	Dutch/Belgian origin	1,382 (37.5)	387 (10.5)	505 (13.7)
	Ethnic minority (self, father and/or mother)	131 (39.2)	64 (19.1)	68 (20.3)
Participation in sport	No	1,425 (37.0)	393 (10.2)	512 (13.3)
for disabled children	Yes	91 (49.7)	60 (32.4)	62 (33.5)
Highest sporting	Recreational level (N=1239)	408 (32.9)	102 (8.2)	168 (13.6)
achievement	Local level (N=1023)	396 (38.8)	108 (10.6)	141 (13.8)
	Regional level (N=1245)	503 (40.4)	156 (12.5)	173 (13.9)
	National level (N=421)	151 (35.9)	60 (14.3)	64 (15.2)
	International level (N=112)	61 (55.0)	29 (25.0)	32 (28.6)

Table 4.5 Results for the simple and multiple logistic regressions per type of childhood sport-related interpersonal violence (IV) (low threshold measure, i.e., at least one experience)

Psychological Violence		Simple logistic regression			Multiple logistic regression		
$R^2_{McFadden}$ = 0.022 *(Multiple log reg)*		OR	99% CI	p	OR	99% CI	p
Country	the Netherlands°						
	Flanders, Belgium	1.074	0.908 – 1.270	0.272	1.106	0.927 – 1.319	0.141
Gender	Female°						
	Male	1.130	0.955 – 1.336	0.061	1.145	0.957 – 1.370	0.052
Age	18-24 years°						
	25-34 years	0.826	0.647 – 1.055	0.044	0.808	0.630 – 1.037	0.028
	35-44 years	0.598	0.468 – 0.766	0.000	0.576	0.447 – 0.741	0.000
	45-50 years	0.490	0.373 – 0.644	0.000	0.477	0.361 – 0.632	0.000
Sexual preference	Heterosexual°						
	Gay	1.110	0.730 – 1.689	0.552	1.051	0.683 – 1.619	0.765
	Bisexual	1.781	1.147 – 2.765	0.001	1.709	1.087 – 2.685	0.002
Ethnicity	Dutch/Belgian origin°						
	Ethnic minority (self, father and/or mother)	0.928	0.686 – 1.255	0.523	0.995	0.727 – 1.363	0.969
Participation in sport	No°						
for disabled children	Yes	1.681	1.138 – 2.484	0.001	1.314	0.869 – 1.988	0.089
Sport level	Recreational level (N=1239)°						
	Local level (N=1023)	1.290	1.028 – 1.620	0.004	1.047	1.047 – 1.681	0.002
	Regional level (N=1245)	1.383	1.115 – 1.715	0.000	1.100	1.100 – 1.739	0.000
	National level (N=421)	1.139	0.840 – 1.545	0.271	1.141	0.833 – 1.564	0.280
	International level (N=112)	2.485	1.484 – 4.161	0.000	2.318	1.366 – 3.934	0.000

°= *Reference category*

Table 4.5 Results for the simple and multiple logistic regressions per type of childhood sport-related interpersonal violence (IV) (low threshold measure, i.e., at least one experience) • continuation

Physical Violence		Simple logistic regression			Multiple logistic regression		
$R^2_{McFadden}$ = 0.058 *(Multiple log reg)*		OR	99% CI	p	OR	99% CI	p
Country	the Netherlands°						
	Flanders, Belgium	1.336	1.031 – 1.730	0.004	1.387	1.053 – 1.828	0.002
Gender	Female°						
	Male	1.711	1.321 – 2.217	0.000	1.614	1.219 – 2.136	0.000
Age	18-24 years°						
	25-34 years	0.784	0.539 – 1.140	0.094	0.753	0.509 – 1.118	0.064
	35-44 years	0.784	0.541 – 1.137	0.091	0.779	0.527 – 1.153	0.101
	45-50 years	0.929	0.626 – 1.378	0.630	1.036	0.686 – 1.565	0.823
Sexual preference	Heterosexual°						
	Gay	1.236	0.667 – 2.291	0.377	1.049	0.548 – 2.006	0.851
	Bisexual	3.231	1.952 – 5.347	0.000	2.593	1.506 – 4.462	0.000
Ethnicity	Dutch/Belgian origin°						
	Ethnic minority (self, father and/or mother)	2.016	1.373 – 2.959	0.000	2.000	1.333 – 3.002	0.000
Participation in sport	No°						
for disabled children	Yes	4.217	2.751 – 6.465	0.000	3.225	2.019 – 5.152	0.000
Sport level	Recreational level (N=1239)°						
	Local level (N=1023)	1.316	0.906 – 1.912	0.058	1.260	0.850 – 1.869	0.130
	Regional level (N=1245)	1.595	1.129 – 2.254	0.001	1.437	0.992 – 2.083	0.012
	National level (N=421)	1.856	1.187 – 2.903	0.000	1.642	1.028 – 2.621	0.006
	International level (N=112)	3.891	2.101 – 7.206	0.000	3.175	1.643 – 6.136	0.000

°= *Reference category*

Table 4.5 Results for the simple and multiple logistic regressions per type of childhood sport-related interpersonal violence (IV) (low threshold measure, i.e., at least one experience) • continuation

Sexual Violence		Simple logistic regression			Multiple logistic regression		
$R^2_{McFadden}$ = 0.046 *(Multiple log reg)*		OR	99% CI	p	OR	99% CI	p
Country	the Netherlands°						
	Flanders, Belgium	1.490	1.179 – 1.885	0.000	1.382	1.007 – 1.773	0.001
Gender	Female°						
	Male	0.585	0.459 – 0.746	0.000	0.451	0.340 – 0.600	0.000
Age	18-24 years°						
	25-34 years	0.749	0.536 – 1.047	0.026	0.724	0.512 – 1.024	0.017
	35-44 years	0.783	0.563 – 1.090	0.057	0.823	0.583 – 1.161	0.145
	45-50 years	0.766	0.533 – 1.101	0.059	0.876	0.600 – 1.279	0.367
Sexual preference	Heterosexual°						
	Gay	1.688	1.013 – 2.815	0.008	0.941	0.426 – 2.075	0.842
	Bisexual	2.825	1.736 – 4.597	0.000	1.287	0.640 – 2.586	0.352
Ethnicity	Dutch/Belgian origin°						
	Ethnic minority (self, father and/or mother)	1.606	1.108 – 2.327	0.001	1.535	1.037 – 2.271	0.005
Participation in sport	No°						
for disabled children	Yes	3.281	2.157 – 4.991	0.000	2.904	1.838 – 4.588	0.000
Sport level	Recreational level (N=1239) °						
	Local level (N=1023)	1.017	0.741 – 1.397	0.888	1.218	0.872 – 1.703	0.129
	Regional level (N=1245)	1.026	0.780 – 1.385	0.826	1.370	0.990 – 1.896	0.013
	National level (N=421)	1.140	0.756 – 1.717	0.411	1.443	0.939 – 2.218	0.028
	International level (N=112)	2.543	1.424 – 4.540	0.000	3.074	1.669 – 5.663	0.000
Gender*	Male*Gay				3.180	1.093 – 9.246	0.005
Sexual preference	Male*Bisexual				3.844	1.368 – 10.796	0.001

°= *Reference category*

Table 4.6 Expert-rated severity of the sport-related childhood interpersonal violence (IV) per gender and current age group

		Total	Gender			Current Age				
			Female	Male		18-24 years	25-34 years	35-44 years	45-50 years	
		(N=4,043) N (%)	(n=2,210) n (%)	(n=1,999) n (%)	p	(n=717) n (%)	(n=1,214) n (%)	(n=1,263) n (%)	(n=847) n (%)	p
Psychological Violence	No	2,519 (62.3)	1,407 (63.7)	1,112 (60.7)	0.061	384 (53.6)	707 (58.2)	833 (66.0)	595 (70.2)	0.000
	Mild	469 (11.6)	242 (11.0)	227 (12.4)	0.153	120 (16.7)	161 (13.3)	132 (10.5)	56 (6.6)	0.000
	Moderate	685 (17.0)	347 (15.7)	338 (18.5)	0.020	146 (20.4)	229 (18.9)	186 (14.7)	124 (14.6)	0.001
	Severe	368 (9.1)	214 (9.7)	154 (8.4)	0.162	67 (9.3)	117 (9.6)	112 (8.9)	72 (8.5)	0.819
Physical Violence	No	3,568 (88.7)	2,016 (91.2)	1,570 (85.8)	0.000	624 (87.0)	1,087 (89.5)	1,131 (89.5)	744 (87.8)	0.224
	Mild	44 (1.1)	29 (1.3)	15 (0.8)	0.134	10 (1.4)	14 (1.2)	8 (0.6)	12 (1.4)	0.267
	Moderate	85 (1.2)	50 (2.3)	35 (1.9)	0.442	18 (2.5)	23 (1.9)	29 (2.3)	15 (1.8)	0.678
	Severe	326 (8.1)	116 (5.2)	210 (11.5)	0.000	65 (9.1)	90 (7.4)	95 (7.5)	76 (9.0)	0.376
Sexual Violence	No	3,460 (85.6)	1,829 (82.8)	1,631 (89.1)	0.000	593 (82.7)	1,051 (86.6)	1,085 (85.9)	731 (86.3)	0.117
	Mild	63 (1.6)	42 (1.9)	21 (1.1)	0.055	19 (2.6)	15 (1.2)	17 (1.3)	12 (1.4)	0.076
	Moderate	293 (7.3)	196 (8.9)	97 (5.3)	0.000	59 (8.2)	83 (6.8)	94 (7.4)	57 (6.7)	0.630
	Severe	224 (5.5)	143 (6.5)	81 (4.4)	0.005	46 (6.4)	64 (5.3)	67 (5.3)	47 (5.5)	0.717

3.5. Risk factors for IV in youth sport

Reported prevalence of IV higher in minority groups

Table 4 also shows that the self-reported IV prevalence rates for the respondents from minority groups are significantly higher than those for the other subgroups. Except for psychological violence as experienced by respondents with a non-Flemish/Dutch background, the other IV rates are all significantly higher for the immigrant, lesbian/gay/bisexual (LGB) and disabled athletes than those recorded for the other respondents in our sample (for significance values, see Table 4.5). Finally, among those having participated in disabled sports, prevalence estimates are remarkably high for all three types of IV, with ORs up to 3 for physical violence (Table 4.5).

International elite athletes more at risk of IV

Looking at the highest level the respondents achieved in their sports, we note significantly increased IV prevalence rates among those having performed at the international level ($p < .001$). Except for the national level, all other levels showed higher ORs than those recorded for recreational sport only (all p-values $< .001$).

Having run simple and multiple logistic regressions on all relevant data (Table 4.5), we found that current age, bisexuality, and international sport level are significant risk factors for psychological violence. As to physical violence, country (Flanders), gender (male), bisexuality, ethnic minority, disability, and international sport level had a significant impact on the reported prevalence, while the regression model of sexual violence showed country (Flanders), gender (female), ethnic minority, disability, international sport level, and the interaction terms (bisexual and homosexual men) to be significant predictors.

3.6. Severity classification

Applying our severity classification system to the resulting data, we can conclude that 9% of all respondents experienced severe psychological violence, 8% severe physical violence, and 5% severe sexual violence (Table 4.6). The majority of respondents reporting psychological violence had experienced moderate forms (17%). Notably, the proportion of respondents having had mild experiences of physical and sexual violence was very small (1 and 2%, respectively), whereas this was 12% for psychological violence. Comparing sexes, we found significant differences for severe physical violence

(more male respondents) and for moderate and severe sexual violence (more female respondents). Current age did not yield any significant differences with respect to physical and sexual IV, implying that in all age bands the self-reported prevalence rates for mild, moderate and severe IV were similar. Lastly, the younger respondents reported more incidents of mild and moderate psychological violence, but the prevalence of severe psychological violence was comparable for all age groups.

4. Discussion

The present retrospective study was designed to assess the prevalence of IV against children in sport in a representative sample of Flemish and Dutch adults (up to 50 years of age). Our online survey showed the overall prevalence of self-reported psychological violence to be 38%. Although the prevalence rates for physical and sexual violence (11% and 14%, respectively) are lower, together the results we obtained underline the existence of IV in youth sport.

Comparing our data with those Alexander et al. recorded in the United Kingdom, we see remarkably higher prevalence estimates of psychological violence or emotional harm (75%) and physical violence (24%) in their study (2011), with sexual harassment also being significantly more frequently reported than was the case in our study. The low response rate in the Alexander et al. study may have caused a bias in favor of respondents with IV experiences, accounting for the high percentages. Comparison with other studies on (sexual) harassment and abuse in youth sport is difficult because of the differences in definitions, focus (i.e., coach behaviors towards athletes only while we included peer-to-peer violence), and question sets.

4.1. Differences in national IV prevalence rates

Whilst we found no differences in the prevalence of psychological violence between Flemish and Dutch respondents, the prevalence rates for physical and sexual violence were significantly higher in the Flemish respondents. Given that most of the respondents were active athletes before the 1990s, we cannot explain the prevalence difference by reference to the differences in the stages of the prevention strategies in the two countries (gradual implementation in the Netherlands from the 1990s versus the very recent such initiatives in Flanders). Moreover, we found no significant differences in IV prevalence between Flanders and the Netherlands in the youngest age group (active in

youth sport in the 2000s). Interestingly, earlier studies also revealed higher prevalence estimates of bullying in school-aged children in Belgium versus the Netherlands (Currie et al., 2012) as well as higher rates for (attempted) suicide and self-harming behavior in children (Portzky, De Wilde, & van Heeringen, 2008). Offering explanations for these important differences falls outside the scope of our article, but we can venture that it is very likely that cultural differences are of influence.

4.2. Gender-related differences in IV prevalence

Our results on gender differences support the findings of Alexander et al. (2011) who, like us, found no significant differences for psychological violence but did find higher rates of male-reported physical violence and female-reported sexual violence, which is in line with other studies on childhood sexual abuse. However, as sexual violence is a gendered process (Hlavka, 2014), there is a taboo for male victims to report such events, which decreases the likelihood of them disclosing sexual victimization especially in gendered settings such as sports (Hartill, 2005; **Chapter 2**). As a result, underreporting might be more pronounced in male respondents.

4.3. Age-dependent differences in IV prevalence

Experiences of physical and sexual violence did not appear to significantly differ based on the decade in which the respondents participated in youth sport (Table 4.5). IV is therefore not a new problem and has been faced by children for many years. However, respondents who were younger in 2014 reported more incidents of childhood psychological violence than their older peers did. Indeed, in their study on unwanted behavior in Dutch sport (Tiessen-Raaphorst et al., 2008) showed that their participants felt that society is becoming increasingly (verbally) aggressive and less tolerant, and that these tendencies are mirrored in sport. Younger respondents may then perceive and report more aggressive behavior. The increase in self-reported psychological violence in recent years could also reflect an increased intensity in youth sports with the general development of greater competitiveness and commercialization (Collins, 2013; Lavalette, 2013). Given that the prevalence of psychological IV showed a gradual decrease with age, we offer that memories of (milder) incidents of psychological violence fade more quickly, which seems plausible since the rates of physical and sexual IV and reports of severe IV were consistent across age bands. The evidence suggesting that physical and sexual abuse of children outside sports decreased between 1993 and

the mid-2000s in the US and the United Kingdom (Finkelhor & Jones, 2012) was not confirmed by our study.

4.4. Risk factors for IV in sport

An important finding of this study is that minority groups (i.e., ethnic minority and LGB respondents and those having participated in disabled sport) had all experienced more IV. Remarkably, bisexual respondents reported even more incidents than their gay and heterosexual peers, with ORs as high as 3 for physical and sexual violence. In accordance, childhood IV studies outside sport have shown that LGB adults report higher rates than heterosexuals, with an average OR of 4 (Balsam et al., 2005; Friedman et al., 2011). Secondly, our study also confirms the findings that physical and mental disabilities are associated with an increased risk of childhood sexual and physical violence (Jones et al., 2012; Putnam, 2003). Thirdly, although the difference was small, the respondents with an ethnic background different from the Dutch and Flemish populations also showed increased exposure to physical and sexual violence (but not psychological violence). Ethnicity is consistently found to be associated with each type of IV, but not in a uniform pattern, and in most cases the association is weakened after adjustment for sociodemographic characteristics (Hussey et al., 2006). Still, minority groups that already face more challenges to engage in sports indeed face higher risks of experiencing psychological, physical, and sexual violence.

In conformity with other studies on sexual and emotional abuse in sport, we found an increased level of self-reported IV among former international youth athletes (Gervis & Dunn, 2004; Leahy et al., 2002; Stirling & Kerr, 2007). Being an elite (young) athlete, investing an immense amount of time, money, energy in sport, has systematically shown to significantly increase the risk of exposure to IV in sport. The low values of the pseudo R squared in all three models indicate that there are many other unknown factors having an influence on IV in sport.

4.5. Limitations

Surveying a sensitive issue like IV against children requires a thoughtful and carefully justified approach. Findings from the literature generally suggest that estimates of prevalence rates for difficult topics are best based on self-administered interviews (Aquilino, 1994; Catania, Dermott, & Pollack, 1986). Nonetheless, instead of interviewing

children, we chose to use a faster retrospective design. This approach, which is less invasive and precludes the need for parental consent, was also adopted in the national prevalence studies in the United Kingdom (Cawson, 2000; Radford et al., 2011).

Using an online panel for scientific purposes can be methodologically problematic. First, using the Internet leads to an underrepresentation of those groups that have no or difficult access to this. Also, the researcher can never check whether the person to whom it was sent completed the questionnaire. Another constraint of this format was that the fieldwork was terminated as soon as the target number of participants was reached, preventing the exact response rate from being determined. Our sample can hence be best described as a convenience sample of respondents who have chosen to be panel members and are thus willing and able to fill out a questionnaire relatively rapidly. Taking these restrictions into account, we found no evidence that falsifies the claim that our samples are representative of the respective target populations. Even so, as there are no detailed demographic characteristics available of all children participating in organized sport since the 1970s in Flanders and the Netherlands, we are unable to demonstrate the representativeness of our samples. Despite that, and being the first of its kind in the Netherlands and Belgium, our study has a sufficiently large sample taken from a comparatively general population, with a balanced gender ratio and a wide variety in ages, education, sexual preference, ethnicity, marital status, and number and level of sports played.

Finally, the validity of retrospective reports of IV is frequently debated in the literature (e.g., Hardt & Rutter, 2004) as such reports tend to involve a substantial number of false negatives and measurement errors, whereas false positive reports are thought to be less probable. Given the latter assumption, we feel that our prevalence estimates are likely to underestimate the prevalence of IV in sport.

4.6. Future research and recommendations

Our survey produced an enormous volume of data, which is why additional analyses on the alleged perpetrators, sport disciplines, circumstances and impact of the reported IV will be undertaken and reported in future articles.

Worldwide, organized sport is an important leisure activity for millions of children where, sadly, societal problems also become manifest. The prevalence rates we obtained

are in line with the available data on IV outside sport and justify all policy efforts to prevent any form of IV against children in sport. Compared to the family setting, sport settings are probably more susceptible to social interventions aimed at preventing childhood (sexual) maltreatment because of sports' voluntary structures and the many more possibilities to intervene (Chapter 8).

The recent introduction of international safeguarding standards in sport to help sport organizations endorse child protection procedures is a welcome initiative (Mountjoy, Rhind, Tiivas, & Leglise, 2015). Still, to foster and support (inter-)national attempts to protect children in organized sport across the world, we need to recurrently perform prevalence surveys using standardized and internationally validated instruments in as many countries as possible.

Our study demonstrates that violence against children truly is a problem in Dutch and Flemish sport, warranting attention, as it does elsewhere. The notion that psychological, physical and sexual violence affects at least one child in every sports team, is unacceptable, while the elevated prevalence in young disabled, LGB, ethnic minority, and elite athletes urges us to devote careful consideration to these groups in future research, policies, and, above all, practice.

References

Alexander, K., Stafford, A., & Lewis, R. (2011). *The experiences of children participating in organised sport in the UK*. Edinburgh: Dunedin Academic Press.

Aquilino, W. S. (1994). Interview mode effects in surveys of drug and alcohol use. *Public Opinion Quarterly*, *58*, 210–240.

Baar, P., & Wubbels, T. (2013). Peer Aggression and Victimization : Dutch Sports Coaches' Views and Practices. *The Sport Psychologist*, *27*, 380–389.

Balsam, K. F., Rothblum, E. D., & Beauchaine, T. P. (2005). Victimization over the life span: a comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology*, *73*(3), 477–487. http://doi.org/10.1037/0022-006X.73.3.477

Bernstein, D. P., Fink, L., Handelsman, L., & Foote, J. (1994). Initial reliability and validity of a new retrospective measure of child abuse and neglect. *American Journal of Psychiatry*, *151*(8), 1132–1136. http://doi.org/10.1176/ajp.151.8.1132

Brackenridge, C. H. (2010). Violence and abuse prevention in sport. In K. Kaufman (Ed.), *The Prevention of Sexual Violence: A Practitioners' Sourcebook* (pp. 401–413). Holyoke: NEARI Press.

Catania, J. A., Dermott, L. J., & Pollack, L. M. (1986). Questionnaire response bias and face-to-face interview sample: Bias in sexuality research. T*he Journal of Sex Research*, *22*(1), 52–72.

Cawson, P. (2000). *Child Maltreatment in the United Kingdom: a Study of the Prevalence of Abuse and Neglect*.

Cense, M., & Brackenridge, C. H. (2001). Temporal and developmental risk factors for sexual harassment and abuse in sport. *European Physical Education Review*, *7*(1), 61–79.

Collard, D., & Hoekman, R. (2012). *Sportdeelname in Nederland: 2006 - 2011*. Utrecht.

Collard, D., & Pulles, I. (2014). *Sportdeelname 2013*. Utrecht.

Collins, T. (2013). *Sport in Capitalist Society: A short history*. London: Routledge.

Committee on the Rights of the Child. (2011). *General comment No.13 The right of the child to freedom from all forms of violence*. Geneva. Retrieved from http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.13_en.pdf

Currie, C., Zanotti, C., Morgan, A., Currie, D., de Looze, M., Roberts, C., … Barnekow, V. (2012). *Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: International report from the 2009/2010 survey*. Retrieved from http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/publications/2012/social-determinants-of-health-and-well-being-among-young-people.-health-behaviour-in-school-aged-children-hbsc-study

David, P. (2004). *Human Rights in Youth Sport: A critical review of children's rights in competitive sport*. London: Routledge.

DiLillo, D., DeGue, S., Kras, A., Di Loreto-Colgan, A. R., & Nash, C. (2006). Participant responses to retrospective surveys of child maltreatment: does mode of assessment matter? *Violence and Victims*, *21*(4), 410–424.

Fasting, K., Brackenridge, C. H., & Sundgot-Borgen, J. (2003). Experiences of Sexual Harassment and Abuse Among Norwegian Elite Female Athletes and Nonathletes. *Research Quarterly for Exercise and Sport*, *74*(1), 84–97.

Fasting, K., Chroni, S., Hervik, S. E., & Knorre, N. (2011). Sexual harassment in sport toward females in three European countries. *International Review for the Sociology of Sport*, *46*(1), 76–89. http://doi.org/10.1177/1012690210376295

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., … Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, *14*(4), 245–258. http://doi.org/10.1016/S0749-3797(98)00017-8

Finkelhor, D., & Jones, L. (2012). Trends in child maltreatment. *The Lancet*, *379*(9831), 2048–9; author reply 2049. http://doi.org/10.1016/S0140-6736(12)60888-5

Friedman, M. S., Marshal, M. P., Guadamuz, T. E., Wei, C., Wong, C. F., Saewyc, E. M., & Stall, R. (2011). A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. *American Journal of Public Health*, *101*(8), 1481–1494. http://doi.org/10.2105/AJPH.2009.190009

Gervis, M., & Dunn, N. (2004). The emotional abuse of elite child athletes by their coaches. *Child Abuse Review*, *13*, 215–223. http://doi.org/10.1002/car.843

Hamby, S. L., & Koss, M. P. (2003). Shades of gray: A qualitative study of terms used in the measurement of sexual victimization. Psychology of Women Quarterly, *27*(3), 243–255. http://doi.org/10.1111/1471-6402.00104

Hardt, J., & Rutter, M. (2004). Validity of adult retrospective reports of adverse childhood experiences: Review of the evidence. *Journal of Child Psychology and Psychiatry*, *45*(2), 260–273. http://doi.org/10.1111/j.1469-7610.2004.00218.x

Hartill, M. J. (2005). Sport and the sexually abused male child. *Sport Education and Society*, *10*(3), 287–304. http://doi.org/10.1080/13573320500254869

Hintze, J. (2011). *PASS 11*. Utah, USA: NCSS.

Hlavka, H. R. (2014). Normalizing Sexual Violence: Young Women Account for Harassment and Abuse. *Gender & Society*, *28*(3), 337–358. http://doi.org/10.1177/0891243214526468

Hussey, J. M., Chang, J. J., & Kotch, J. B. (2006). Child maltreatment in the United States: prevalence, risk factors, and adolescent health consequences. *Pediatrics*, *118*(3), 933–942. http://doi.org/10.1542/peds.2005-2452

Jones, L., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, L., … Officer, A. (2012). Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *Lancet*, *380*(9845), 899–907. http://doi.org/10.1016/S0140-6736(12)60692-8

Kirby, S., Greaves, L., & Hankivsky, O. (2000). *The Dome of Silence: Sexual Harassment and Abuse in Sport*. Halifax: Fernwood Publishing.

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. Geneva: World Health Organization.

Lavalette, M. (2013). *Capitalism and Sport: Politics, protest, people and play*. (M. Lavalette, Ed.). London: Bookmarks.

Leahy, T., Pretty, G., & Tenenbaum, G. (2002). Prevalence of sexual abuse in organised competitive sport in Australia. *Journal of Sexual Aggression*, *8*(2), 16–36.

Mountjoy, M., Rhind, D., Tiivas, A., & Leglise, M. (2015). Safeguarding the child athlete in sport. *British Journal of Sports Medicine*.

Portzky, G., De Wilde, E.-J., & van Heeringen, K. (2008). Deliberate self-harm in young people: differences in prevalence and risk factors between the Netherlands and Belgium. *European Child & Adolescent Psychiatry*, *17*, 179–186. http://doi.org/10.1007/s00787-007-0652-x

Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. J*ournal of the American Academy of Child Adolesc Psychiatry*, *42*(3), 269–278. http://doi.org/10.1097/01.chi.0000037029.04952.72

Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., … NSPCC. (2011). *Child abuse and neglect in the UK today*. London: National Society for the Prevention of Cruelty to Children.

Romijn, D., van Kalmthout, J., Breedveld, K., & Lucassen, J. (2013). *VSK-monitor 2013. Voortgangsrapportage Actieplan "Naar een veiliger sportklimaat."* Utrecht.

Rosenbaum, A., & Langhinrichsen-Rohling, J. (2006). Meta-research on violence and victims: the impact of data collection methods on findings and participants. *Violence and Victims*, *21*(4), 404–409. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/16897909

Rosenbaum, A., Rabenhorst, M. M., Reddy, M. K., Fleming, M. T., & Howells, N. L. (2006). A comparison of methods for collecting self-report data on sensitive topics. *Violence and Victims*, *21*(4), 461–471. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/16897913

Schipper-van Veldhoven, N. H. (2012). Sports in a pedagogical perspective. In S. Harvey & R. Light (Eds.), *Ethics in Youth Sport: Policy and pedagogical applications* (pp. 122–135). London: Routledge.

Schipper-van Veldhoven, N., Vertommen, T., & Vloet, L. (2015). Sexual Intimidation in Sport: the Netherlands. In M. Lang & M. Hartill (Eds.), *Safeguarding, Child Protection and Abuse in Sport: International Perspectives in Research, Policy and Practice*. London: Routledge.

Stafford, A., & Fry, D. (2013). Playing through Pain: Children and Young People's Experiences of Physical Aggression and Violence in Sport. *Child Abuse Review*, *22*(April), 287–299. http://doi.org/10.1002/car

Stirling, A. E., Bridges, E. J., Cruz, E. L., & Mountjoy, M. L. (2011). Canadian Academy of Sport and Exercise Medicine position paper: abuse, harassment, and bullying in sport. *Clinical Journal of Sports Medicine*, *21*(5), 385–391. http://doi.org/10.1097/JSM.0b013e31820f9248

Stirling, A. E., & Kerr, G. A. (2007). Elite female swimmers' experiences of emotional abuse across time. *Journal of Emotional Abuse*, *7*(4), 89–113.

Stirling, A. E., & Kerr, G. A. (2012). The perceived effects of elite athletes' experiences of emotional abuse in the coach–athlete relationship. *International Journal of Sport and Exercise Psychology*.

Tiessen-Raaphorst, A., & Breedveld, K. (2007). *Een gele kaart voor de sport*.

Tiessen-Raaphorst, A., Lucassen, J., van den Dool, R., & van Kalmthout, J. (2008). *Weinig over de schreef. Een onderzoek naar onwenselijk gedrag in de breedtesport*.

United Nations. Convention on the Rights of the Child (1989). Geneva. Retrieved from http://www.ohchr.org/en/professionalinterest/pages/crc.aspx

United Nations. (2006). *Report on Violence against Children* (Vol. 49105). Retrieved from http://eric.ed.gov/?id=ED459272

Vandermeerschen, H., Vos, S., & Scheerder, J. (2014). Towards level playing fields? Atime trend analysis of young people's participation in club-organised sports. *International Review for the Sociology of Sport*. http://doi.org/1012690214532450

Vertommen, T., Stoeckel, J. T., Vandevivere, L., Van Den Eede, F., & De Martelaer, K. (2014). A green flag for the Flag System? Towards a child protection policy in Flemish sport. *International Journal of Sport Policy and Politics*, 1–17. http://doi.org/10.1080/19406940.2014.947305

Vertommen, T., Tolleneer, J., Maebe, G., & De Martelaer, K. (2014). Preventing child maltreatment and transgressive behaviour in Flemish sport. In *Safeguarding, Child Protection and Abuse in Sport: International Perspectives in Research, Policy and Practice* (pp. 31–39). London: Routledge.

CHAPTER 5

PROFILING PERPETRATORS OF INTERPERSONAL VIOLENCE AGAINST CHILDREN IN SPORT BASED ON A VICTIM SURVEY

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Abstract

The current article reports on perpetrator characteristics gathered in the first large-scale prevalence study on interpersonal violence against children in sport in the Netherlands and Belgium. Using retrospective web survey design, 4,043 adults answered questions on their experiences in youth sport. The study looks at the number of perpetrators as well as individual descriptive characteristics (sex, age, and role in the sport organization) of perpetrators of psychological, physical and sexual violence as reported retrospectively by victim-respondents. This information was then clustered to provide an overview of the most common perpetrator profiles. Results show that in all types of interpersonal violence in sport, perpetrators are predominantly male peer athletes who frequently operate together in (impromptu) groups. Several differences between the three types of interpersonal violence are highlighted. While incidents of physical violence perpetrated by coaches tend to be less severe compared to those by other perpetrators, acts of sexual violence committed by a coach are significantly more severe. The presented findings shed new light on perpetrators of interpersonal violence in sport, nuancing the predominant belief that the male coach as the main perpetrator while providing nuanced information that can be utilized to improve prevention and child protection measures and other safeguarding initiatives in sport.

Keywords: child abuse; harassment; maltreatment; organized sport; youth sport; characteristics

1. Introduction

The scientific attention to interpersonal violence (IV) in sport has long been sporadic, but since the late 1990s interest has grown. The research primarily focused on the victims of sexual harassment and sexual violence in sport, with various studies looking into their prevalence in (student) athlete populations, while others took a qualitative approach to analyzing the processes, potential risk factors, and consequences (Brackenridge, 2001). With rates for sexual harassment ranging from 19% to 92% and those for sexual abuse between 2% and 49%, it has repeatedly been demonstrated that sexual violence is a highly prevalent problem in sport, while it has become clear that both girls and boys and women and men are victimized, and that specific aspects of organized sport seem to facilitate coach-athlete interactions to grow into hierarchical, abusive relationships of power (Mountjoy et al., 2016).

Although often more prevalent than sexual violence, far less attention has been paid to psychological and physical violence against children in sport (Vertommen et al., 2016). The only large-scale study available, with over 6,000 student-athletes in the UK gives an alarmingly high prevalence estimate of 75% for psychological harm and 24% for physical harm (Stafford, Alexander, & Fry, 2013; Stafford & Fry, 2013). These results should be interpreted with caution, however, as the study suffered from a very low response rate (under 1%). Asking a representative sample of 4,043 Dutch and Belgian adults about their experiences in sports before the age of 18, we found substantially lower prevalence estimates: 38% for psychological violence and 11% for physical violence (**Chapter 4**).

Remarkably little research has been dedicated to perpetrator characteristics in sport. Research on sexual harassment in sport grew out of studies on sexual harassment in public settings such as the workplace, problematizing it as an issue of employment conditions and gender relations (Brackenridge & Fasting, 2002). This explains the more organizational, rather than clinical approach taken in the literature on sexual harassment in sport. This feminist perspective that contributed to our understanding of sexual harassment in sport can explain the focus on male coaches as perpetrators (Brackenridge & Fasting, 2002; Kirby & Greaves, 1996; Lenskyj, 1992). Indeed, early studies often solely targeted male coaches as the agents and female athletes as the victims.

Confirming prevalence rates observed outside sport, studies on sexual violence in sport found that the majority of reported perpetrators are male (Fasting & Brackenridge, 2009; Fasting, Brackenridge, & Kjølberg, 2013; Sand, Fasting, Chroni, & Knorre, 2011). In their study with 356 female Turkish athletes, Gündüz et al. (2007) noted that 40% of the victims reported spectators as the perpetrators of sexual harassment, while 33% mentioned teammates, and 25% coaches. Interestingly, some studies find that more often than coaches or other adult sport staff, peer athletes are being identified as the agents of sexual harassment. According to Elendu and Umeakuka (2011), who studied experiences with sexual violence in a sample of 1214 male and female athletes at southern Nigerian universities, 96% of the cases of gender harassment and 86% of the incidences of sexual harassment reported by victims was perpetrated by peers, with sexual coercion also being far more frequently attributed to peers (80%) than to coaches (34%). Rintaugu and colleagues (2014) documented that in Kenyan universities 32% of the reported perpetrators of sexual harassment were 'spectators,' with teammates being mentioned in 23% and coaching staff in 8% of all incidences (N = 339 female athletes). Asking 6,000 student-athletes about their experiences with negative behaviors in sport in the only large-scale survey in the UK, Alexander, Stafford, and Lewis (2011) found that teammates and/or other peer athletes were most often reported as the perpetrators of sexually offensive as well as emotionally and physically harmful behaviors. The authors also observed that the higher young athletes climb the competitive ladder, coaches become a more significant source of physical violence.

Aside from the scientific literature, information on perpetrator characteristics can also be derived from various administrative records such as court records, media reports, and incident report systems of sport organizations. Although gaining access to court records is often difficult, these data have the highest credibility because they represent 'proven facts' as recorded by police and court officials (Fasting et al., 2013). Having gained access to Danish judicial records documenting 160 cases of convicted abusers in sport, Toftegaard Nielsen (2004) noted that all perpetrators were male, with the majority being coaches with a mean age of 35 years. Fasting (2013) analyzed 15 court reports, all describing male coaches (aged between 19 and 58 years) convicted for sexual abuse in sport in Norway. Considering that up to 95% of sexual offenses are not being reported (dark number) and that only a small number of reported incidents will lead to an actual conviction, court data only show us 'the tip of the iceberg.'

Despite having a lower credibility and sometimes lacking crucial information, media reports can be a source for incidents of IV in sport. In 2008, Brackenridge and colleagues analyzed 159 articles in the British printed media and found that 98% reported a male coach as the abuser of children in sport (Brackenridge, Bishopp, Moussalli, & Tapp, 2008). The study further uncovered different perpetrator strategies ('intimate', 'aggressive' and 'dominant' modes of interaction), showing consistency with themes emerging from similar behavioral analyses of rapists and child molesters.

Given that many cases of IV in sport are never reported to judicial authorities or covered by the media, the third source of information are incident records kept by sport organizations. Studies relying on such case files are highly depending on the degree of completeness and quality of the data (Brackenridge, Bringer, & Bishopp, 2005). Analyzing 132 cases of child sexual abuse in British association football (soccer), Brackenridge and colleagues (2005) found that 92% of the alleged perpetrators were male, of whom 35% were coaches/teachers, 14% administrative staff, 21% referees, and 7% peers or teammates, with the ages of the perpetrators ranging from 7 to 60 years. Reviewing 652 cases reported to the Safeguarding Cases in Sport panel in the UK, Rhind et al. (2015) again found the majority (91%) of perpetrators to be male and older than 18 (92%).

Our research group examined 323 incidents of sexual harassment and abuse in sport obtained from the helpline of the Dutch National Olympic Committee and Dutch Sport Federation (Vertommen et al., 2015) and likewise observed that the majority (77%) of the alleged perpetrators were male coaches aged between 31 and 50 years; and 13% of the incidents involved another athlete or group of athletes. Notably, in 5% of the cases the perpetrator was younger than 16 years and 28% of the alleged perpetrators with victims under the age of 12 were younger than 16 themselves. Finally, in high-performance environments an overrepresentation of incidents was noted, confirming previous findings that elite athletes are at greater risk of sexual violence than those competing at the lower (amateur) levels (Brackenridge, Kay, & Rhind, 2012).

Although some information is available about perpetrators of sexual violence in sport, the current lack of descriptive data on perpetrators of other types of IV in sport jeopardizes prevention strategies. The narrow focus on male coaches as possible perpetrators of sexual violence leads to other types of IV and other categories of perpetrators being overlooked. A detailed description of the individual characteristics of perpetrators

of IV in sport and their victims will provide us insight into the dynamics of abusive relationships in the sport context. Differentiation of psychological, physical and sexual violence, the three main subtypes of IV, will enable us to target prevention initiatives at specific victim and perpetrator groups. To make a first step in this direction, it is our main objective to give a detailed overview of the characteristics of (alleged) perpetrators as reported by a representative sample of Dutch and Flemish adults who experienced at least one type of IV while participating in sport before the age of 18 (see Vertommen et al., 2016). The main research question is: What are the characteristics of perpetrators of IV against children in sport?

2. Methods

The present study draws on the data that our research group collected for our study on the prevalence of IV in sport in the Netherlands and Belgium (Vertommen et al., 2016). Operationalizations of the concepts violence, maltreatment, and abuse vary worldwide, which complicates the interpretation and comparison of prevalence rates across studies. For our study we adopted the definition of violence as documented in article 19 of the Convention on the Rights of the Child (United Nations, 1989): "*[..] all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parent(s), legal guardian(s) or any other person who has the care of the child*". A distinction was made between behavior deemed to be a normal part of the game from that considered to overstep the ethical mark (Brackenridge, 2010), i.e., deliberate or non-accidental IV. Accordingly, violence occurring within the bounds of prescribed constitutive rules is not considered in this study.

The online questionnaire consisted of four sections, starting with a demographic and descriptive section inquiring into the respondents' sport career up until the age of 18, where they could indicate up to five different sports, together with the highest level achieved in each. The next three sections probed the respondents' childhood experiences while playing sports: 14 items on *psychological violence*, comprising, among other types, aggressive verbal intimidation, negative critique on performance or body, threats, and neglect, for instance "you were criticized or threatened because you did not want to participate in training sessions or matches/competitions", 10 items on *physical violence* and forced overtraining, for instance "You were hit with an object (e.g., shoe, racket, hockey stick)", and 17 items on *sexual violence* including sexual harassment and abuse,

for instance "you were being touched during training in a way that made you uneasy / feel uncomfortable". Further examples, as well as more detailed information on the development and testing of the online questionnaire, can be found in the Appendix.

IV severity was operationalized by using a compound variable that combined expert opinion on severity with frequency of occurrence. An expert group, consisting of 28 independent professionals in the field of child maltreatment policy, research and/or clinical practice, scored each of the 41 items from 1 to 3 (low, medium, high) indicating how they perceived the severity of the reported incident(s). Our classification system thus relied on both these expert severity ratings and the respondents' self-reported frequency scores (see Table 4.1). Items describing incidents with the lowest expert severity rating and respondent frequency scores were classified as mild IV, including one-time events with a medium severity rating, while those detailing events having received the lowest or a medium severity rating and a regularly/often score were categorized as moderate. For detailed information about the definition, operationalization, (validation of) the questionnaire and the severity classification, we refer to **Chapter 4**. Approval for the research protocol was obtained from the Antwerp University Hospital ethics committee (file code 13/44/430).

Sampling and data collection were performed by a market research company using a longitudinal panel. The panel consists of a convenience sample of the Internet population in Belgium and the Netherlands. Panel members were invited to participate in the study by email. The briefing letter contained information on the content of the web survey, a link to an informative website about the methodology of the study, a directory of counselling services, and a hyperlink to the actual questionnaire. Respondents could only proceed after agreeing with the informed consent request. Respondents were able to pause or terminate the survey at any point.

Having indicated experiences with one of the items describing IV, respondents were asked additional questions about their experiences with specific attention to perpetrator characteristics. When answering these additional questions, respondents were asked to focus on the most 'severe' event, or series of interconnected events (according to their own opinion). Questions about the perpetrator were: (a) Who did this to you? Response categories were: a teammate/fellow player, another athlete from my own or another club (not from my team), my coach/trainer/supervisor, another adult from the club/facility, a supporter/a regular spectator or visitor, someone else I know, someone

I didn't know. (b) Did it involve one or more persons? (one, two, three, or more). (c) Did it concern a man/men, a woman/women or both? (d) How old was this individual / were these individuals at the time it happened? Since respondents were asked to recall experiences from their childhood and adolescent years, we did not ask them to indicate the precise age of the perpetrator but to choose from the following options: much younger than I was, younger than I was, about my own age, older than I was, much older than I was, I do not know/cannot recall. With our survey we thus gained information on the number of perpetrators, their gender(s) and role(s) in relation to the minor athlete for each of the three IV types.

The original study sample consists of 4,043 adults, prescreened on having participated in organized sport before the age of 18. The sample consists of 49% Dutch and 51% Belgian adults, 55% females and 45% males. More details on the sociodemographic and sport participation characteristics can be found in Table 4.2. In the total sample of 4,043 adults who participated in youth sport, psychological violence was reported by 1,520 respondents (37.6%), physical violence by 455 respondents (11.3%), and sexual violence by 578 respondents (14.3%) in **Chapter 4**. Since one respondent might have experienced psychological as well as physical and/or sexual (i.e., a combination of two or three types of IV) the total number of victims is 1,785 (i.e., 44.2% of the sample).

Of respondents reporting psychological violence, 53% was female and 52% was Belgian. Of respondents reporting physical violence, 57% was male and 57% was Belgian. Of respondent reporting sexual violence, 66% was female and 59% was Belgian (**Chapter 4**). Due to a small amount of item non-response in the perpetrator characteristics, the total number of respondents varies slightly.

This study also aims to cluster perpetrator profiles based on the perpetrator's gender and role within the sport organization, as well as the number of perpetrators for each of the three main IV types in relation to the victim's gender and sport level. In order to comprehensively determine the characteristics of the perpetrators, we applied three analytic strategies. First, we used mosaic plots to visualize perpetrator characteristics in two dimensions (gender and role, age and role). The mosaic plot (Friendly, 1994; Hartigan & Kleiner, 1981) is a graphical representation of a two-way frequency table. It is divided into rectangles, where the vertical length of each rectangle is proportional to the proportions of the B variable within levels of A. They give an overview of the data and facilitate relationships between the variables to be identified. Chi square

tests were used to examine differences between male and female respondents, and between athletes competing at different levels. Secondly, we determined the impact of perpetrator characteristics on IV severity in multivariate analyses, using predictors perpetrator gender, role, number of perpetrators, and victim's gender. Because IV severity is measured at ordinal level, we applied the ordinal logistic regression model (see e.g., Agresti, 2012). Thirdly, the statistically significant perpetrator characteristics where used as input to construct concrete perpetrator profiles (e.g., "male + older + coach"). These profiles allowed the perpetrators to be ranked according to their frequency of occurrence in relation to IV severity. Throughout this study, the significance level was set at 1%. All statistical analyses were performed using IBM SPSS software version 23.

3. Results

3.1. Number of perpetrators

A considerably large number of cases involved more than one perpetrator: 70% for psychological violence, 54% for physical violence, and 56% for sexual violence (Table 5.1). Significantly more female than male victims reported incidents of psychological violence with an isolated perpetrator (N = 1512; χ^2 = 15.46; df = 1; p <.001), as was the case for physical violence (N = 454; χ^2 = 12.66; df = 1; p <.001). For sexual violence, no significant gender differences were found in the number of perpetrators (N = 578; χ^2 = 6.04; df = 1; p > .01).

Table 5.1 Perpetrator characteristics by victims' sex

		Psychological Violence			Physical Violence			Sexual Violence		
		Females n (%)	Males n (%)	Total N (%)	Females n (%)	Males n (%)	Total N (%)	Females n (%)	Males n (%)	Total N (%)
Number of perpetrators	One	271 (34.0)	177 (24.8)	448 (29.6)	108 (55.7)	101 (38.8)	209 (46.0)	180 (47.2)	72 (36.5)	252 (43.6)
	Several	526 (66.0)	538 (75.2)	1,064 (70.4)	86 (44.3)	159 (61.2)	245 (54.0)	201 (52.8)	125 (63.8)	326 (56.4)
Perpetrators' sex	Male	175 (22.0)	589 (82.3)	764 (50.5)	82 (42.1)	216 (83.7)	298 (65.8)	298 (78.8)	140 (71.8)	438 (76.4)
	Female	385 (48.3)	19 (2.7)	404 (26.7)	71 (36.4)	15 (5.8)	86 (19.0)	29 (7.7)	23 (11.6)	52 (9.1)
	Both	237 (29.7)	109 (15.1)	345 (22.8)	42 (21.5)	27 (10.5)	69 (15.2)	51 (13.5)	32 (16.4)	83 (14.5)

Note. The total number of respondents per type of interpersonal violence varies according to a small amount of item non-response

3.2. Perpetrators' sex

The majority of the victims reported the perpetrators to be male (psychological violence: 51%, physical violence: 66%, and sexual violence: 76%) (Table 5.1), with a substantial number of victims reporting both female and male perpetrators (23%, 15%, and 15%, respectively). With respect to psychological and physical violence, female victims reported more male perpetrators than male victims did (for psychological violence: N = 1,513; χ^2 = 601.54; df = 2; p <.001, for physical violence: (N = 453; χ^2 = 93.02; df = 1; p <.001). Male respondents, on the other hand, reported much higher rates of 'male perpetrators only' (82%, compared to 22% in female respondents). Compared to male victims, female victims reported more cases of physical violence that involved female or both male and female perpetrators. This trend was not found for sexual violence, where the gender distribution in perpetrators was similar for the two respondent groups (N = 573; χ^2 = 4.00; df = 2; p > .01).

3.3. Association between the perpetrator's sex and role

In Figure 5.1, mosaic plots show the relationship between the perpetrators' sex and role, and age and role. When respondents reported perpetrators of both sexes, they were counted both in the male and the female categories. As a consequence, totals exceed 100%.

The plots clearly show that *athletes* are the most frequently reported perpetrators. Only in the sexual violence category, 'other known persons' are mentioned more often, which includes (para-) medical staff, board members, referees, and other sports personnel (excluding athletes and coaches). About 19% of the victims of sexual violence indicated that one of the perpetrators was a coach, while this was 38% and 43% for psychological and physical violence, respectively.

The majority of perpetrators of psychological violence were male peer athletes, with 47% of the respondents reporting at least one male peer perpetrator and 35% at least one female peer perpetrator. As to the perpetrators of physical violence, 40% of the victims mentioned male peer athletes, while 31% of the total concerned male coaches. Victims of sexual violence reported known male adults (excluding the coach) most often (41%) as (one of) the perpetrator(s). Male peer athletes are more often identified as the perpetrators (33%) than are male coaches (17%).

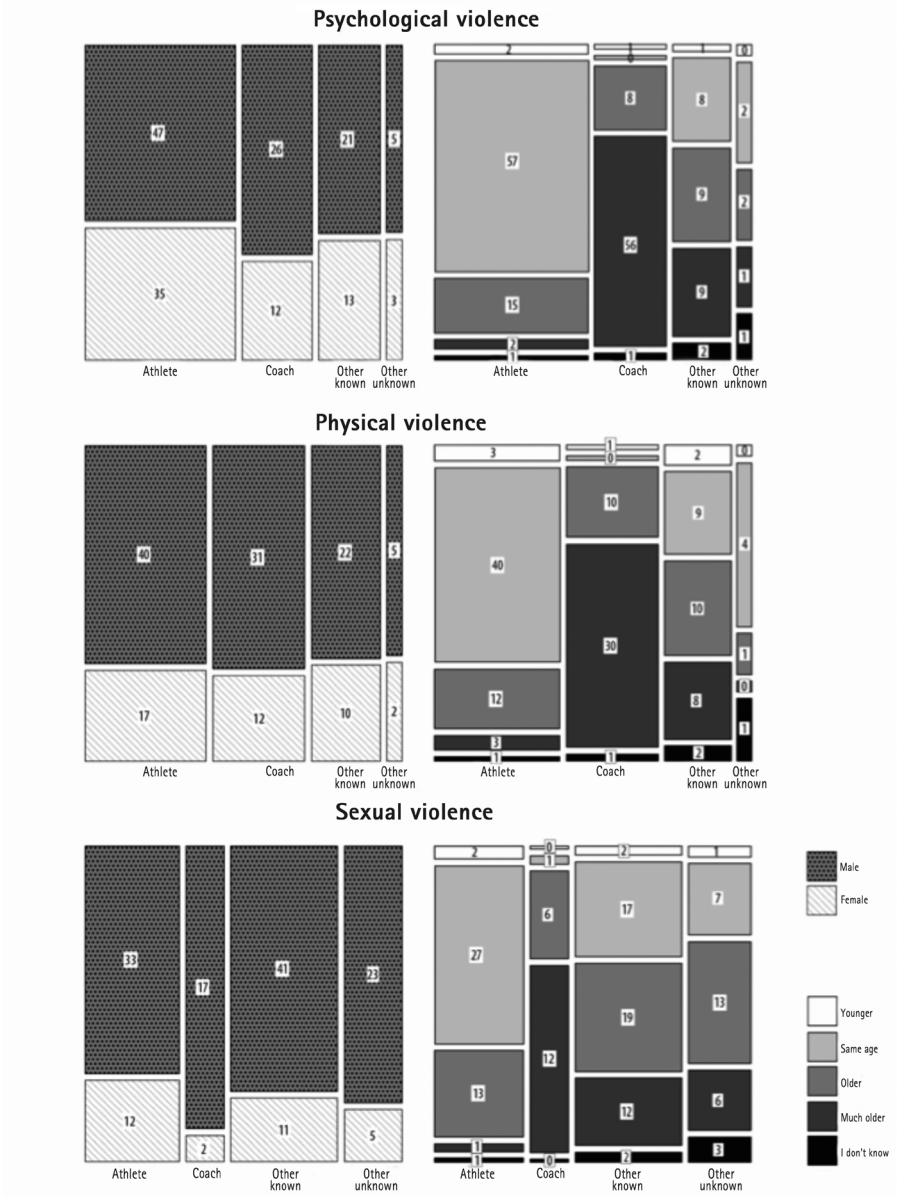

Figure 5.1 Mosaic plots of the characteristics of perpetrators of IV in sport

3.4. Association between the perpetrator's age and role

The vast majority of perpetrators of psychological violence towards fellow athletes were same-age or older athletes (72% of total) (Figure 5.1). Logically, coaches and other known or unknown perpetrators tended to be older than their victims. About 40% of the victims of physical violence reported a 'same-age' athlete as the perpetrator, while 30% report an 'older' coach, and 10% a 'much older' coach. The most prevalent group of sexual perpetrators were same-age athletes (27%), with only 18% being older or much older coaches, which was a smaller proportion than the total of unknown perpetrators (30%), such as fans, supporters, visitors or casual onlookers.

3.5. Relationship between the perpetrator's role and the victim's sport level

Respondents were asked to indicate the highest level of competition achieved before age 18 (i.e., recreational, local, regional, national, and international). Contrasting the perpetrator's role against the respondents' sport level, we note the following differences. With respect to psychological violence, athletes competing at the *national level* exclusively report fewer peer athlete perpetrators (N = 1520; χ^2 = 17.05; df = 4; p <.01) compared to the athletes competing at the other four levels. When comparing respondents that report physical violence based on their sport level, we found that the proportion of peer athlete perpetrators decreased when the sport level of the athlete increased: from 60.4% peer athlete perpetrators in recreational athletes to 28.6% in international athletes (N = 452; χ^2 = 20.81; df = 4; p < .01). Athletes competing at the national level indicated other known persons significantly less frequently than those competing at the other levels as the perpetrators of sexual violence (N = 529; χ^2 = 19.79; df = 4; p < .01). No significant differences were found in relation to coach perpetrators, although we do note that they are reported more frequently as the perpetrator of physical violence the higher the athlete's performance level (from 31.7% in recreational sport to 53.6% in international elite sport, N = 453; χ^2 = 8.94; df = 4; p = .063).

3.6. Impact of the perpetrator's characteristics on IV severity

The ordinal logistic regression analysis examining the impact of the sex, role and number of perpetrators, and the sex of the victim on the severity of the incidents revealed some significant differences for the three types of IV (Table 5.2).

Table 5.2 Ordinal logistic regression: Impact of perpetrator characteristics on the severity of interpersonal violence against children in sport

		Psychological Violence (n=1520)				Physical Violence (n=452)				Sexual Violence (n=529)			
		OR	95% CI		p	OR	95% CI		p	OR	95% CI		p
			Lower	Upper			Lower	Upper			Lower	Upper	
Perpetrator's sex	Male°												
	Female	1.479	1.096	1.996	0.010	0.771	0.416	1.428	0.408	0.909	0.497	1.662	0.756
	Both	1.655	1.226	2.233	0.001	1.487	0.562	3.933	0.424	0.851	0.511	1.419	0.536
Perpetrator's role	Coach	1.084	0.864	1.362	0.485	0.168	0.078	0.363	0.000	1.733	1.061	2.828	0.028
	Athlete	1.215	0.920	1.605	0.170	1.857	0.855	4.034	0.118	0.989	0.641	1.527	0.962
	Known other	1.480	1.141	1.920	0.003	2.023	0.861	4.754	0.106	1.651	1.102	2.473	0.015
	Unknown	1.164	0.774	1.750	0.466	2.469	0.494	12.328	0.271	1.077	0.670	1.732	0.760
Number of perpetrators	One°												
	More than one	3.593	2.732	4.726	0.000	2.047	1.130	3.708	0.018	1.696	1.128	2.549	0.011
Victim's sex	Male°												
	Female	0.936	0.723	1.211	0.613	1.58	0.917	2.723	0.099	1.247	0.872	1.784	0.227

°= Reference category

When the perpetrators of psychological violence are exclusively male, incidents tend to be significantly less severe than those reported for female perpetrators or perpetrators of both sexes. The perpetrator's sex does not influence the severity of the incidents involving sexual and physical violence. Sexual violence is significantly more severe when a coach is mentioned as the perpetrator. By contrast, when a coach has violated a minor physically, incidents are less severe than when the act was committed by others (e.g., athletes or other adults in the sport organization). In all three IV types incidents are significantly more severe when more than one perpetrator is involved. The victim's sex had no impact on the severity of the reported incidents.

3.7. Perpetrator profiles

The ordinal regression analyses relating IV type and severity to perpetrator characteristics provided a nuanced picture. We created perpetrator profiles based on three identifying features: the number of perpetrators, the sex of the perpetrator(s), and the position/role of the perpetrator(s). As seen earlier, the variable role gave inherent information on the age of the perpetrator. Therefore, the variable age was excluded from the characterization. In order to restrict the total number of perpetrator profiles, 'number' was recoded into two categories, 'single' versus 'several', while 'role' was recoded into three categories, 'athlete', 'coach' or 'other'. This yielded a total of 27 possible perpetrator profiles, such as 'one male coach', 'several female athletes', 'several male and female known others', 'one male unknown other'. For a clear overview of the most common perpetrator profiles per IV type, we composed a 'top ten' list for male and female victims (Table 5.3, Table 5.4, Table 5.5) where the tenth is denoted as 'other profiles' combining the 18 less common profiles.

Female victims of psychological violence most often reported 'several female athletes' as perpetrators (20.2%), followed by 'several athletes and others of both sexes' (10.5%), and 'one male coach' (10.4%). The most common perpetrator profiles for male victims of psychological violence were 'several male athletes' (32.2%), 'several female athlete(s) and other(s)' (9.9%), 'one male coach' (9.4%), and 'one male athlete' (9.4%).

As to physical violence, the most common profile for female victims was 'one male coach' (24.1%), followed by 'one female coach' (14.1%), while in male victims the profiles 'several male athletes' (21.0%) and 'one male athlete' (14.4%) were most prevalent.

The severity of reported incidents tended to be more severe for the multiple perpetrator profiles than for single perpetrator profiles.

The most common profiles for female victims of sexual violence were 'one male other' (20.6%), as well as 'several male others' (18.7%) and 'one male coach' (15.6%). In male victims, 'several male others' (19.6%), 'several male athletes' (17.9%) and 'one male other' (15.1%) were the most frequent perpetrators.

Table 5.3 Most common perpetrator profiles in psychological violence against children in sport

	Perpetrator profiles	Female respondents				Male respondents			
		Mild	Moderate n (row %)	Severe	Total n (%)	Mild	Moderate n (row %)	Severe	Total N (%)
1	Several male athletes	4 (26.7)	6 (40.0)	5 (33.3)	15 (1.9)	60 (26.3)	122 (53.5)	46 (20.2)	228 (32.2)
2	Several female athletes	37 (23.4)	73 (46.2)	48 (30.4)	158 (20.2)	0 (0.0)	2 (66.7)	1 (33.3)	3 (0.4)
3	One male coach	46 (56.8)	29 (35.8)	6 (7.4)	81 (10.4)	39 (58.2)	24 (35.8)	4 (6.0)	67 (9.4)
4	Several athlete(s) and other(s) of both sexes	4 (4.9)	40 (48.8)	38 (46.3)	82 (10.5)	9 (22.5)	19 (47.5)	12 (30.0)	40 (5.6)
5	Several athlete(s) of both sexes	14 (18.4)	40 (52.6)	22 (28.9)	76 (9.7)	4 (18.2)	10 (45.5)	8 (36.4)	22 (3.1)
6	One male athlete	13 (65.0)	6 (30.0)	1 (5.0)	20 (2.6)	37 (55.2)	26 (38.8)	4 (6.0)	67 (9.4)
7	Several female athlete(s) and other(s)	0 (0.0)	4 (66.7)	2 (33.3)	6 (0.8)	19 (27.1)	29 (41.4)	22 (31.4)	70 (9.9)
8	One female coach	40 (57.1)	24 (34.3)	6 (8.6)	70 (9.0)	1 (20.2)	4 (80.0)	0 (0.0)	5 (0.7)
9	Several male coach(es) and athlete(s)	2 (22.2)	6 (66.7)	1 (11.1)	9 (1.2)	16 (25.8	33 (53.2)	13 (21.0)	62 (8.7)
10	Other profiles	77 (29.2)	106 (40.2)	38 (46.3)	264 (33.8)	41 (28.3)	61 (42.1)	43 (29.7)	145 (20.5)
	Total	237 (30.3)	334 (42.8)	210 (26.9)	781 (100.0)	226 (31.9)	330 (46.5)	153 (21.6)	709 (100.0)

Note. The perpetrator profiles are listed in descending overall frequency of occurrence

Table 5.4 Most common perpetrator profiles in physical violence against children in sport

	Perpetrator profiles	Female respondents				Male respondents			
		Mild	Moderate n (row %)	Severe	Total N (%)	Mild	Moderate n (row %)	Severe	Total N (%)
1	One male coach	14 (30.4)	18 (39.1)	14 (30.4)	46 (24.1)	5 (14.7)	16 (47.1)	13 (38.2)	34 (13.2)
2	Several male athletes	0 (0.0)	0 (0.0)	5 (100.0)	5 (2.6)	1 (1.9)	3 (5.6)	50 (92.6)	54 (21.0)
3	One male athlete	0 (0.0)	1 (9.1)	10 (90.9)	11 (5.8)	4 (10.8)	0 (0.0)	33 (89.2)	37 (14.4)
4	One male other	2 (22.2)	2 (22.2)	5 (55.6)	9 (4.7)	1 (4.3)	1 (4.3)	21 (91.3)	23 (5.9)
5	One female coach	9 (33.3)	11 (40.7)	7 (25.9)	27 (14.1)	1 (50.0)	1 (50.0)	0 (0.0)	2 (0.8)
6	Several male others	0 (0.0)	0 (0.0)	2 (0.0)	2 (1.0)	0 (0.0)	0 (0.0)	21(100.0)	21 (8.2)
7	Several male coaches	1 (16.7)	3 (50.0)	2 (33.3)	6 (3.1)	0 (0.0)	7 (50.0)	7 (50.0)	14 (5.4)
8	Several female athletes	0 (0.0)	3 (17.6)	14 (82.4)	17 (8.9)	0 (0.0)	0 (0.0)	3 (100.0)	3 (1.2)
9	Several athlete(s) and other(s) of both sexes	0 (0.0)	0 (0.0)	13 (100.0	13 (6.8)	0 (0.0)	0 (0.0)	6 (100.0)	6 (2.3)
10	Other profiles	3 (5.5)	11 (20.0)	41 (74.5)	55 (28.8)	3 (7.7)	5 (12.8)	31 (79.5)	39 (15.2)
	Total	29 (15.2)	49 (25.7)	113 (59.2)	191 (100.0)	15 (5.8)	35 (13.6)	207 (80.5)	257 (100.0)

Note. The perpetrator profiles are listed in descending overall frequency of occurrence

Table 5.5 Most common perpetrator profiles in sexual violence against children in sport

	Perpetrator profiles	Female respondents				Male respondents			
		Mild	Moderate	Severe	Total	Mild	Moderate	Severe	Total
			n (row %)		N (%)		n (row %)		N (%)
1	Several male others	1 (1.5)	41 (61.2)	25 (37.3)	67 (18.7)	2 (5.7)	17 (48.6)	16 (45.7)	35 (19.6)
2	One male other	17 (23.0)	27 (36.5)	30 (40.5)	74 (20.6)	4 (14.8)	10 (37.0)	13 (48.1)	27 (15.1)
3	One male coach	8 (14.3)	30 (53.6)	18 (32.1)	56 (15.6)	1 (10.0)	4 (40.0)	5 (50.0)	10 (5.6)
4	Several male athletes	0 (0.0)	14 (58.3)	10 (41.7)	24 (6.7)	2 (6.3)	21 (65.6)	9 (28.1)	32 (17.9)
5	One male athlete	10 (33.3)	9 (30.0)	11 (36.7)	30 (8.4)	6 (28.6)	8 (38.1)	7 (33.3)	21 (11.7)
6	Several female athlete(s) and other(s)	0 (0.0)	14 (56.0)	11 (44.0)	25 (7.0)	0 (0.0)	6 (60.0)	4 (40.0)	10 (5.6)
7	Several athlete(s) and other(s) of both sexes	0 (0.0)	12 (63.2)	7 (36.8)	19 (5.3)	0 (0.0)	2 (33.3)	4 (66.7)	6 (3.4)
8	Several others of both sexes	1 (7.7)	10 (76.9)	2 (15.4)	13 (3.6)	1 (8.3)	7 (58.3)	4 (33.3)	12 (6.7)
9	Several athletes of both sexes	0 (0.0)	9 (64.3)	5 (35.7)	14 (3.9)	0 (0.0)	4 (57.1)	3 (42.9)	7 (3.9)
10	Other profiles	2 (5.4)	20 (54.1)	15 (40.5)	37 (10.3)	4 (21.1)	7 (36.8)	8 (42.1)	19 (10.6)
	Total	39 (10.9)	186 (51.8)	134 (37.3)	359 (100.0)	20 (11.2)	86 (48.0)	73 (40.8)	179 (100.0)

Note. The perpetrator profiles are listed in descending overall frequency of occurrence

4. Discussion

Based on the retrospective accounts of 1,785 adults in Belgium and the Netherlands on experiences with IV in sport before the age of 18, we evaluated the characteristics (number, sex, age, and role within the sport organization) of the alleged perpetrators and clustered these to build meaningful perpetrator profiles. In order to identify distinct perpetrator groups, we clustered the sex, role, and number of perpetrators into 27 different profile categories, which were then reduced to nine most common profiles and one collapsed 'other' category.

Our analyses yielded several overarching perpetrator characteristics for all three types of IV. Firstly, the majority of the respondents having experienced psychological, physical, or sexual violence in sport report more than one perpetrator (from 54% in physical violence to 70% in psychological violence). Secondly, we found the overwhelming majority of perpetrators to be male (from 51% in psychological violence to 76% in sexual violence). This is in line with the general literature on aggressive behavior, which suggests that men are much more likely to engage in physical and sexual aggression than women (Chesney-Lind & Pasko, 2003). It is worth noting that, about 70% of coaching staff in sport clubs in Flanders (Belgium) and the Netherlands is male, which means that the exposure to males is significantly higher than exposure to females in sport (Oomens & van der Linden, 2015; Vlaamse Trainersschool, 2015).

A third key finding of our study is that in all three types of IV perpetrators were mainly peer athletes, a trend that was also observed in several other studies (Alexander et al., 2011; Elendu & Umeakuka, 2011; Gündüz et al., 2007). This may be due to the fact that peer athletes spend the most time together and often have a closer relationship with each other than with other sport participants (Elendu & Umeakuka, 2011). Although female perpetrators are a minority, female victims of psychological violence accordingly most often report 'several female athletes' as the perpetrators. Many of the items included in the psychological violence scale we used refer to bullying behavior (Vertommen et al., 2016). Alexander and colleagues (2011) also found that children reported having been subjected to different forms of peer bullying in a sport context, which, apart from psychological abuse, can also comprise physical or sexual violence. Studies in other social settings, such as schools, also show high rates of peer bullying involving verbal and emotional abuse (Stassen Berger, 2007; Tapper & Boulton, 2005). According to a

Dutch study on peer aggression in sport, the prevalence of aggressive behavior among children might even be higher in sport clubs than it is in schools, which is based on the assumption that it is more difficult for a child to gain and maintain a dominant social status in a context that is less structured (e.g., sport) and that organized sport may reinforce aggressive behavior among children (Baar & Wubbels, 2011). It is therefore important not to overlook peer bullying as a substantial part of IV in sport.

Lastly, in all types of IV the reported incidents were rated as significantly more severe when more than one perpetrator was involved. Since we based our severity classification on both the severity and frequency of the act, multiple experiences are likely to have generated higher severity scores (see **Chapter 4**).

Besides the abovementioned perpetrator features characteristic of all three types of IV, we also observed some interesting differences. Female victims of psychological violence report significantly more female perpetrators compared to female victims of physical and sexual violence. 'Several female athletes' is the most common perpetrator profile for female victims of psychological violence, while this perpetrator profile is not common in other types of IV. Adding to previous studies on IV in sport, we noted that acts of psychological violence committed by male perpetrators are rated as less severe than those committed by female perpetrators or multiple perpetrators of both sexes. Since severity was based on the self-reported frequency and the expert-rated item severity (see **Chapter 4**), we can assume that incidents involving female perpetrators or perpetrators of both sexes were more severe in nature and/or more frequent.

With regard to physical violence in sport, we note that, compared to male athletes, female athletes report more incidents with a single perpetrator. Correspondingly, the frequency of the 'one male coach' profile is more prevalent among female athletes. Physical abuse of male athletes is predominantly perpetrated by several male athletes, whether or not in a group context. As explained above, this type of IV may also include peer bullying. Secondly, the regression analysis showed that incidents tended to be less severe when perpetrated by a coach. However, like Alexander and colleagues (2011), we also observed that coaches tend to become more physically violent toward athletes the higher their performance level, although this association was not statistically significant. In addition, athletes competing at higher levels report less peer-to-peer violence than lower-level athletes.

Our results on sexual violence show that 'known others' within the sport organization (excluding coaches and fellow athletes) are largely held responsible for sexual transgressions. Gündüz and colleagues (2007), as well as Rintaugu and colleagues (2014), indeed demonstrated that spectators appear to be responsible for a sizable proportion of reported incidents of sexual harassment. In addition, having direct access to athletes, members of the athlete's entourage (e.g., (para-) medical staff and club board members) are potential perpetrators. While early studies on sexual harassment in sport observed that unwanted behaviors toward female athletes most often involved a male coach, more recent studies that adopted a broader definition of abuse and violence found peer athletes to be the main perpetrator group (Alexander et al., 2011; Elendu & Umeakuka, 2011). This new insight clearly needs further research.

Being the first study to relate the perceived severity of IV to perpetrator characteristics, we found that the severity of the experienced sexual violence when perpetrated by coaches tends to be higher than when these acts were attributed to other perpetrators. One hypothesis is that the hierarchical coach-athlete relationship provides favorable conditions for sexual grooming (Brackenridge & Fasting, 2005), which may be more intense, covert, and long-lasting than peer-to-peer sexually oriented, offensive behaviors and thus culminate more easily in severe forms of sexual violence.

4.1. Implications for prevention policy

To date, the bulk of information on perpetrators of IV in sport in Belgium and the Netherlands originates from media reports that mostly concern severe cases of child sexual abuse by adult male coaches, producing waves of public indignation. The coverage of court cases also draws our attention to criminal offenses in sport, again providing us with an identical picture of the older male coach as the perpetrator. Prevention initiatives, such as the requirement to conduct criminal history checks for aspiring leaders and coaches, have likewise been developed based on the assumption that older (male) adults are the most likely perpetrators of IV. The results of this study reveal a diverse and nuanced perpetrator profile, enriching our perspective on perpetrators of interpersonal violence in sport. Given that our and other recent results disconfirm this notion, new prevention initiatives should include measures aimed at other likely perpetrator groups. Indeed, while criminal history checks are effective in preventing recidivism in convicted sexual offenders, this tool is not useful to prevent first time offences, offences of minors and non-criminal offenses (e.g., bullying, grooming behaviors). Besides considering them

potential perpetrators of IV against (young) athletes, coaches should also be involved as custodians to signal any trespasses in the sport context, whether they occur among peers or are perpetrated by other adults. These findings suggest that we should invest in qualitative coach programs to educate coaches on the phenomenon of interpersonal violence in sport and underlying dynamics that can create a conducive climate for interpersonal violence against athletes.

Awareness raising initiatives are required to inform different stakeholders (coaching staff, board members, parents, spectators, but also athletes of all ages, sport levels and disciplines) about risk factors, forms, dynamics, taboo and myths of interpersonal violence in sport. At the same time, athletes should be empowered to speak up about negative experiences and should be informed about reporting and counseling structures that are in place to assist anyone with questions, complaints or disclosures of violence. The prevention of interpersonal violence in sport, consisting of preventive and pedagogical, as well as repressive and curative measures, should be integrated in a broader policy framework on a safe sports environment.

4.2. Limitations, future research and recommendations

We based the perpetrator characteristics exclusively on the victims' retrospective accounts gathered through an online survey. Such information is subjective, may suffer from recall bias and hence does not necessarily reflect reality (Hardt & Rutter, 2004). Furthermore, the study asks about characteristics of *alleged* perpetrators as reported by the persons who experienced this behavior, rather than verified information on convicted offenders.

Secondly, due to the study's rationale, the collected perpetrator information (number, sex, age, and role) is rather limited and descriptive. Other sources of (qualitative) information on perpetrator characteristics (e.g., treatment files, interviews) would enable us to compose a more in-depth psychological profile comprising personality characteristics, offending strategies, and underlying (group) dynamics and processes.

Thirdly, our study solely focuses on the individual characteristics of perpetrators. However useful it is to study individual characteristics of perpetrators of IV in sport, this should not distract us from also looking at the context in which such behaviors take place. Although not within the scope of the present study, many studies have shown

that (sexual) violence in sport is a sociological/cultural, as well as an interpersonal/psychological phenomenon (Brackenridge, 2001). Evidently, improving perpetrator theories requires a micro-, meso- and macro-level approach.

Lastly, since the duration of participation in youth sport is unknown, we cannot reflect on the length of exposure of these victim respondents. However, the size and the representativeness of the sample suggest that a wide variety of athletes, performing at different levels of sport and with different levels of intensity, are represented in this study.

Being one of the first to look into defining characteristics of perpetrators of IV in sport, this study is a starting point for further research. An in-depth analysis of all available sources of information while acknowledging their relative limitations will shed more light on perpetrator profiles. There is a need for a more thorough analysis of the psycho-social characteristics of (alleged) perpetrators, as well as the underlying motives and dynamics of IV in sport, which requires a qualitative approach. To be able to create potential victim and perpetrator profiles, case reports of IV in sport should be studied in detail and those affected by and those accused of the acts interviewed extensively. In most sport organizations reporting systems are currently not in place, even though standardized case report systems would be a valuable source of information on criminal and non-criminal interpersonal behaviors that can ultimately contribute to their prevention. In its Consensus Statement on harassment and abuse in sport, the International Olympic Committee has provided a strong impetus in this direction by explicitly recommending sport organizations to establish a response system for handling concerns and complaints with well-established reporting and referral mechanisms (Mountjoy et al., 2016). If these incident databases are made available to researchers, knowledge transfer would become bi-directional, which would greatly benefit future child protection and safeguarding initiatives.

References

Agresti, A. (2012). *Analysis of Ordinal Categorical Data: Second Edition. Analysis of Ordinal Categorical Data, Second Edition*. New York: Wiley. https://doi.org/10.1002/9780470594001

Alexander, K., Stafford, A., & Lewis, R. (2011). *The experiences of children participating in organised sport in the UK* (Report). Edinburgh: Dunedin Academic Press.

Baar, P., & Wubbels, T. (2011). Machiavellianism in children in Dutch elementary schools and sports. *The Sport Psychologist*, *25*, 444–464. https://doi.org/10.1123/tsp.25.4.444

Brackenridge, C., Bringer, J. D., & Bishopp, D. (2005). Managing cases of abuse in sport. Child Abuse Review, *14*(4), 259–274. https://doi.org/10.1002/car.900

Brackenridge, C., & Fasting, K. (2002). Sexual harassment and abuse in sport: the research context. *Journal of Sexual Aggression*, *8*(2), 3–15. http://dx.doi.org/10.1080/13552600208413336

Brackenridge, C., & Fasting, K. (2005). The grooming process in sport: Narratives of sexual harassment and abuse. *Auto Biography*, *13*(1), 33–52. https://doi.org/10.1191/0967550705ab016oa

Brackenridge, C. H. (2001). *Spoilsports: Understanding and preventing sexual exploitation in sport*. Book, London: Routledge.

Brackenridge, C. H. (2010). Violence and abuse prevention in sport. In K. Kaufman (Ed.), *The Prevention of Sexual Violence: A Practitioners' Sourcebook* (pp. 401–413). Book Section, Holyoke, M.A.: NEARI Press.

Brackenridge, C. H., Bishopp, D., Moussalli, S., & Tapp, J. (2008). The characteristics of sexual abuse in sport: A multidimensional scaling analysis of events described in media reports. *International Journal of Sport and Exercise Psychology*, *6*(4), 385–406. Journal Article. https://doi.org/10.1080/1612197X.2008.9671881

Brackenridge, C. H., Kay, T., & Rhind, D. (2012). *Sport, children's rights and violence prevention: A sourcebook on global issues and local programmes*. (C. H. Brackenridge, T. Kay, & D. Rhind, Eds.). Electronic Book, West London: Brunel University.

Chesney-Lind, M., & Pasko, L. (2003). *The female offender: Girls, women and crime* (3rd ed.). Los Angeles: Sage. http://dx.doi.org/10.4135/9781452232157

Elendu, I. C., & Umeakuka, O. A. (2011). Perpetrators of sexual harassment experiences by athletes in southern Nigerian universities. *South African Journal for Research in Sport Physical Education and Recreation*, *33*(1), 53–63. https://doi.org/10.4314/sajrs.v33i1.65486

Fasting, K., & Brackenridge, C. (2009). Coaches, sexual harassment and education. *Sport Education and Society*, *14*(1), 21–35. https://doi.org/10.1080/13573320802614950

Fasting, K., Brackenridge, C. H., & Kjølberg, G. (2013). Using court reports to enhance knowledge of sexual abuse in sport. *Scandinavian Sport Studies Forum*, *4*, 49–67.

Gündüz, N., Sunay, H., & Koz, M. (2007). Incidents of sexual harassment in Turkey on elite sportswomen. *The Sport Journal*, (10), 1–10. Retrieved from http://thesportjournal.org/article/incidents-of-sexual-harassment-in-turkey-on-elite-sportswomen/

Hardt, J., & Rutter, M. (2004). Validity of adult retrospective reports of adverse childhood experiences: Review of the evidence. *Journal of Child Psychology and Psychiatry*, *45*(2), 260–273. https://doi.org/10.1111/j.1469-7610.2004.00218.x

Kirby, S. L., & Greaves, L. (1996). Foul play: Sexual abuse and harassment in sport, *Paper presented at the International Pre-Olympic Scientific Congress*, Dallas, USA.

Lenskyj, H. (1992). Unsafe at home base: Women's experiences of sexual harassment in university sport and physical education. *Women in Sport and Physical Activity Journal*, *1*(1), 19–34. http://dx.doi.org/10.1123/wspaj.1.1.19

Mountjoy, M., Brackenridge, C., Arrington, M., Blauwet, C., Carska-Sheppard, A., Fasting, K., … Budgett, R. (2016). The IOC Consensus Statement: Harassment and abuse (non-accidental violence) in sport. *British Journal of Sports Medicine*. https://doi.org/10.1136/bjsports-2016-096121

Oomens, M., & van der Linden, J. (2015). *Sportkadermonitor 2015*. Utrecht. Retrieved from http://www.nocnsf.nl/sportkadermonitor

Rhind, D., McDermott, J., Lambert, E., & Koleva, I. (2015). A Review of Safeguarding Cases in Sport. *Child Abuse Review*, *24*(6), 418–426. http://doi.org/10.1002/car.2306

Rintaugu, E. G., Kamau, J., Amusa, L. O., & Toriola, A. I. (2014). The forbidden acts : Prevalence of sexual harassment among university female athletes. *African Journal for Physical, Health Education, Recreation and Dance*, *20*(3), 974–990.

Sand, T. S., Fasting, K., Chroni, S., & Knorre, N. (2011). Coaching behavior: Any consequences for the prevalence of sexual harassment? *International Journal of Sports Science & Coaching*, *6*(2), 229–241. https://doi.org/10.1260/1747-9541.6.2.229

Stafford, A., Alexander, K., & Fry, D. (2013). "There was something that wasn't right because that was the only place I ever got treated like that": Children and young people's experiences of emotional harm in sport. *Childhood*, *22*(1), 121–137. https://doi.org/10.1177/0907568213505625

Stafford, A., & Fry, D. (2013). Playing through Pain: Children and Young People's Experiences of Physical Aggression and Violence in Sport. *Child Abuse Review*, *22*, 287–299. https://doi.org/10.1002/car

Stassen Berger, K. (2007). Update on bullying at school: Science forgotten? *Developmental Review*, *27*(1), 90–126. https://doi.org/10.1016/j.dr.2006.08.002

Tapper, K., & Boulton, M. J. (2005). Victim and peer group responses to different forms of aggression among primary school children. *Aggressive Behavior*, *31*(3), 238–253. https://doi.org/10.1002/ab.20080

Toftegaard Nielsen, J. (2004). *Idrættens Illusoriske Intimitet*. Copenhagen: Kobenhavns Universitet.

United Nations. (1989). *Convention on the Rights of the Child*. Geneva, Switserland. Retrieved from http://www.ohchr.org/en/professionalinterest/pages/crc.aspx

Vertommen, T., Schipper-van Veldhoven, N., Hartill, M. J., & Van Den Eede, F. (2015). Sexual harassment and abuse in sport: The NOC*NSF helpline. International Review for the Sociology of Sport, *50*(7), 822–839. https://doi.org/10.1177/1012690213498079

Vertommen, T., Schipper-van Veldhoven, N., Wouters, K., Kampen, J. K., Brackenridge, C. H., Rhind, D. J. A., Neels, K., Van Den Eede, F. (2016). Interpersonal violence against children in sport in the Netherlands and Belgium. *Child Abuse & Neglect: The International Journal*, *51*, 223–236. https://doi.org/10.1016/j.chiabu.2015.10.006

Vlaamse Trainersschool. (2015). *Jaarverslag 2015*. Brussel.

"The pain is like a storm. Unseen, and only every felt by its effect".

Groth, A. N. (1979). Men who rape: The psychology of the offender. New York: Plenum.

CHAPTER 6

SEVERE INTERPERSONAL VIOLENCE AGAINST CHILDREN IN SPORT: ASSOCIATED MENTAL HEALTH PROBLEMS AND QUALITY OF LIFE IN ADULTHOOD

Currently in review

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Abstract

In a recent large-scale prevalence study of interpersonal violence (IV) against child athletes in the Netherlands and Belgium we found that 9% adult respondents who participated in organized sports before the age of 18 had experienced severe psychological violence, 8% severe physical violence, and 6% severe sexual violence in various sport settings. While the general literature has repeatedly shown that exposure to IV during childhood is associated with mental health problems in adulthood and to a lesser extent with reduced quality of life (QOL), these relationships have not been demonstrated in (former) athletes. Thus, the current study aims to assess the long-term consequences of severe adverse childhood sport experiences. Depression, anxiety, and somatization were assessed in the same general population sample (N=4043) using the Brief Symptom Inventory (BSI-18) and QOL with the World Health Organization Quality of Life questionnaire (WHOQOL-Brèf). The impact of severe IV in sport was investigated using multiple linear regression while controlling for demographics, disability, sexual orientation, recent life events, and family history of psychological problems. As a result, we found severe sexual, physical, and psychological childhood experiences in sport to be associated with more adult psychological distress and reduced QOL, with a gradual relationship between the number of IV subtypes and impact severity. Recent stressful life events, a family history of psychological problems, marital status, and level of education were significant covariates in the psychological symptoms assessed and QOL. Severe IV against child athletes hence significantly affects mental health and QOL in adulthood, with polyvictimization leading to more severe outcomes. We hope that these new insights will prompt sport administrators to implement broad spectrum child protection measures and raise the awareness of mental health professionals about the necessity to also screen for adverse childhood experiences in the sport context.

Keywords: child maltreatment; abuse; sequelae; long-term consequences; psychological symptoms

1. Introduction

Traditionally, research into child maltreatment and abuse has primarily focused on the family setting, revealing that children are most at risk of experiencing violence, maltreatment, and abuse in their own homes. The last few decades saw new studies describing other settings in which child abuse takes place (e.g., the Catholic Church, school, youth care). Recently, the disclosure of several high-profile cases of child sexual abuse in (elite) sport in the United States, Australia, England, and the Netherlands have drawn renewed public attention to the sport setting as a conducive context for violence against children. Indeed, the hierarchical structure of sports, the bodily contact, the male-dominated gender ratio, the authoritarian leadership, and existing reward structures can create an receptive climate in which violence against and among athletes can arise and persist (Kirby, Greaves, & Hankivsky, 2000). The high-profile cases and recent publications on interpersonal violence (IV) in sport urged the International Olympic Committee (IOC), the most powerful international sport organization, to put the issue on the agenda and stimulate local, national, and international sport organizations to take action (Mountjoy et al., 2016).

Since the late 1990s, there is increasing attention for IV in the sport context both in the field of research and that of policy-making. Early prevalence studies surveying female athletes' experiences with sexual harassment by male coaches found prevalence rates ranging from 2 to 50% (Fasting, Chroni, Hervik, & Knorre, 2011). Sexual violence was reported by 5 to 17% of athletes surveyed (Mergaert, Arnaut, Vertommen, & Lang, 2016), while prevalence estimates up to 75% for emotional harm and 24% for physical harm were found in student-athlete samples (Alexander, Stafford, & Lewis, 2011). Using a low threshold measure (i.e., having had at least one experience of some form of IV while playing sport as a child) in a general population sample of 1999 Dutch and 2044 Belgian adults, our group found an estimated prevalence of 38% for psychological violence, 11% for physical violence, and 14% for sexual violence (**Chapter 4**). Still, similar to general childhood trauma research, unconformity in definitions and methodology, and non-representativeness of study samples hinder solid comparisons of IV-in-sport studies.

The association between child maltreatment and adult mental health issues has been extensively documented in numerous epidemiological studies (Edwards, Holden, Felitti, & Anda, 2003; Felitti et al., 1998; Kessler et al., 2010; Li, D'Arcy, & Meng, 2016). Among other recent publications, studies on the long-term impact of child sexual abuse showed

higher rates of depression (Maniglio, 2010) and anxiety (Maniglio, 2013), while for non-sexual child maltreatment associations with a range of adult mental disorders, drug use, and suicide attempts have been demonstrated (Norman et al., 2012), suggesting that child maltreatment is an unspecific risk factor for mental health disturbance in adulthood and impacts underlying liability levels to internalizing and externalizing psychopathology (Keyes et al., 2012). Moreover, children experiencing different types of violence have been found to present higher levels of symptomatology than peers having experienced a single type (Alvarez-Lister, Pereda, Abad, & Guilera, 2014; Felitti et al., 1998; Finkelhor, Ormrod, & Turner, 2007). Notably, while the terms 'maltreatment' and 'abuse' most often refer to adult behaviors towards children, peer victimization should not be overlooked. Lereya and colleagues (Lereya, Copeland, Costello, & Wolke, 2015), for instance, showed that depression, anxiety, and self-harm are among the long-term effects of peer victimization (e.g., bullying), with effects being more serious than observed following maltreatment by adults.

While the physical and psychological sequelae of childhood violence are well-documented, there is less evidence regarding their impact on QOL, which can be defined as 'an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns' (Skevington, Lotfy, & O'Connell, 2004). The importance of QOL as a measure of subjective wellbeing has been receiving increasing recognition (Hawthorne, Herrman, & Murphy, 2006); it is now being more widely adopted alongside more traditional clinical indicators such as a psychopathology checklist. Although the evidence is limited, studies linking adverse childhood experiences (e.g., violence) with QOL in adulthood point to reduced QOL (Embrechts, Janssens, Vertommen, De Venter, & Van Den Eede, 2016; Prosser & Corso, 2007). Corso and colleagues reported that childhood maltreatment was significantly associated with a reduced health-related QOL in adulthood (Corso, Edwards, Fang, & Mercy, 2008). Draper and colleagues likewise found an association between childhood sexual and physical abuse and poorer physical and mental QOL well into late life (Draper et al., 2008). Both studies investigated health-related QOL, overlooking social and environmental dimensions.

As to the sport context, qualitative interviews with female athletes having experienced sexual harassment revealed that most respondents reported negative consequences such as poorer sport performance, lower self-esteem, sport dropout, and increased anxiety (Fasting, Brackenridge, & Walseth, 2002). Investigating traumatic correlates of

child sexual abuse in 90 competitive athletes, Leahy and colleagues (Leahy, Pretty, & Tenenbaum, 2008) found that childhood abuse (in- or outside sport) was associated with posttraumatic symptomatology in both male and female athletes. A large-scale general population study investigating the impact of violence against children in sport on later wellbeing was, however, lacking.

The current study examines a large number of retrospective accounts of IV in youth sport, analyzing the association between these adverse events and adult mental health and QOL. Based on the existing qualitative insights and knowledge on IV outside sport, we expect that experiencing IV as a young athlete are associated with psychological problems and reduced QOL in adulthood. Additionally, we expect to find a cumulative effect of different types of IV. Finally, we will also look whether the various IV types show differential effects.

2. Methods

2.1. Participants and procedure

Dutch and Belgian adults, aged between 18 and 50 years, were prescreened on having participated in organized sport before the age of 18. Sampling and data collection were performed by the market research company GfK (www.gfk.com) in the Netherlands and in Flanders (the northern, Dutch-speaking part of Belgium). For more detailed information about the sampling and response processes, we refer to our IV prevalence study (Vertommen et al., 2016). The briefing letter contained information on the survey, a link to the study's background information website, a directory of counseling services, and a hyperlink to the actual questionnaires. The retrospective accounts of IV in youth sport and the data on current psychological problems and QOL were all collected using the web-based survey. To avoid interference, the wellbeing questionnaires were presented prior to the questions on negative experiences in sport. Respondents could only proceed with the survey after agreeing with the informed consent request and could pause or terminate the survey at any stage. Full demographic details of the 4043 respondents included can be found in Table 6.1. Approval of the research protocol was obtained from the University of Antwerp/Antwerp University Hospital ethics committee (file code 13/44/430).

2.2. Materials

The IV against Children in Sport questionnaire (IViS)

Adopting the definition of the United Nation Convention on the Rights of the Child, we defined violence as (United Nations, 1989): "*[..] all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parent(s), legal guardian(s) or any other person who has the care of the child*". Violence occurring within the bounds of the constitutive rules of sport is not considered in this study. Perpetrators could be coaches, peer athletes, or any other known or unknown persons in the sports environment. Youth sport is defined as having participated in organized sport before the age of 18, where organized sport can be any voluntary recreational or competitive sporting activity that takes place within the context of a club or organization outside the school curriculum and involves an element of training or instruction by an adult, including sport camps and organized extracurricular sporting activities at school, but excluding physical education (PE lessons) and informal physical activities (e.g., street soccer games, running with friends).

To assess the prevalence of IV in youth sport in Belgium and the Netherlands, we developed the 'IV against Children in Sport' questionnaire (Vertommen et al., 2016) based on the index on negative experiences of children in sport by Alexander and colleagues (Alexander et al., 2011) and compared it to general questionnaires such as Felitti et al.'s Adverse Childhood Experiences (ACE) study questionnaire (Felitti et al., 1998) and Bernstein et al.'s Childhood Trauma Questionnaire (Bernstein, Fink, Handelsman, & Foote, 1994). The concept of IV against child athletes is operationalized in 41 items on psychological, physical, and sexual violence. Based on the reported frequency and objective severity assessment of each item, the respondents' experiences are classified as mild, moderate, or severe. Four items (teasing, shouting, negative critique on performance, and personal space invasions) were classified as 'mild'. When at least one of these items was experienced regularly/often, this was categorized as 'moderate'. Twenty-two items (e.g., bullying, humiliation, name-calling, threatening, being forced to continue practice while injured or exhausted, sexist jokes or remarks, uncomfortable physical contact, messages with sexual connotation) were ranked as moderate, but if any of these items were experienced regularly/often, this was categorized as severe. The remaining 15 items (e.g., slapping, knocking down, beating, choking, sexual assault, rape) were considered 'severe', regardless of the reported frequency.

Information on the respondents' demographics (gender, age, level of education, country, marital status), ethnic background (place of birth, and parents' place of birth), participation in disabled sport, and sexual orientation were gathered. Respondents were also asked to indicate the occurrence of recent stressful life events and whether any of their close relatives (parents, children, or siblings) were coping with psychological problems[12].

Dependent variables

The Brief Symptom Inventory 18 (BSI-18)

The BSI-18 is the short form of the BSI-53, which is the abbreviated version of the Symptom Checklist-90 Revised (SCL-90R) (Derogatis & Fitzpatrick, 2004), a widely used self-report instrument assessing the subjective symptom burden in a broad range of mental disorders. The BSI-18 is a screening tool gauging psychological distress over the past seven days. Its 18 items are scored on a 5-point scale from 0 (not at all) to 4 (very often) and subdivided into three 6-item subscales: somatization, depression and anxiety (Derogatis & Fitzpatrick, 2004). The global severity index (GSI) is the raw total score of all items and ranges from 0 to 72, with a higher score indicating more psychopathology; it shows high correlations with the SCL-90R total score. Subscale scores are calculated by dividing the scores by the number of items and range from 0 to 4.The BSI-18 was translated into Dutch in 2011, with the manual providing population norms for Dutch adults (de Beurs, 2011).

World Health Organization Quality of Life-Brèf (WHOQOL-Brèf)

The 100-item WHOQOL was developed to obtain a broader index of health. Its brief version (WHOQOL-Brèf) consists of 26 items of which two are 'benchmark' items gauging the general facet of QOL, with the remaining 24 items capturing four domains: physical health (7 items), psychological health (6 items), social relationships (3 items), and environment (8 items). Respondents are asked to keep the last two weeks in mind when rating the items on a 5-point scale (1 = not at all/very poor; 5 = very good/

[12] The following questions were posed:

- Have you recently experienced or witnessed negative, distressing or traumatic events that have seriously affected your life (Perhaps: a serious accident, illness, death, difficult divorce, unemployment)? Possible answers: Yes, that is…; Yes, but I'd rather not tell, No.
- Do any of your immediate family or relatives (parents, siblings, children) suffer from serious mental (psychological or psychiatric) problems or disorders (e.g., depression, psychoses, agoraphobia…) Possible answers: Yes, No, I prefer not to say.

completely). To calculate the domain scores, the mean score of the domain items is multiplied by 4, so that all domain scores range between 4 and 20. The instrument shows good psychometric properties (Skevington et al., 2004). The WHOQOL-Brèf was translated into Dutch in 1996 (de Vries & van Heck, 1996). To date, no norms are available for the Belgian or Dutch population. The international field trial conducted by the WHOQOL Group provides a comparison group of 11,830 persons, representing 23 countries worldwide (Skevington et al., 2004).

2.3. Statistical procedures

The respondents reporting to have experienced severe violence as a child athlete are compared to the group of respondents reporting no, mild, or moderate experiences with IV. The impact of severe IV in sport on psychological symptoms and QOL was investigated by comparing the means of all subgroups of IV (none, one single type, combinations of two and three types) using ANOVA. Secondly, multiple linear regressions were conducted to check whether the differences between the subgroups remained statistically significant after controlling for demographics, disability, sexual orientation, recent life events, and family history of psychological problems, given their well-established role in mental health problems and QOL. In order to measure the unique effect of childhood IV in sport, IV was entered last in the model (forward). Because error was not normally distributed in the three BSI subscales (bimodal distribution), the log transformation was used (Stevens, 1992). The relative predicted power was quantified by the R2 change and tested by significant F change. We opted for a fairly conservative significance level for our stepwise regression models (P In = .01 and P Out = .05).

Chi square tests were used to identify significant group differences in the prevalence estimates, while differences in mean scores on the BSI-18 and WHOQOL-Brèf between the Belgian and Dutch participants were tested with independent sample t tests. A significance level of .01 was maintained. To show the correlation between the BSI-18 and the WHOQOL-Brèf, in addition to Pearson correlations, the partial correlations controlling for all predictors in the regression model were calculated. Following Hinkle, Wiersma, and Jurs (Hinkle, Wiersma, & Jurs, 2003), correlations higher than .50 are referred to as 'moderate', higher than .70 as 'high' and .90 as 'very high'. All statistical analyses were performed using IBM SPSS software version 24. Venn diagrams were generated using eulerAPE (Micallef & Rodgers, 2014).

Table 6.1 Demographics of the study sample (N=4043) and self-reported experiences with severe interpersonal violence (IV) in youth sport

		N	%
Gender	Female	2,211	54.7
	Male	1,830	45.3
Age	18-24 years	718	17.8
	25-34 years	1,214	30.0
	35-44 years	1,264	31.3
	45-50 years	847	20.9
Country	Belgium	2,043	50.6
	Netherlands	1,998	49.4
Ethnicity	Dutch/Belgian origin	3,693	91.3
	Ethnic minority	335	8.3
Sexual orientation	Heterosexual	3,672	90.8
	Lesbian, gay, bisexual	309	7.6
Disabled sport	Yes	3,849	95.2
	No	185	4.6
Level of education	Low	651	16.1
	Moderate	1,706	42.3
	High	1,674	41.5
Marital status	Single	1,556	38.5
	Married/cohabitant	2,457	60.8
Recent life event	No	2,661	65.8
	Yes	1,330	32.9
Family history of psychological problems	No	3,101	76.7
	Yes	829	20.5
Severe IV in sport	At least one type	675	16.7
	Psychological violence only	213	5.3
	Physical violence only	164	4.1
	Sexual violence only	111	2.7
	Psychological and physical	75	1.9
	Psychological and sexual	26	0.6
	Physical and sexual	33	0.8
	All 3 types	53	1.3
Total		**4,043**	**100.0**

3. Results

3.1. Sample characteristics

Table 6.1 gives an overview of the participants' characteristics. The majority (69%) of the 4043 respondents had participated in more than one sport. The highest level attained varied widely; almost a third of all respondents had participated in recreational sports only, with 25% playing at the local, 31% at the regional, 10% at the national, and 3% at the international level.

Looking at the self-reported frequency and severity of the incidents, we found that 9% had experienced *severe* psychological violence (no gender differences), 8% *severe* physical violence (female respondents: 5%; male respondents: 12%), and 6% *severe* sexual violence (7% and 4%, respectively). There was an overlap among the three IV categories, with 1.3% of all respondents reporting to have been subjected to severe psychological, physical as well as sexual violence (Figure 6.1). About half of the respondents having experienced one type of severe IV also reported an experience with one other or even all three types of severe IV.

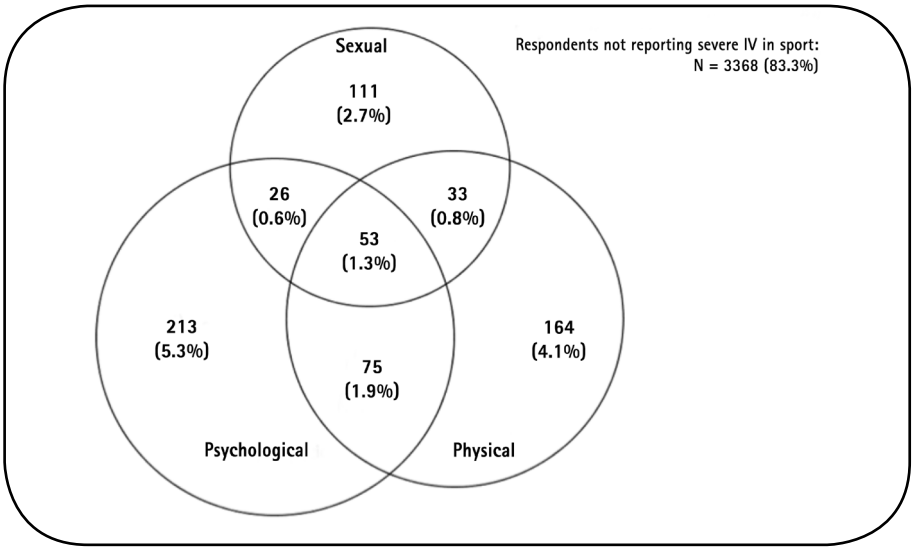

Figure 6.1 Schematic representation of proportions of and overlap among the three types of severe interpersonal violence (IV) in youth sport reported

3.2. Scores on the BSI-18 and the WHOQOL-Brèf

All BSI-18 scales were internally consistent. Cronbach's Alpha ranged from .82 (somatization) to .94 (BSI GSI) for the BSI, and from .65 (social domain) to .85 (physical health domain) for the WHOQOL-Brèf. Contrasted against the available norms for Dutch adults (BSI) and a worldwide population norm (WHOQOL-Brèf), Table 6.2 shows the mean scores for our study group per gender and country. The mean scores of the Belgian participants indicate more psychological distress and poorer QOL compared to the means for the Dutch participants, with the male respondents showing lower scores on the GSI and higher scores on physical, psychological, and environmental QOL than their female counterparts but lower scores on social QOL. Compared to the Dutch norms, the Dutch respondents scored similarly (de Beurs, 2011), while the Belgian respondents reported more psychological distress. Both the Belgian and Dutch respondents scored remarkably higher on environmental QOL, with their scores on the other QOL domains coinciding with those of the international comparison group (Skevington et al., 2004).

The BSI subscale and the WHOQOL domain scores were all significantly negatively correlated at low to moderate levels (Table 6.3). BSI GSI, depression, and anxiety show the strongest correlations with psychological QOL; somatization most strongly correlates with physical QOL. QOL domains are most strongly, but still moderately, correlated with BSI GSI, except for social QOL, which is more strongly, but also still moderately, correlated with depression. After controlling for the predictors included in the linear model, partial correlations between the BSI GSI and the WHOQOL remained significant but are weak (social and environmental QOL) to moderate (physical and psychological QOL).

3.3. Impact of predictors on psychological symptoms (BSI-18)

The ANOVA comparing the mean BSI scores of respondents with and without IV in youth sport yielded a significant association between IV and all BSI subscales (Table 6.4). It also revealed a graded relationship between the number of IV subtypes and impact in that the respondents reporting all three types of IV also reported the most symptoms, followed by the respondents having suffered combinations of physical and sexual or psychological violence, with respondents having experienced a single type of IV still reporting more psychological symptoms than respondents not reporting any experiences with IV as a child athlete. The pattern is consistent across BSI subscales.

Table 6.2 Outcomes on the Brief Symptom Inventory-18 Global Severity Index (BSI GSI), the BSI subscales, and WHOQOL-Brèf domains per gender and country

	Females (n=2,129)						
	Belgium (n=1,179)			Netherlands (n=950)			
	Mean	SD	SEM	Mean	SD	SEM	Mean of comparison group[1]
BSI GSI	11.45	11.82	.34	**7.87**	8.85	.29	8.17
BSI Somatization	.57	.65	.02	**.40**	.51	.02	.40
BSI Depression	.68	.77	.02	**.51**	.66	.02	.51
BSI Anxiety	.65	.73	.02	**.40**	.54	.02	.43
QOL1 Physical health	14.49	2.81	.08	14.93	2.73	.09	14.2
QOL2 Psychological health	14.44	2.24	.06	**14.91**	2.12	.07	14.0
QOL3 Social relationships	14.72	2.67	.08	15.01	2.65	.08	14.4
QOL4 Environment	15.59	2.15	.06	15.81	2.03	.06	13.9

BSI = Brief Symptom Inventory; GSI = Global Severity Index (= the total sum of all BSI items); QOL = Quality of Life as assessed with the WHOQOL-Brèf; SD = standard deviation; SEM = standard error of means. Significant differences in mean scores between Belgian and Dutch males/females (P-value < .01) are in bold.

[1] For the BSI, the comparison group consists of a population sample of 128 native Dutch males and 138 native Dutch females. aged 18-29 (de Beurs, 2011). For the WHOQOL-Brèf, the comparison group consists of 11, 830 respondents worldwide aged 12-97 years (mean age: 45 years) (Skevington et al., 2004).

Table 6.2 Outcomes on the Brief Symptom Inventory-18 Global Severity Index (BSI GSI), the BSI subscales, and WHOQOL-Brèf domains per gender and country • continuation

	Males (n=1,778)						
	Belgium (n=786)			Netherlands (n=992)			
	Mean	SD	SEM	Mean	SD	SEM	Mean of comparison group[1]
BSI GSI	10.98	12.39	.44	**6.18**	7.96	.25	6.94
BSI Somatization	0.55	.70	.02	**.28**	.41	.01	.33
BSI Depression	0.70	.81	.03	**.42**	.58	.02	.42
BSI Anxiety	0.60	.71	.03	**.34**	.50	.02	.39
QOL1 Physical health	14.98	2.64	.09	**15.89**	2.41	.08	14.3
QOL2 Psychological health	14.66	2.27	.08	**15.37**	2.07	.06	14.2
QOL3 Social relationships	14.31	2.96	.10	**14.80**	2.65	.08	14.1
QOL4 Environment	15.52	2.28	.08	**16.29**	1.96	.06	13.8

Table 6.3 Pearson and partial correlations for the BSI GSI and BSI subscales and the WHOQOL domains

	BSI Somatization	BSI Depression	BSI Anxiety	BSI GSI	QOL1 Physical health	QOL2 Psychological health	QOL3 Social relationships	QOL4 Environment
BSI Somatization	-	.68	.74	.88	-.60	-.47	-.31	-.44
BSI Depression	.61	-	.77	.91	-.58	-.69	-.49	-.48
BSI Anxiety	.68	.73	-	.92	-.51	-.54	-.33	-.42
BSI GSI	.85	.89	.91	-	-.62	-.63	-.42	-.49
QOL1 Physical health	-.54	-.50	-.43	-.55	-	.69	.52	.65
QOL2 Psychological health	-.39	-.64	-.47	-.57	.64	-	.66	.62
QOL3 Social relationships	-.25	-.43	-.26	-.36	.49	.63	-	.56
QOL4 Environment	-.35	-.39	-.32	-.40	.59	.56	.52	-

All correlations are significant at 0.01 level.
Above the diagonal: Pearson Correlations
Below the diagonal: Partial correlations after controlling for all predictors included in the linear model: gender, age, country, ethnicity, sexual orientation, disability, education, marital status, recent life event, family history of psychological problems, and severe IV in youth sport.
BSI = Brief Symptom Inventory; BSI GSI = Global Severity Index (= the total sum of all BSI items); QOL = Quality of Life as assessed with the WHOQOL-Brèf

Table 6.4 Results of the ANOVA and mean scores on the BSI-18 and the WHOQOL-Brèf domains

Victimization types		BSI GSI	BSI Somatization	BSI Depression	BSI Anxiety	QOL1 Physical health	QOL2 Psychological health	QOL3 Social relationships	QOL4 Environment
All 3 types of IV	Mean	27.5	8.1	10.2	9.2	12.0	12.9	13.0	13.3
(N=52-53)	SD	17.3	5.7	6.5	6.3	3.0	2.8	3.5	2.7
Psychological and physical violence	Mean	18.2	5.5	7.0	5.6	13.2	13.5	12.6	14.3
(N=72-75)	SD	14.4	4.6	5.9	5.1	3.4	2.6	3.1	2.8
Psychological and sexual violence	Mean	17.6	5.3	6.5	5.9	13.9	14.2	13.9	15.2
(N=24-26)	SD	17.6	5.8	6.9	6.1	3.6	2.6	3.1	2.4
Physical and sexual violence	Mean	24.3	7.3	9.2	7.5	13.6	13.6	13.5	14.5
(N=32-33)	SD	18.8	6.4	6.6	6.4	2.3	3.0	3.5	2.8
Psycholgical violence only	Mean	12.1	3.6	4.8	3.8	14.1	14.0	13.9	15.3
(N=205-2,013)	SD	12.3	4.3	5.3	4.2	3.1	2.5	3.1	2.3

BSI GSI = Global Severity Index (= the total sum of all BSI items); BSI = Brief Symptom Inventory;
QOL = Quality of Life as assessed with the WHOQOL-Brèf; SD = standard deviation; df = degrees of freedom

Table 6.4 Results of the ANOVA and mean scores on the BSI-18 and the WHOQOL-Brèf domains • continuation

Victimization types		BSI GSI	BSI Somatization	BSI Depression	BSI Anxiety	QOL1 Physical health	QOL2 Psychological health	QOL3 Social relationships	QOL4 Environment
Physical violence only	Mean	11.2	3.1	4.5	3.7	14.6	14.5	14.1	15.5
(N=158-164)	SD	10.6	3.8	4.2	4.2	2.8	2.4	3.2	2.4
Sexual violence only	Mean	11.8	3.7	4.6	3.7	14.0	14.5	14.3	15.2
(N=104-111)	SD	10.0	3.6	4.1	3.9	3.1	2.1	2.9	2.0
No IV	Mean	8.1	2.4	3.0	2.7	15.3	15.0	14.9	16.0
(N=3,260-3,366)	SD	9.5	3.2	3.9	3.5	2.6	2.1	2.6	2.0
Total	Mean	9.1	2.7	3.5	3.0	15.0	14.8	14.7	15.8
(N=3,907 - 4,038)	SD	10.6	3.5	4.3	3.9	2.7	2.2	2.7	2.1
ANOVA	F	54.73	44.49	48.76	41.48	27.72	19.73	18.49	25.77
	df	7	7	7	7	7	7	7	7
	Sig.	.000	.000	.000	.000	.000	.000	.000	.000

BSI GSI = Global Severity Index (= the total sum of all BSI items); BSI = Brief Symptom Inventory;
QOL = Quality of Life as assessed with the WHOQOL-Brèf; SD = standard deviation; df = degrees of freedom

The multiple linear regression showed that together the predictors in the model explained 20% of the variance in the BSI GSI (Table 6.5) after correction for demographic variables. For all categorical predictors, second-order interactions were insignificant. Having been subjected to at least one type of IV explained 2.5% of the variance of the BSI GSI. Consistent with the ANOVA, victims of all three IV types reported the most psychological problems on all scales, with those reporting events involving two IV types reporting more distress than respondents reporting a single type.

Current psychological symptoms were most notably influenced by recent life events. Family history of psychological symptoms, country (Belgium), and marital status (single) negatively affected psychological symptoms in the same order of magnitude as experiences of IV as a young athlete did.
Gender-related differences were significant for all BSI scores, with male respondents reporting fewer symptoms than female respondents. Except for somatization, age negatively correlated with psychological symptoms. Dutch participants reported significantly fewer and less severe mental problems than their Belgian counterparts, whereas ethnic minority, LGB, disabled, and less-well educated respondents reported more mental problems. Being married or cohabiting has a protective effect on mental health, except for anxiety.

3.4. Impact of predictors on QOL

The respondents reporting at least one experience with severe IV in youth sport show significantly lower scores on all QOL domains compared to those having no such experiences according to the ANOVA (Table 6.4), with QOL scores decreasing in the respondents reporting two or three types of IV.
After other predictors were controlled for, the linear model explained between 11 (social relationships) and 19% (psychical health) of the total variance in the four QOL domains as measured with the WHOQOL-Brèf (Table 6.6). For all categorical predictors, second-order interactions were insignificant. The impact of IV remained significant in all QOL domains and was the strongest for physical health. Having suffered at least one type of IV explained between 1.4% (psychological health) and 2.2% (physical health) of the variance. Polyvictimization led to poorer outcomes across the QOL spectrum. As was found for the BSI scales, polyvictimization including physical violence generated more negative effects than the combination of psychological and sexual violence, or single victimization.

Table 6.5 Unstandardized beta coefficients and R square change in BSI total score and subscale scores

	BSI Global severity index (GSI)*		BSI Somatization*		BSI Depression*		BSI Anxiety*	
	R^2 Change	Beta	R^2 Change	Beta	R^2 Change	Beta	R^2 Change	Beta
Gender (male)	.013	-.134	.012	-.121	.004	-.031	.007	-.052
Age group today	.005	-.071	-	-	.006	-.046	.005	-.067
Country (the Netherlands)	.027	-.348	.026	-.272	.017	-.222	.036	-.313
Ethnicity (other)	.003	.166	.003	.156	-	-	.002	.123
Sexual orientation (LGBT)	.007	.189	.006	.140	.007	.157	.006	.125
Disability	.010	.388	.015	.410	.009	.292	.013	.382
Education	.008	-.081	.012	-.097	.007	-.060	.004	-.046
Marital status (married/cohabitant)	.011	-.182	.004	-.079	.027	-.272	-	-
Recent life events	.072	.517	.044	.307	.070	.439	.050	.318
Family history with psych problems	.023	.349	.017	.235	.017	.245	.027	.303
Severe IV in sport (at least one type)	.025		.022		.027		.023	
All 3 types		.927		.717		.838		.826
Psychological and physical		.682		.516		.603		.476
Psychological and sexual		.335°		.437		.290°		.392
Physical and sexual		.647		.507		.679		.430
Psychological violence only		.302		.201		.189		.223
Physical violence only		.310		.106°		.307		.135°
Sexual violence only		.385		.238		.306		.145°
Total R^2	**.204**		**.161**		**.190**		**.173**	
Adjusted R^2	**.200**		**.158**		**.187**		**.170**	

**Logarithm*
° The effect (parameter estimate) of this category is not significantly different from the reference category.
Notes.
R^2 Change is mentioned in this table if the F change was significant ($p < .01$).
- = non-significant
The order in this table is the order in which the predictors were entered into the model.
BSI = Brief Symptom Inventory; GSI = the total sum of all BSI items

Table 6.6 Unstandardized beta coefficients and R square change in the WHOQOL-Brèf domains

	QOL1		QOL2		QOL3		QOL4	
	Physical health		Psychological health		Social relationships		t Environment	
	R^2 Change	Beta	R^2 Change	Beta	R^2 Change	Beta	R^2 Change	Beta
Gender (male)	.022	.673	.009	.261	.002	-.304	.004	.233
Age group today	.009	-.241	-	-	.006	-.323	.002	-.097
Country (the Netherlands)	.012	.639	.015	.546	.005	.374	.010	.485
Ethnicity (other)	.003	-.306	.002	-.325	-	-	.004	-.421
Sexual orientation (LGBT)	-	-	.003	-.249	.001	-.097	.003	-.210
Disability	.006	-.750	.004	-.500	.002	-.357	.009	-.715
Education	.024	.474	.012	.265	.007	.221	.054	.620
Marital status (married)	.006	.315	.027	.686	.033	.961	.006	.286
Recent life events	.068	-1.324	.036	-.729	.024	-.758	.025	-.593
Family history with psych problems	.011	-.604	.016	-.625	.009	-.543	.005	-.275
Severe IV in sport (at least one type)	.022		.014		.017		.019	
All 3 types		-2.156		-1.320		-1.047		-1.815
Psychological and physical		-1.707		-1.294		-2.028		-1.312
Psychological and sexual		-.859°		-.416°		-.743*		-.443°
Physical and sexual		-1.138°		-.698°		-1.354		-.899°
Psychological violence only		-.807		-.619		-.734		-.423
Physical violence only		-.601		-.344°		-.565		-.362°
Sexual violence only		-.860		-.217°		-.567°		-.589
Total R^2	**.185**		**.140**		**.105**		**.141**	
Adjusted R^2	**.182**		**.137**		**.102**		**.137**	

° The effect (parameter estimate) of this category is not significantly different from the reference category.
Notes.
R^2 Change is mentioned in this table if the F-change was significant (p <.01).
- = non-significant
The order in this table is the order in which the predictors were entered in the model.

Recent life events was the strongest predictor of poorer physical, psychological, and environmental QOL; being single was the strongest predictor for poorer social QOL while it also substantially influenced psychological QOL. A higher level of education contributed significantly to a better physical and environmental QOL. Family history of psychological problems negatively influenced all domains but, except for psychological health, its impact is smaller than that of IV when young.

The overall QOL ratings for the Dutch respondents were higher than those of their Belgian counterparts. Male respondents gave higher QOL ratings than the female respondents, except for social relationships. For all but the psychological domain, age had a negative effect on QOL. The ratings of the respondents with a migration background only differed from the other groups with respect to social QOL (lower), while LGB respondents rated their physical health as poorer. Respondents having participated in disabled sport all had poorer QOL scores.

4. Discussion

To our knowledge, the current study is the first to investigate the associations between experiences of interpersonal violence in youth sport and mental health and quality of life in adulthood. The accounts of severe IV against young athletes we received indicate a prevalent problem, both in the Netherlands and Belgium. As expected, the events had a significant impact on mental health, leading to more somatization, depression, anxiety, and reduced QOL. Also as predicted (Felitti et al., 1998; Kessler et al., 2010), polyvictimization, i.e., exposure to more than one type of IV in the sport context, led to cumulative effects. As to the impact of the three types of IV, we found no distinct differences. The negative consequences of IV in youth sport we observed are in line with those reported in general studies on adverse childhood experiences.

After controlling for relevant variables, the negative impact of IV remained significant. Comparing other predictors of psychopathology and poor QOL, we found that recent life stress always had the stronger impact, while level of education, marital status, and a family history of psychological problems were equally predictive of IV in youth sport. The explained variance ranged between 10 and 20% of the total variance in the model, meaning that many other factors influence current mental health and QOL in adulthood that were not included in this study. These include: adverse childhood experiences other than IV in youth sport, personality characteristics, attachment and

coping styles, resilience, systemic effects as well as genetic predisposition (Gillespie, Whitfield, Williams, Heath, & Martin, 2005) are known to play a crucial etiopathogenese of mental health (Kaplan, A, & Ruiz, 2015).

As to the specific impact of IV in sport, 'normalization' of abusive behaviors in sport needs to be considered, as a potentially confounding factor. Several studies showed that child athletes often think that emotionally and physically abusive coaching practices are key to athlete development and future success and therefore a 'normal' part of coaching. Accordingly, most forms of exploitation, abuse, and violence are accepted as an integral part of the 'sport ethic' (Pinheiro, Pimenta, Resende, & Malcolm, 2012; Stirling & Kerr, 2014). Worryingly, many athletes who suffered behavior that meets the definition of sexual abuse do not see themselves as victims and consider such behavior to be typical to the sport setting. Thus, violent behaviors that would be deemed inappropriate or unacceptable outside sport, are normalized (Parent & Bannon, 2012). Furthermore, researchers have formulated the 'protection hypothesis,' suggesting that sport protects athletes from experiencing violence outside sport and/or guards them for more serious consequences if they do experience IV (Fasting, Brackenridge, Miller, & Sabo, 2008). Sport participation showed to be a protective factor, preventing athletes from experiencing sexual violence in general (Parent, 2016). However, to date, no hard evidence is available. In theory, an alternative explanation for the limited effects in the current study could be the growing evidence on the positive effects of physical activity on mental health (Biddle, 2016). However, since the total sample showed normal (Dutch) to elevated (Belgian) levels of mental health complaints compared to the norm populations, we can only conclude that participation in youth sport does not necessarily have a protective effect on adult mental health.

A strength of the current study is the fact that we controlled for several factors. Interestingly, male respondents showed lower total scores on the BSI and lower somatization levels than their female counterparts, but depression and anxiety showed no such gender-related effects. Furthermore, in line with other studies, age had a positive impact on psychological problems but a negative impact on physical, social and, environmental QOL (de Beurs, 2011; Skevington et al., 2004). Also confirming other research, low-level education, disability, and a non-heterosexual orientation were related to poorer mental health and QOL (Araya, Lewis, Rojas, & Fritsch, 2003; Honey, Emerson, & Llewellyn, 2011; Schneeberger, Dietl, Muenzenmaier, Huber, & Lang, 2014). Previous research also demonstrated that social relationships significantly protect

individuals from several causes of morbidity and mortality, while living together with a partner is associated with better psychological health (Holt-Lunstad, Birmingham, & Jones, 2008). In our study, the effect of this latter factor proved to be significant, in particular for depression and social relationships.

The Dutch respondents had BSI scores that were comparable to those reported for the available Dutch norm population, whereas the Belgian respondents reported significantly more psychopathology. There is no evident explanation for this difference, except for potential sociocultural differences that might influence the way Belgians respond to mental health surveys. A study comparing Dutch and Belgian adolescents also found that the Belgian group reported more anxiety problems and had fewer problem-oriented coping mechanisms (Portzky, De Wilde, & van Heeringen, 2008), while another study noted that, although finding no significant differences in mental health between the two nationalities, more Dutch people showed more help-seeking behaviors. (Reynders, Kerkhof, Molenberghs, & Van Audenhove, 2016). This latter propensity may imply that Dutch respondents receive interventions at an earlier stage in their lives, preventing (more) serious psychological distress in adulthood. Overall, self-reported QOL was good, with elevated scores for the environmental domain. Given that the comparison group includes more than 40 nationalities worldwide, it is not surprising that items on access to health care, transportation, recreation, and feelings of security and financial safety generate higher results in Belgium and the Netherlands.

Our study has some limitations that should be considered when interpreting the results. We relied on retrospective self-reports of childhood IV and these tend to involve a substantial rate of false positives and negatives. However, although several studies using retrospective reports of major adverse childhood events indeed showed some such bias, the bias was never sufficiently great to invalidate the reports (Hardt & Rutter, 2004). Also, due to the cross-sectional nature of our study, we were unable to determine causality between the reported childhood experiences with IV in sport and the current mental health issues and reduced QOL. There are several possibly relevant factors that we did not incorporate, such as the respondents' perceived severity and impact of the IV, the duration of the incidents, the relationship to the perpetrator, the use of threat, or the time since the last incident. Moreover, having no data on child maltreatment or other adverse childhood experiences that the respondents might have suffered outside sport, means that we lacked crucial information to assess the burden of childhood trauma in general, preventing us from evaluating their relative impact

and potential correlations with the victimization in the sport context. Finally, since we opted for the BSI-18 to survey psychological distress, mental health problems other than somatization, depression, and anxiety were not investigated.

It is therefore recommended that future research into the long-term consequences of IV in sport does consider additional internalizing as well as externalizing problems (e.g., behavioral and substance disorders) (Kessler et al., 2010; Keyes et al., 2012) and physical health (Banyard, Edwards, & Kendall-Tackett, 2009; Felitti et al., 1998) and also looks into the circumstances of the IV (e.g., duration, use of force or threat, perception of the victim, age at onset) and the characteristics of the victim-perpetrator relationship. While a hierarchical relationship with an adult is commonly seen as a risk factor for the severity of the consequences of the abuse on adult mental health, a recent study showed that the long-term effects of childhood peer victimization are worse than the effects of maltreatment perpetrated by adults (Lereya et al., 2015).

In conclusion, severe interpersonal violence in youth sport is negatively associated with adult mental health and QOL, with a graded relationship between the number of incidents and impact: the greater the accumulation of multiple types of IV, the more severe the consequences. The type of IV (psychological, physical, or sexual) in itself appears not to differentially affect later life mental health or QOL. When screening for adverse childhood experiences, mental health practitioners should consider organized sport as one of the contexts in which these behaviors can take place. At the same time, IV prevention and intervention programs coordinated by sport organizations should not focus on a single type of IV (e.g., sexual harassment and abuse) but rather target the full range of abusive and violent behaviors towards child athletes. The current findings underline the importance of child protection and safeguarding policies at all levels of sport. Because a person's life extends beyond his or her athletic career, the adage in youth sport should be 'Always put the athlete's well-being first.'

References

Alexander, K., Stafford, A., & Lewis, R. (2011). *The experiences of children participating in organised sport in the UK*. Edinburgh: Dunedin Academic Press.

Alvarez-Lister, M. S., Pereda, N., Abad, J., & Guilera, G. (2014). Polyvictimization and its relationship to symptoms of psychopathology in a southern European sample of adolescent outpatients. *Child Abuse & Neglect*, *38*(4), 747–56. http://doi.org/10.1016/j.chiabu.2013.09.005

Araya, R., Lewis, G., Rojas, G., & Fritsch, R. (2003). Education and income: which is more important for mental health? *Journal of Epidemiology and Community Health*, *57*(7), 501–505. http://doi.org/10.1136/jech.57.7.501

Banyard, V. L., Edwards, V. J., & Kendall-Tackett, K. (2009). *Trauma and Physical Health. Understanding the effects of extreme stress and of psychological harm*. London/New York: Routledge Taylor and Francis Group.

Bernstein, D. P., Fink, L., Handelsman, L., & Foote, J. (1994). Initial reliability and validity of a new retrospective measure of child abuse and neglect. *American Journal of Psychiatry*, *151*(8), 1132–1136. http://doi.org/10.1176/ajp.151.8.1132

Biddle, S. J. (2016). Physical activity and mental health: evidence is growing. *World Psychiatry*, *15*(2), 176–177. http://doi.org/10.1002/wps.20332

Corso, P. S., Edwards, V. J., Fang, X., & Mercy, J. A. (2008). Health-related quality of life among adults who experienced maltreatment during childhood. *American Journal of Public Health*, *98*(6), 1094–1100. http://doi.org/10.2105/AJPH.2007.119826

de Beurs, E. (2011). *Brief Symptom Inventory Handleiding* (Herziene e). Leiden: PITS.

de Vries, J., & van Heck, G. L. (1996). *Nederlandse WHOQoL-Bref*. Tilburg.

Derogatis, L. R., & Fitzpatrick, M. (2004). The SCL-90-R, the Brief Symptom Inventory (BSI), and the BSI-18. In M. Maruish (Ed.), *The use of psychological testing for treatment planning and outcomes assessment: Instruments for adults* (3rd Editio, pp. 1–41). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Draper, B., Pfaff, J. J., Pirkis, J., Snowdon, J., Lautenschlager, N. T., Wilson, I., & Almeida, O. P. (2008). Long-term effects of childhood abuse on the quality of life and health of older people: results from the Depression and Early Prevention of Suicide in General Practice Project. *J Am Geriatr Soc*, *56*(2), 262–271. http://doi.org/10.1111/j.1532-5415.2007.01537.x

Edwards, V. J., Holden, G. W., Felitti, V. J., & Anda, R. F. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: results from the adverse childhood experiences study. *Am J Psychiatry*, *160*(8), 1453–1460. http://doi.org/10.1176/appi.ajp.160.8.1453

Embrechts, R., Janssens, S., Vertommen, T., De Venter, M., & Van Den Eede, F. (2016). Levenskwaliteit na jeugdtrauma: Literatuuroverzicht. *Tijdschrift Voor Geneeskunde*, *72*(7), 447–455. http://doi.org/10.2143/TVG.72.07.2002091

Fasting, K., Brackenridge, C. H., Miller, K. E., & Sabo, D. (2008). Participation in college sports and protection from sexual victimization. *International Journal of Sport and Exercise Psychology*, *6*(4), 427–441. http://doi.org/10.1080/1612197X.2008.9671883

Fasting, K., Brackenridge, C., & Walseth, K. (2002). Consequences of sexual harassment in sport for female athletes. *Journal of Sexual Aggression*, *8*(2), 37–48. http://doi.org/10.1080/13552600208413338

Fasting, K., Chroni, S., Hervik, S. E., & Knorre, N. (2011). Sexual harassment in sport toward females in three European countries. *International Review for the Sociology of Sport*, *46*(1), 76–89. http://doi.org/10.1177/1012690210376295

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., … Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, *14*(4), 245–258. http://doi.org/10.1016/S0749-3797(98)00017-8

Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Polyvictimization and trauma in a national longitudinal cohort. *Development and Psychopathology*, *19*, 149–166. http://doi.org/10.1017/S0954579407070083

Gillespie, N. A., Whitfield, J. B., Williams, B., Heath, A. C., & Martin, N. G. (2005). The relationship between stressful life events, the serotonin transporter (5-HTTLPR) genotype and major depression. *Psychological Medicine*, *35*(1), 101–111. http://doi.org/10.1017/S0033291704002727

Hardt, J., & Rutter, M. (2004). Validity of adult retrospective reports of adverse childhood experiences: Review of the evidence. *Journal of Child Psychology and Psychiatry*, *45*(2), 260–273. http://doi.org/10.1111/j.1469-7610.2004.00218.x

Hawthorne, G., Herrman, H., & Murphy, B. (2006). Interpreting the WHOQOL-Brèf: Preliminary Population Norms and Effect Sizes. *Social Indicators Research*, *77*(1), 37–59. http://doi.org/10.1007/s11205-005-5552-1

Hinkle, D., Wiersma, W., & Jurs, S. (2003). *Applied Statistics for the Behavioral Sciences* (Fifth edit). Boston: Houghton Mifflin.

Holt-Lunstad, J., Birmingham, W., & Jones, B. Q. (2008). Is there something unique about marriage? The relative impact of marital status, relationship quality, and network social support on ambulatory blood pressure and mental health. *Annals of Behavioral Medicine*, *35*(2), 239–244. http://doi.org/10.1007/s12160-008-9018-y

Honey, A., Emerson, E., & Llewellyn, G. (2011). The mental health of young people with disabilities: Impact of social conditions. *Social Psychiatry and Psychiatric Epidemiology*, *46*(1), 1–10. http://doi.org/10.1007/s00127-009-0161-y

Kaplan, B. J., A, S. V, & Ruiz, P. (2015). *Kaplan and Sadock's Synopsis of Psychiatry. Behavioral Sciences/Clinical Psychiatry* (11th Editi). New York: Wolters Kluwer.

Kessler, R. C., McLaughlin, K. A., Green, J. G., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., … Angermeyer, M. (2010). Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. *The British Journal of Psychiatry*, *197*(5), 378–385. http://doi.org/10.1192/bjp.bp.110.080499

Keyes, K. M., Eaton, N. R., Krueger, R. F., McLaughlin, K. A., Wall, M. M., Grant, B. F., & Hasin, D. S. (2012). Childhood maltreatment and the structure of common psychiatric disorders. *The British Journal of Psychiatry*, *200*(2), 107–115. http://doi.org/10.1192/bjp.bp.111.093062

Kirby, S., Greaves, L., & Hankivsky, O. (2000). *The Dome of Silence: Sexual Harassment and Abuse in Sport*. Halifax: Fernwood Publishing.

Leahy, T., Pretty, G., & Tenenbaum, G. (2008). A contextualized investigation of traumatic correlates of childhood sexual abuse in Australian athletes. *International Journal of Sport and Exercise Psychology*, *6*(4), 366–384. http://doi.org/10.1080/1612197X.2008.9671880

Lereya, S. T., Copeland, W. E., Costello, E. J., & Wolke, D. (2015). Adult mental health consequences of peer bullying and maltreatment in childhood : two cohorts in two countries. *The Lancet Psychiatry*, *366*(15), 1–8. http://doi.org/10.1016/S2215-0366(15)00165-0

Li, M., D'Arcy, C., & Meng, X. (2016). Maltreatment in childhood substantially increases the risk of adult depression and anxiety in prospective cohort studies: systematic review, meta-analysis, and proportional attributable fractions. *Psychological Medicine*, *46*, 717–730. http://doi.org/10.1017/S0033291715002743

Maniglio, R. (2010). Child sexual abuse in the etiology of depression: A systematic review of reviews. *Depression and Anxiety*, *27*(7), 631–642. http://doi.org/10.1002/da.20687

Maniglio, R. (2013). Child Sexual Abuse in the Etiology of Anxiety Disorders: A Systematic Review of Reviews. *Trauma, Violence, & Abuse*, *14*(2), 96–112. http://doi.org/10.1177/1524838012470032

Mergaert, L., Arnaut, C., Vertommen, T., & Lang, M. (2016). *Study on gender-based violence in sport*. Brussels: European Commission.

Micallef, L., & Rodgers, P. (2014). EulerAPE: Drawing Area-proportional 3-Venn Diagrams Using Ellipses. *PLoS ONE*, *9*(7), e101717. http://doi.org/10.1371/journal.pone.0101717

Mountjoy, M., Brackenridge, C. H., Arrington, M., Blauwet, C., Carska-Sheppard, A., Fasting, K., … Budgett, R. (2016). The IOC Consensus Statement: Harassment and abuse (non-accidental violence) in sport. *British Journal of Sports Medicine*, *50*, 1019–1029. http://doi.org/10.1136/bjsports-2016-096121

Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis. *PLoS Medicine*. http://doi.org/10.1371/journal.pmed.1001349

Parent, S., & Bannon, J. (2012). Sexual abuse in sport: What about boys? *Child Youth Services Review*, *34*, 354–359. http://doi.org/10.1016/j.childyouth.2011.11.004

Parent, S., Lavoie, F., Thibodeau, M.-È., Hébert, M., Blais, M., & Team PAJ2. (2016). Sexual violence experienced in the sport context by a representative sample of Quebec adolescents. *Journal of Interpersonal Violence*, *31*(16), 2666–2686. http://doi.org/10.1177/0886260515580366

Pinheiro, M. C., Pimenta, N., Resende, R., & Malcolm, D. (2012). Gymnastics and child abuse: an analysis of former international Portuguese female artistic gymnasts. *Sport, Education and Society*, *19*(4), 435–450. http://doi.org/10.1080/13573322.2012.679730

Portzky, G., De Wilde, E.-J., & van Heeringen, K. (2008). Deliberate self-harm in young people: differences in prevalence and risk factors between the Netherlands and Belgium. *European Child & Adolescent Psychiatry*, *17*, 179–186. http://doi.org/10.1007/s00787-007-0652-x

Prosser, L. A., & Corso, P. S. (2007). Measuring health-related quality of life for child maltreatment: a systematic literature review. *Health Qual Life Outcomes*, *5*, 42. http://doi.org/10.1186/1477-7525-5-42

Reynders, A., Kerkhof, A. J. F. M., Molenberghs, G., & Van Audenhove, C. (2016). Risicofactoren en beschermende factoren inzake suïcide in Nederland en Vlaanderen. *Tijdschrift Voor Psychiatrie*, *58*(2), 105–113.

Schneeberger, A. R., Dietl, M. F., Muenzenmaier, K. H., Huber, C. G., & Lang, U. E. (2014). Stressful childhood experiences and health outcomes in sexual minority populations: a systematic review. *Social Psychiatry and Psychiatric Epidemiology*. http://doi.org/10.1007/s00127-014-0854-8

Skevington, S. M., Lotfy, M., & O'Connell, K. A. (2004). The World Health Organization's WHOQOL-BREF quality of life assessment: psychometric properties and results of the international field trial. A report from the WHOQOL group. *Qual Life Res*, *13*(2), 299–310. http://doi.org/10.1023/B:QURE.0000018486.91360.00

Stevens, J. (1992). *Applied multivariate statistics for the social sciences* (Third edit). New Jersey: Larence Erlbaum Associates.

Stirling, A. E., & Kerr, G. a. (2014). Initiating and Sustaining Emotional Abuse in the Coach–Athlete Relationship: An Ecological Transactional Model of Vulnerability. *Journal of Aggression, Maltreatment & Trauma*, *23*(2), 116–135. http://doi.org/10.1080/10926771.2014.872747

United Nations. Convention on the Rights of the Child (1989). Geneva. Retrieved from http://www.ohchr.org/en/professionalinterest/pages/crc.aspx

Vertommen, T., Schipper-van Veldhoven, N., Wouters, K., Kampen, J. K., Brackenridge, C. H., Rhind, D. J. A., … Van Den Eede Eede, F. (2016). Interpersonal violence against children in sport in the Netherlands and Belgium. *Child Abuse and Neglect*, *51*, 223–236. http://doi.org/10.1016/j.chiabu.2015.10.006

"There is a large gap between what we know about violence against children and what we know should be done. We know that violence against children often causes lifelong physical and mental harm. We also know that violence erodes the potential for children to contribute to society by affecting their ability to learn and their social and emotional development. Given the importance of children to our future the current complacency cannot continue – we must place "preventing" violence against children among our highest priorities."

James A. Mercy, Editorial Board of the UN Secretary-General's Study on Violence against Children (in Pinheiro 2006)

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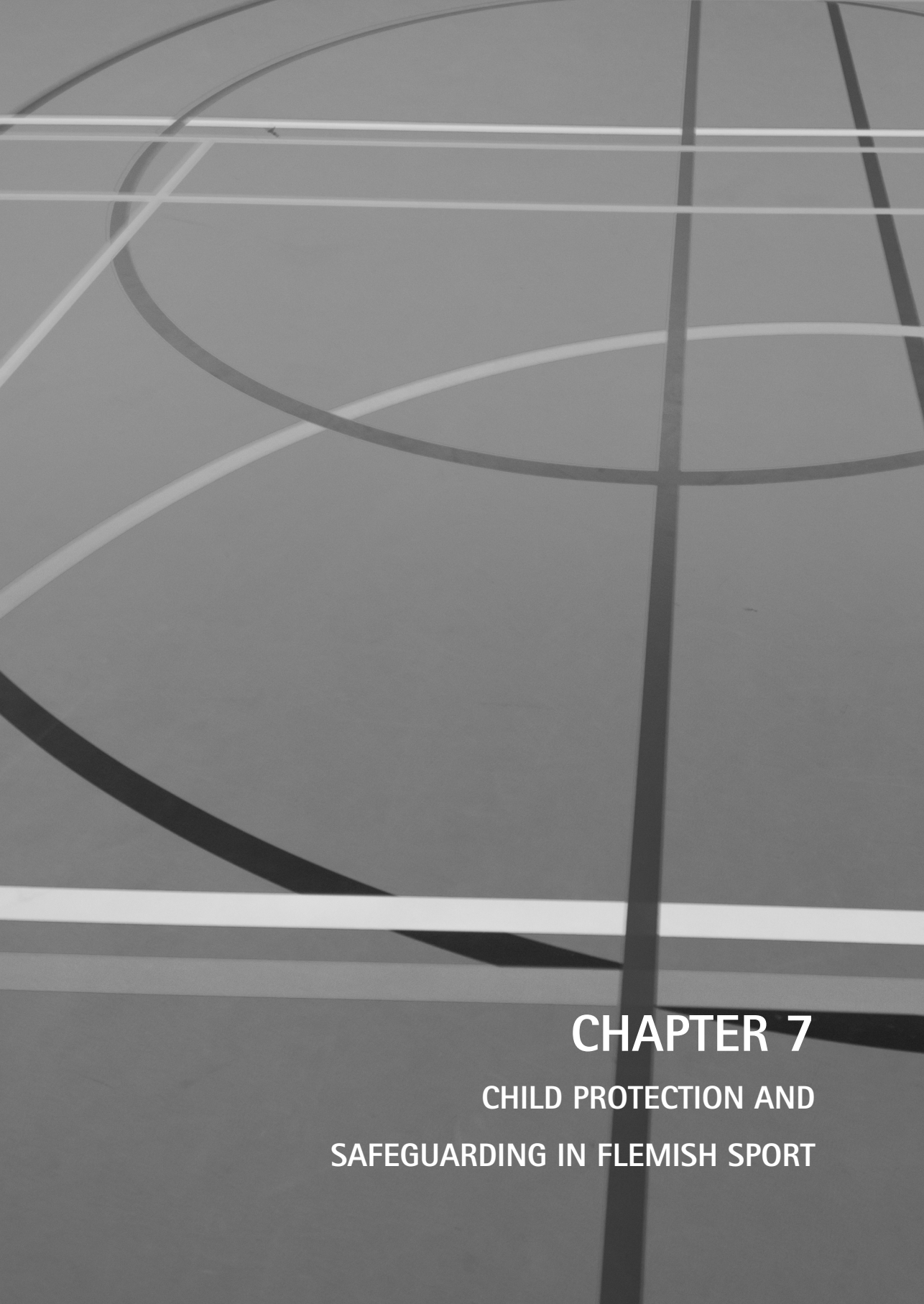
PART II

FLEMISH POLICY TO PREVENT SEXUAL VIOLENCE IN SPORT



CHAPTER 7

CHILD PROTECTION AND SAFEGUARDING IN FLEMISH SPORT

Extended and updated version of: Vertommen, T., Tolleneer, J., Maebe, G., & De Martelaer, K. (2014). Preventing child maltreatment and transgressive behaviour in Flemish sport. In M. Lang & M. J. Hartill (Eds.) *Safeguarding, Child Protection and Abuse in Sport: International Perspectives in Research, Policy and Practice* (pp. 31–39). London: Routledge.

In 2004 Marc Dutroux was convicted of kidnapping, torturing and sexually abusing six girls aged 8 to 19, four of whom died. The case sent shockwaves across Belgium and led to a reorganization of the country's law enforcement agencies. While the Dutroux case raised the public and political profile of sexual abuse in Belgium, at the time it had no impact on sport. It took disclosures in 2010 of widespread sexual abuse in the Catholic Church for pressure to mount to such an extent that sport began to act.

1. Terms and definitions of child maltreatment

Belgium is a federal state comprising three regions each with their own legal jurisdiction – the Brussels-Capital Region, the Flemish Region and the Walloon Region. The two largest regions are the Dutch-speaking region of Flanders in the north and the French-speaking region of Wallonia in the south, and sports federations are commonly split into a Flemish and a French-speaking section, each of which sits under a federal-level umbrella organization. Because sport is organized separately within each language community, policies can differ across communities. This chapter focuses on developments in child welfare in the Flanders region, which is home to approximately 60 per cent of the country's 11 million citizens.

A child is defined in Belgium as anyone under age 18, while the age of sexual consent is 16 years old. In children's services in Belgium, the term 'child maltreatment' is used. This is understood as incorporating five forms of maltreatment: physical abuse, physical neglect, sexual abuse, emotional abuse and emotional neglect. However, although the term 'child abuse' is central to this definition, it is not defined in the Belgian Penal Code. Rather, examples of behaviours constituting child abuse are provided within the Belgian Penal Code, such as the Act of 28 November (Ministerie van Justitie, 2000), which legislates against: the rape and indecent assault of minors under age 16, juvenile prostitution of anyone below age 18, child pornography, sexual/genital mutilation, coercing indecent sexual behaviour, abduction, family abandonment, inflicting physical injury and deliberately withholding food and care (Vermeulen, 2001). Notably, emotional abuse and neglect are not covered in this or other elements of the Belgian Penal Code, although these are recognized as child maltreatment within children's services.

In practice, then, understandings of child maltreatment among welfare practitioners are broader than strict legal definitions in the country and are more aligned with international definitions from the World Health Organization and the International

Society for the Prevention of Child Abuse and Neglect, which defines child maltreatment as including:

> "*all forms of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context o f a relationship of responsibility, trust or power*".
> (Butchart, Phinney Harvey, & Fürniss, 2006, p. 9).

The term 'transgressive behaviour' has also become popular recently among child welfare practitioners and policymakers. The term is useful as it incorporates a wide variety of maltreatment especially that not within a relationship of unequal power, and is therefore useful for classifying a wider range of behaviour, such as peer-on-peer violence. Sensoa, the Flemish Expertise Centre for Sexual Health, identifies sexual abuse as the most extreme form of transgressive behaviour, defined as 'intentional or unintentional, whereby no consent is given, and/or that is coerced, and/or whereby the victim is much younger or in a dependent relation to the perpetrator' (Frans & Franck, 2010, p. 27).

Even though there is no specific legislation dealing with interpersonal violence in sport, the Belgian penal code on sexual offences (rape and indecent assault of minors under the age of 16, juvenile prostitution of anyone below age 18, child pornography, sexual/ genital mutilation, coercing indecent sexual behavior) is applicable to the context of sport. Belgian criminal law on intentional assault and battery sanctions physical violence. Moreover, if physical or sexual offences are directed to child, the judge may apply 'aggravating circumstances' in the penal sanction. According to the Penal Code, sexual offenders that are convicted for having committed crimes against children can be prohibited from working with children. Psychological violence and neglect, however, are more difficult to detect and to sanction within the criminal law.

Some other legislation might have an (indirect) impact on the context of sport. The protection of employees is being regulated in the Law on unwanted behavior at work[13], but sport is not mentioned as a context, and would only be applicable in professional sport settings if the victim is employed by the sports organization.

[13] De wet van 28 februari 2014 tot aanvulling van de wet van 4 augustus 1996 betreffende het welzijn van de werknemers bij de uitvoering van hun werk wat de preventie van psychosociale

2. Empirical data in Belgium[14]

Official statistics and scientific data on the number child maltreatment cases are scarce in Belgium. Based on information from the public prosecutor, between 2008 and 2012 there were 54,001 prosecutions for physical child maltreatment, including child maltreatment and child abandonment – an average of 5,400 per year (Statistical Analysts of the Public Prosecutor, 2013). The most recent figures incorporating sexual abuse date from 2004-2009 and show that an average of 9,401 prosecutions for 'sexual abuse and paedophilia' are brought each year in Belgium (Belgische Kamer van Volksvertegenwoordigers, 2011), although more than half do not result in a conviction, mostly because of a lack of evidence or because the perpetrator is unknown. Criminal convictions for the sexual assault and rape of minors are significantly lower. Between 2008-2011, an average of 429 offenders per year were convicted of child rape (Dienst voor het Strafrechtelijk beleid, 2013, unpublished document), although these figures do not represent the number of sexually abused children as one perpetrator may have multiple victims.

In Flanders, Confidential Centres for Child Abuse and Neglect are responsible for managing allegations of child maltreatment. In 2005 some 6,534 children were referred to centres in the Flanders region for suspected maltreatment, while in 2012 the figure was 7,368 children, or approximately 5.6 children per 1,000 minors (Child and Family, 2012). This increase can be attributed to growing vigilance over child maltreatment following high-profile sexual abuse awareness campaigns (Akers, Holland, & Bost, 2011). Of course, these numbers only represent cases and children referred to an official agency, and some cases will not make it to such services.

One of the earliest scientific studies into child maltreatment in Flanders explored the experiences of physical violence in the family among young people aged 10-18 years old in the region. It found that 1.3 per cent reported being beaten 'often' or 'almost always'

risico's op het werk betreft, waaronder inzonderheid geweld, pesterijen en ongewenst seksueel gedrag op het werk. De wet van 28 maart 2014 tot wijziging van het Gerechtelijk Wetboek en de wet van 4 augustus 1996 betreffende het welzijn van de werknemers bij de uitvoering van hun werk wat de gerechtelijke procedures betreft. Het koninklijk besluit van 10 april 2014 betreffende de preventie van psychosociale risico's op het werk.

[14] For more recent prevalence data on child abuse in Flemish sport, we refer to Chapter 4 and 5 of this dissertation.

by their mother, 1.4 per cent by their father and 0.6 per cent by both parents (Van den Bergh, Ackaert, & De Rycke, 2003). These figures were probably an under estimate, however, as the study defined child maltreatment only in terms of physical abuse by a parent, only surveyed one child per family and only studied children within a limited age range.

Sexual maltreatment has received more empirical attention in Belgium. Bal and colleagues (2003) explored reports of sexual abuse among Belgian children aged 11-19. The results indicated that 10 per cent had experienced sexual abuse. Meanwhile, a 2010 study of 2,014 Belgian adults asked about experiences of unwanted sexual touching and sexual abuse as a child. In total, 9 per cent of women and 3 per cent of men said they had experience these behaviour before they reached 18 years old (Pieters, Italiano, Offermans, & Hellemans, 2010). A large-scale study of sexual health in Flanders, known as the Sexpert study, explored sexually transgressive behaviour in 1,731 respondents and found that 22 per cent of females and 11 per cent of males reported having experienced sexually transgressive behaviour ranging from unwanted sexual touching, being forced to watch pornographic content, and rape and attempted rape when they were children (Buysse et al., 2013).

There have also been studies on child maltreatment in sport, although the focus has been on sexually transgressive behaviours at the expense of other forms of maltreatment. Vanden Auweele et al. (2008) studied the experiences of unwanted sexual behaviours in sport among first-year female students at two Flemish universities between 2005 and 2007. Between 2-14 per cent of respondents reported what was defined as 'very serious unacceptable behaviour' from coaches, such as indecent exposure, being asked for sex in exchange for a reward or being touched sexually without their consent. Meanwhile, between 17-50 per cent of respondents reported experiencing what was termed 'serious' unacceptable behaviours from coaches, such as having their breasts or buttocks stared at or experiencing sexual comments. Although there were limitations with the study – there were significant differences in the response rate at the two universities, the study focused only on male coach behaviours towards female athletes, and the sample was not representative of the Flemish sport population – the results suggest female student athletes' experiences of unwanted sexual behaviour from coaches is common.

Research on this topic with children is limited due to the methodological and ethical challenges. One exception is a 2011 study by the Flemish Office of the Children's Rights

Commissioner, a consultative body of the Flemish Parliament that handles complaints and provides advice to ensure compliance with children's rights regulation in Flanders. The study surveyed 1,925 Flemish students between 10-18 years old about their experiences of sexually transgressive behaviour at home, school and in their leisure activities, including sport. Of the 356 children who responded about experiences in sport, 10 per cent said they had experienced sexually transgressive behaviour at least once (Kinderrechtencommissariaat, 2011) compared with 33 per cent and 3 per cent who experienced such behaviour at school and within youth organizations such as Scouting, respectively. Most reported peers as perpetrators.

3. Promoting ethics in sport

Until the mid-2000s, Belgian sport had paid little attention to children's welfare. This began to change in 2004. Experts from seven European countries worked with the Flemish branch of Panathlon International to draft the Panathlon Declaration on Ethics in Youth Sport (Panathlon International, 2004). Panathlon International was founded in 1951 to promote positive values in youth sport and is now recognized by the International Olympic Committee (IOC) and the United Nations Children's Fund (http://www.panathlon.net/). The Panathlon Declaration on Ethics in Youth Sport is a charter that sports organizations can sign to show their commitment to upholding ethical values in youth sport (Panathlon International, 2004). The declaration, which has been signed by hundreds of national and international sports organizations, emphasizes equity, fair play and ethics but does not explicitly mention child maltreatment, child abuse or other transgressive behaviour. This omission is intentional; because the declaration's focus was on accentuating the positive values of sport, its authors deliberately avoided mentioning child maltreatment to avoid deterring children and young people, their parents and sport sponsors from sport (Vanden Auweele, 2004).

The Flanders government endorsed the Panathlon declaration in 2006 following a symposium organized by the Flemish Sports Federation and the Flemish branch of Panathlon International. Now around 55 per cent of Flemish youth sports clubs have a code of ethics, of which between 33-40 per cent endorse the Panathlon declaration (De Waegeneer & Willem, 2013; Seghers, Scheerder, Boen, Thibaut, & Meganck, 2012). However, while the declaration marks a positive starting point for policy development on ethics in youth sport, there has been no evaluation of its impact and whether and the extent to which it influences practice remains unknown.

The theme of sports ethics promulgated by the Panathlon declaration also influenced Flemish government legislation. The Medically and Ethically Justified Sports Practice Decree came into force in 2007 and was amended the following year. It promoted so-called 'ethically justified sports practice', which the Decree defined as 'the body of positive values and the relating preventative and curative measures, provisions and recommendations which everybody is to take into account to safeguard and promote the ethical dimension in sports' (Vlaamse overheid, 2007). The Decree required sports federations to implement guidelines around at least one of six themes relating to ethical sports practice. Unsurprisingly, federations are more likely to select less sensitive thematic areas (Seghers et al., 2012). In 2011-2012 for example, 29 per cent of federations selected the theme of fair play, 28 per cent selected children's rights, 20 per cent solidarity, 9 per cent inclusion, 9 per cent physical and psychological integrity, and 3 per cent respect for diversity (Vandenhoudt, 2013, personal communication).

Although these requirements have the potential to force sports organizations to take action on unethical behaviours, arguably the Decree did not go far enough. For example, it allowed sports federations to select only one ethical theme so they may ignore other issues. Additionally, federations' compliance with the Decree was judged on their apparent commitment to implementing guidelines on their chosen theme rather than on concrete developments such as specific actions or actual achievements (Hendrickx, 2007; Vlaamse Regering, 2008). These limitations weaken the Decree's impact. To help federations meet the Decree's requirements, in 2009 the Flemish government funded the International Centre Ethics in Sports (ICES), an independent association of experts in sport ethics and physical education, to advise federations and, with the Flemish Sports Federation, develop workshops on ethical issues in sport (www.ethicsandsport.com). However, funding was withdrawn the following year and federations were left to work towards meeting their legal requirements on their own.

At the end of 2013, the Flemish authorities published a new Decree on healthy and ethical sports (Vlaamse overheid, 2013). The Decree provides some ethical guidelines to protect athletes' psychological, physical and sexual integrity, as well as on social integrity and fair play. The Decree (soft law) does not impose obligations on sport federations but solely intends to foster substantive debate and to create preconditions for healthy and ethical sports. The Decree emphazises the responsibility of all stakeholders in sport to create a safe sports climate. No quality standards, nor mandatory reporting on implemented policies or sanctions are foreseen in the Decree.

Still, it can be safely said that since the launch of the Panathlon Charter on Ethics in Youth Sport, Flemish policymakers have gradually paid attention to children's welfare in sport. Two consecutive Decrees promoted ethical sports as 'a body of positive values and the relating preventative and curative measures, provision and recommendations which everybody is to take into account to safeguard and promote the ethical dimensions of sport'. However, no specific requirement concerning the prevention of sexual violence and the protection of (child) athletes is included.

4. Addressing child maltreatment in sport

4.1. First steps

While the topic of ethics in sport drove policy developments in the mid-2000s, concerns about child maltreatment in sport did not emerge for several more years. The issue came to prominence when in 2010 an inquiry was launched into allegations of widespread sexual abuse by members of the Roman Catholic clergy in Belgium (Belgische Kamer van Volksvertegenwoordigers, 2011). During hearings at the Special Commission into the affair in 2011, the Belgian Olympic and Interfederal Committee (BOIC) and other sports organizations acknowledged they had no mechanisms in place for reporting or managing allegations of child maltreatment, despite having a legal responsibility to protect children. This caused outrage among the representatives and resulted in Flemish sport authorities being publically shamed for their inaction. Consequently, later that year BOIC organized a symposium on sexual abuse in sport, which led to a series of recommendations: 1) the creation of a central 'reporting point' for cases of maltreatment and abuse in and beyond sport; 2) the appointment of welfare officers in sport federations and clubs; 3) increased investment in coach education, specifically to help coaches understand how to manage allegations of maltreatment and abuse; and 4) developing a campaign to raise awareness of maltreatment and abuse among all stakeholders in sport (BOIC, 2011). However, the recommendations stopped short of mandating criminal background checks for all adults in sport out of concern this would deter volunteers and would be too difficult to implement.

The Flemish Sports Council, the advisory body to the Flemish minister of sport, made similar recommendations. It suggested current routes for reporting alleged maltreatment be reorganized to create a central reporting point, with referrals of maltreatment in sport dealt with by experts with knowledge of the sports context (Vlaamse Sportraad,

2011). The Flemish Sports Council also suggested the adoption of a zero-tolerance policy on all forms of transgressive behaviour in sport as well as the funding of research and a resource centre on maltreatment and transgressive behaviour in sport. Some of these recommendations, such as the development of a general helpline, an awareness raising campaign and the creation of a resource centre, were subsequently implemented. The Flemish government also commissioned ICES to manage a two-year project to 'provide expertise related to ethically justified sports practice, including issues of integrity, sexual abuse and violence' (Vlaamse overheid, 2012). The project involves four Flemish universities conducting research, the findings of which ICES translates into practical advice for policymakers and practitioners. ICES also supports sport federations by helping them develop policies and providing training on maltreatment and transgressive behaviour in sport.

In 2012, after the Parliamentary Commission's recommendations following disclosures of sexual abuse in the Catholic Church, a telephone helpline was established across the Flemish region where current and past victims of violence, abuse and maltreatment in all settings can report their experiences (Vlaamse Overheid, 2012). The helpline, which has the number 1712, refers callers to the appropriate services, be that the police, counselling or advocacy groups, welfare services or the judicial system. It also collates reports of the cases it receives, providing a valuable resource for future research. Flemish sport authorities refer those seeking advice to the helpline.

Around the same time, two organizations working in preventing sexually transgressive behaviour created a framework to fill a perceived gap in policy relating to educating young people about sexuality and sexual development (Frans & De Bruycker, 2012b). Sensoa, the Flemish Expertise Centre for Sexual Health, and Child Focus, an organization that campaigns against child sexual exploitation, devised the Sexuality and Policy Framework to promote children's physical and sexual integrity, improve prevention and management policies and provide resources for organizations working with children on developing positive understandings of sexuality and sexual development. The framework was adapted for a sports context in 2012 (Frans & De Bruycker, 2012a) and developed into a manual for sports clubs by ICES and the Flemish Sports Federation (Vandevivere et al., 2013).

All policy actions are based on the vision that a comprehensive approach to tackle sexual violence in sport is needed. The conceptual model of the 'policy pyramid' is

introduced by Sensoa and Child Focus, and adapted to the context of sport (Figure 7.1), and demonstrates that different actors in sport have different roles and needs for protection at three levels: quality (the basic rights of athletes, e.g., right to play, children's rights, gender equality), prevention of sexual violence in sport, and reactive measures as soon as an incident is disclosed or suspicions are raised.

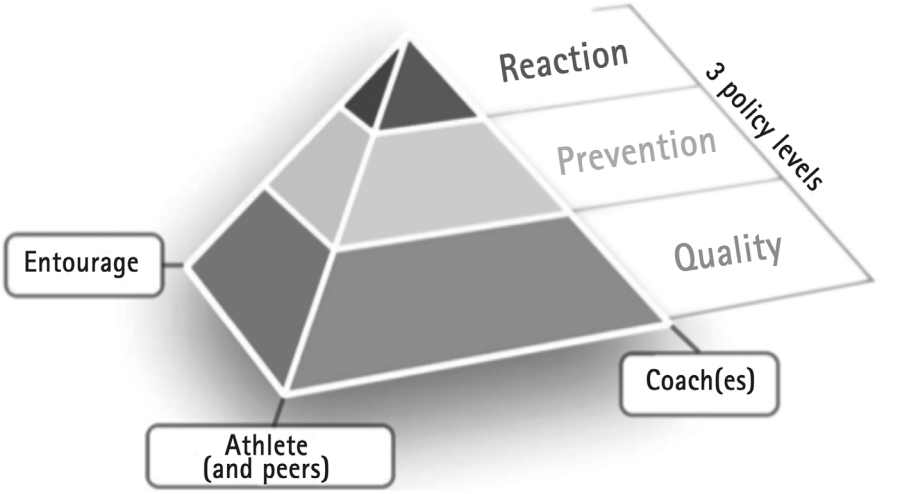


Figure 7.1 Three policy levels in the prevention of sexual violence against child athletes

The framework provides 11 tools to guide sport organizations in the development and implementation of such a comprehensive policy framework, including a competency checklist for sport leaders, a profile outline for a local welfare officer (Integrity Contact Person), a house rules checklist, a code of conduct, a list of risk factor signals, an action protocol and a directory of helpline information, support and case services. Another key tool in the framework is what is known as the flag system (see **Chapter 8**).

4.2. Recent developments

In January 2016, the Flemish ministers of Welfare, Education, Youth and Sport officially renewed their commitment to protect the physical, psychological and sexual integrity of children (Vlaamse overheid, 2016). More research on the extent and characteristics of violence against children is commissioned, an expert network is being installed,

complaint procedures for children are being optimized and capacity building is being supported. The Minister of Welfare takes leadership on the issue and invites the Minister of sport to cooperate on the matter. Not long after, the Minister of Sport is confronted with the topic again. After the public disclosures of child sexual abuse in UK soccer in November 2016 (BBC, 2016), politicians raise the concern about child sexual abuse in soccer, and other sports in Flanders. Following a political debate, the Flemish Parliament organizes a hearing with researchers and experts from sport and welfare organizations to exchange ideas about the problem in Flemish sport (Vlaams Parlement, 2017). The striking lack of public disclosures on child sexual abuse in sport is perceived as a sign of malfunctioning or non-existing registration systems and contact points, rather than a proof of the non-existence of the problem in Flemish sports[15]. Up until the publication of this dissertation, follow-up actions are unknown.

In conclusion, child protection and safeguarding in sport are a rather new topic in Flemish sport policy. While the legal framework is in place to sanction violence against children in Flanders, sport specific regulations lack the vigor to effectively bring about drastic change. In the general discussion of this dissertation (**Chapter 9**) a detailed analysis of the status quo in Flemish policy is presented, as well as point out some challenges and draft recommendations for future policy work.

[15] In the course of finalizing this dissertation, a number of ex-athletes publically disclosed their experiences with sexual abuse in judo, leading to renewed political attention and the announcement of further actions.

References

Akers, A. Y., Holland, C. L., & Bost, J. (2011). Interventions to improve parental communication about sex: a systematic review. *Pediatrics*, *127*(3), 494–510. http://doi.org/10.1542/peds.2010-2194

Bal, S., Van Oost, P., De Bourdeaudhuij, I., & Crombez, G. (2003). Avoidant coping as a mediator between self-reported sexual abuse and stress-related symptoms in adolescents. *Child Abuse Negl*, *27*(8), 883.

BBC. (2016). Football sex abuse claims: What's happened so far? Retrieved May 1, 2017, from http://www.bbc.com/sport/football/38090926

Belgische Kamer van Volksvertegenwoordigers. (2011). Verslag Bijzondere Commissie betrefftende de behandeling van seksueel misbruik en feiten van pedofilie binnen een gezagsrelatie, inzonderheid binnen de Kerk [Report Special Commission concerning the handling of sexual abuse and facts of paedophilia in an. Retrieved from http://www.dekamer.be/FLWB/PDF/53/0520/53K0520002.pdf

BOIC. (2011). Verslag Colloquium Seksueel Misbruik in de Sport [Report Colloquium Sexual Abuse in Sport]. Retrieved from http://www.olympic.be/Home/tabid/38/ctl/Details/mid/568/ItemID/1691/language/nl-NL/Default.aspx

Butchart, A., Phinney Harvey, A., & Fürniss, T. (2006). Preventing child maltreatment: a guide to taking action and generating evidence. Geneva: WHO Press. Retrieved from http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf

Buysse, A., Enzlin, P., Lievens, J., T'Sjoen, G., Van Houtte, M., Vermeersch, H., … Vermeire, K. (2013). Sexpert: basisgegevens van de survey naar seksuele gezondheid in Vlaanderen. Gent: Academia Press.

De Waegeneer, E., & Willem, A. (2013). *Ethische codes in Vlaamse sportclubs en de rol van de trainer*. Brussel.

Frans, E., & De Bruycker, A. (2012a). *Raamwerk Lichamelijke en Seksuele Integriteit en Beleid in de Sport. Kwaliteit, preventie en reactie in jouw sportorganisatie*. Brussel: Sensoa & Child Focus. Retrieved from http://www.seksuelevorming.be/projecten/raamwerk-seksualiteit-en-beleid

Frans, E., & De Bruycker, A. (2012b). Raamwerk Seksualiteit en beleid. Kwaliteit, preventie en reactie in jouw organisatie. [Framework Sexuality and Policy. Quality, prevention and reaction in your organization]. Retrieved from http://www.childfocus.be/uploads/Preventie/RaamwerkSeksualiteit.pdf

Frans, E., & Franck, T. (2010). *Vlaggensysteem: praten met kinderen en jongeren over seks en seksueel grensoverschrijdend gedrag [Flag system: talking with children and young people about sex and sexual transgressive behaviour]*. Antwerpen: Garant.

Hendrickx, F. (2007). *Ethisch verantwoord sporten. Een aanvangsnota voor het beleid*.

Kinderrechtencommissariaat. (2011). G*eweld, gemeld en geteld. Aangevelingen in de aanpak van geweld tegen kinderen en jongeren.* Brussel: Kinderrechtencommissariaat.

Ministerie van Justitie. Wet betreffende de strafrechtelijke bescherming van minderjarigen (2000). Belgium.

Panathlon International. (2004). Panathlon Declaration on Ethics in Youth Sport. Retrieved from http://www.panathlon.net

Pieters, J., Italiano, P., Offermans, A. M., & Hellemans, S. (2010). *Ervaringen van vrouwen en mannen met psychologisch, fysiek en seksueel geweld [Experiences of women and men wit osychological, physical and sexual violence]*. Brussel: Instituut voor Gelijkheid van Vrouwen en Mannen.

Seghers, J., Scheerder, J., Boen, F., Thibaut, E., & Meganck, J. (2012). *Medisch en ethisch verantwoord sporten. Het promoten van fysiek, psychisch en sociaal welbevinden van jongeren in Vlaamse sportclubs*. (J. Scheerder, Ed.) *Beleid & Management in Sport*. Leuven: Katholieke Universiteit Leuven.

Van den Bergh, B., Ackaert, L., & De Rycke, L. (2003). Tienertijd. Communicatie, opvoeding en welzijn in context: 10- tot 18-jarigen, ouders en leerkrachten bevraagd. [Youth: Communication, child rearing and welfare in context: 10- to 18-year-olds, parents and teachers questioned]. Antwerpen & Apeldoorn: Garant.

Vanden Auweele, Y. (2004). Ethics in youth sport: analyses and recommendations. Leuven: LannooCampus.

Vanden Auweele, Y., Opdenacker, J., Vertommen, T., Boen, F., Van Niekerk, L., De Martelaer, K., & De Cuyper, B. (2008). Unwanted sexual experiences in sport: Perceptions and reported prevalence among Flemish female student athletes. *International Journal of Sport and Exercise Psychology*, *6*(4), 354–365.

Vandevivere, L., Cools, S., Vandenhoudt, J., Frans, E., Vertommen, T., De Martelaer, K., … De Bruycker, A. (2013). Lichamelijke en seksuele integriteit. Handleiding voor sportclubs. [Physical and sexual integrity. Manual for sport clubs]. Retrieved from http://www.ethicsandsport.com/nl/x/432/handleiding

Vlaams Parlement. (2017). *Verslag van de hoorzitting namens de Commissie voor Cultuur, Jeugd, Sport en Medi over grensoverschrijdend gedrag in de sport*. Brussel. Retrieved from https://docs.vlaamsparlement.be/docs/stukken/2016-2017/g1133-1.pdf

Vlaamse overheid. (2007). *Decreet Medisch en ethisch verantwoord sporten*. Brussel: Vlaamse Overheid.

Vlaamse overheid. (2012). *Overheidsopdracht "Verstrekken van expertise op het vlak van ethisch verantwoord sporten, met inbegrip van de problematiek aangaande integriteit, seksueel misbruik en geweld."* Retrieved April 29, 2017, from https://cjsm.be/gezondsporten/themas/ethisch-sporten/ices/overheidsopdracht-2012-2014

Vlaamse overheid. (2013). *Decreet inzake gezond en ethisch sporten*. Retrieved May 1, 2017, from https://cjsm.be/gezondsporten/sites/gezondsporten/files/public/131220_decreet_gezond_ethisch_sporten_gecoordineerd.pdf

Vlaamse overheid. (2016). *De bevordering en bescherming van de fysieke, psychische en seksuele integriteit van de minderjarige in de jeugdhulp en de kinderopvang, het onderwijs, de jeugd- en de sportsector*. Retrieved May 1, 2017, from http://www.bloso-kics.be/GES/Gedeelde documenten/Ethiek/160129_mededeling_vlaamse_regering_integriteit.pdf

Vlaamse Overheid. (2012). *Eén centraal meldpunt voor geweld en misbruik* [One central report point for violence and abuse]. Retrieved from http://www4wvg.vlaanderen.be/wvg/welzijnensamenleving/1712/Documents/PM20120308_meldpunt_geweld.pdf

Vlaamse Regering. (2008). *Besluit van de Vlaamse Regering houdende wijziging van het besluit van de Vlaamse Regering van 31 mei 2002 tot vaststelling van de erkennings- en subsidiëringsvoorwaarden van de Vlaamse sportfederaties, de koepelorganisatie en de organisaties voor de sport*. Retrieved from http://www.ejustice.just.fgov.be

Vlaamse Sportraad. (2011). *Kindermisbruik in de sport*. Brussel. Retrieved from http://www.ethicsandsport.com/public/uploads/files/project_integriteit/verslag_vlaamse_sportraad_12_juli_2011.pdf

CHAPTER 8

A GREEN FLAG FOR THE FLAG SYSTEM? TOWARDS A CHILD PROTECTION POLICY IN FLEMISH SPORT

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Abstract

Over the past decade the international agenda on the prevention of child sexual harassment and abuse in sport has been strengthened by a number of general policy recommendations. Despite a growing body of literature and research about sexual harassment and abuse in sport, there is hardly any evidence-based policy and prevention research to guide the policy implementation process. By using the Flemish sport system as its empirical focus, this paper investigates the feasibility of the so-called Flag System to translate policy into practice. The Flag System is a didactic tool created to assist sport stakeholders in the assessment of sexual behaviour involving children. It is in the process of being implemented in Flanders and preliminary findings suggest a high level of feasibility at all levels of organised sports. Demonstrating that a number of inhibiting forces have effectively been reduced in Flanders, the current analysis of the process of planned change suggests that the Flag System has potential in bridging the gap between policy and practice and may also be suitable for implementation in other Western countries.

Keywords: sexual harassment, sexual abuse, prevention, youth sport, didactic tool, planned change

1. Introduction

In the late 1990s, government agencies and sport organizations in Australia, Canada and the UK started implementing child protection policies to combat sexual misconduct. Since, a growing body of evidence on child sexual harassment and abuse in organized sport has warranted an increased and wider focus on athletes' rights and wellbeing (David, 2005). The Council of Europe (2000), the International Olympic Committee (2007) and UNICEF (2010) have gradually embraced the principles within the United Nations Convention on the Rights of the Child (United Nations, 1989) that stipulates the need to protect the right to play (article 15) and the right to be kept safe from harm within any social setting (article 31). The declaration specifically states that "*stakeholders shall take all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical or mental violence, injury or abuse, neglect and dereliction of duty, improper treatment and exploitation, including sexual abuse, while the child is in the parents or other caregivers custody*". Although many national and international stakeholders have found no real alternatives to intensified policy work, others are opposed, inactive or reactive towards increased regulation of sport. Currently, there is a lack of evidence-based policy and prevention research to substantiate the potential effects for athletes or even to guide the policy implementation process. An in-depth qualitative inquiry by Parent among Canadian sport administrators in Quebec (2011) showed that most sport federations were unequipped to deal with cases of sexual abuse, and that only a minority of these had policies in place. Whilst this study took place in a country that had set out early to implement child protection policies, it could be argued that a less favourable status could be found in countries that have not even considered child protection and safeguarding yet..

According to Kippenberger (1998) and his use of Lewin's theories on planned change (Schein, 1996), social domains, like sport, can be seen as miniature force fields governed by specific rationales where the existence of facilitating and inhibiting forces determines the equilibrium of systemic change. For countries and other stakeholders considering the implementation of child protection measures, national and international binding frameworks are important facilitators that may, however, become challenged by inertia, reluctance and anxiety at various organisational levels. Among the many reasons for this are social agents responsible for change who are opposed or hesitant due to their being ill-equipped with regard to knowledge, skills and resources. During policy implementation processes concerns are often raised that child protection and safeguarding measures

in sport organisations can lead to an undesirable, over-bureaucratic culture (Piper, Garratt, & Taylor, 2013; Piper, Taylor, & Garratt, 2012; Stoeckel, 2015). Policies and the associated paperwork may appear non-conducive to grass-roots sports delivery if they are perceived as too complex, incomprehensible or detached from the practical realities of those involved. However, without adequate policies and procedures in place, sports bodies also struggle to fulfil their safeguarding obligations towards children. Thus, what we do need is practical and didactic tools that appeal to coaches, sport leaders and other practitioners and professional support to help them to make sense of and apply the principles within the policies. Being in the process of implementing child safety policies while taking advantage of such a newly developed didactic intervention tool, the Flemish sport system offers a unique opportunity to investigate its feasibility at grassroots level. In this article we use a theory-informed approach to critically evaluate the potential the tool offers for systemic change in an international context.

1.1. A short introduction to child protection policies in Flemish sport

Historically, in Flemish sports little attention has been paid to children's welfare. This began to change in 2004 when Panathlon International, a sports federation that promotes positive values in youth sport, drafted the Panathlon Declaration on Ethics in Youth Sport, with the Flemish branch having a pioneering role in its development (Panathlon International, 2004; Vanden Auweele, 2004). Because the organisation takes a positive approach to children's rights, the declaration emphasizes equity, fair play and ethics without explicitly mentioning child sexual abuse or other transgressive behaviour. Since its issue, the charter has been signed by hundreds of national and international sports organisations, showing their commitment to upholding ethical values in youth sport. The Flanders government endorsed the declaration in 2006 following a symposium organised by the Flemish Sports Confederation and the Flemish branch of Panathlon International and today, many Flemish sport organisations use the Panathlon Declaration as their code of ethics (De Waegeneer & Willem, 2013; Seghers, Scheerder, Boen, Thibaut, & Meganck, 2012).

In February 2012, the Flemish ministers for Sport, Youth, Education and Welfare signed a 'Declaration of Commitment on the protection of children's physical and sexual integrity', prompting the implementation of prevention initiatives in Flemish sport organisations (Vlaamse Overheid, 2012). This change in policy followed from two disconcerting national events, starting in 1996 when a severe case of child sexual abuse

created a moral panic and national trauma in Belgium. The police investigations into the criminal acts of Marc Dutroux, who was found to have kidnapped, systematically abused and murdered several young girls for years, and the subsequent prosecution process were heavily criticised. Although the Dutroux case did trigger significant changes in the Belgian criminal justice system, no preventive measures were taken. In 2010, political pressure to improve child protection in extrafamilial settings rose again following the public disclosure of more than 700 cases of child sexual abuse within the Roman Catholic Church. This time, immediate action was taken: the Belgian parliament set up a special committee for 'the management of sexual abuse and acts of paedophilia in an authority relationship, in particular within the church' (Belgische Kamer van Volksvertegenwoordigers, 2011).

Because of the excessive (media) attention to these severe, but incidental, cases of child sexual abuse, there was growing concern that the government's positive stance on, and approach to, the overall physical and sexual integrity of minors, would lose momentum (Frans & De Bruycker, 2012b). To redress the current lack of formal policies protecting children's sexual integrity in organisations, Sensoa and Child Focus[16], drafted the so-called Framework for Sexuality and Policy, which was made available to all Flemish organisations working with children in February 2012. All strategies proposed in the framework originate from the positive philosophy that the sexual development of children deserves a place in every social organisation (Frans & De Bruycker, 2012b). Model visions at three policy levels (i.e., quality, prevention and reaction) are presented, as well as a toolbox of policy instruments.

Besides the Catholic Church and (child) care institutions, the special parliamentary committee's investigations also focused on the sports sector as another risk environment for the emergence and persistence of sexually abusive relationships involving young athletes. The commission referred to the little available scientific data on sexual harassment and abuse of children in Flemish sport (Vertommen, Tolleneer, Maebe, & De Martelaer, 2015). Vanden Auweele and colleagues (2008) studied the experiences of unwanted sexual behaviours in sport among female students at two

[16] Sensoa is the Flemish expertise centre for sexual health and is subsidised by the Government of Flanders. Child Focus, the Foundation for Missing and Sexually Exploited Children, is a public service foundation. Both organisations are expert in sexual education and the prevention of sexual harassment and abuse.

Flemish universities. Between 2-14 per cent of respondents reported what was defined as 'very serious unacceptable behaviour' from coaches, such as indecent exposure, being asked for sex in exchange for a reward or being touched sexually without their consent. Meanwhile, between 17-50 per cent of respondents reported experiencing what was termed 'serious' unacceptable behaviours from coaches, such as having their breasts or buttocks stared at or experiencing sexual comments. A study by the Flemish Office of the Children's Rights Commissioner (Kinderrechtencommissariaat, 2011) surveyed 356 about their experiences in sport, 10 per cent said they had experienced sexually transgressive behaviour at least once. In accordance with a similar study in the UK (Alexander, Stafford, & Lewis, 2011), most respondents reported peers as perpetrators.

During the parliamentary investigations of 2011, those responsible in sport had to admit that they had never received a complaint or report of child sexual abuse, simply because there was no official reporting or registration channel (De Wit, 2011). This omission proved to be the necessary wake-up call for the governing bodies. In the same year, the Flemish Sports Council (the advisory body of the Flemish Minister of Sport) as well as the Belgian Interfederal Olympic Committee (BOIC) organised two symposia on the issue. Both institutions formulated recommendations to the Ministry of Sport, asking for immediate actions (BOIC, 2011; Vlaamse Sportraad, 2011). In their recommendations both bodies advocated for a) the creation of a general violence and sexual abuse unit (in and outside sport), b) the appointment of local welfare officers in sport federations and clubs, c) investment in coach education with special attention to how to deal with incidents of violence and abuse, and d) the launch of a major information and awareness campaign aimed at all parties involved in sports. The Flemish Sports Council also advised to make funds available for scientific research and to establish a knowledge centre dedicated to this topic. The Flemish Sports Council urged policymakers to act swiftly and to apply a zero tolerance for any type of unsolicited, transgressive behaviour in sport (Vlaamse Sportraad, 2011). Vetting procedures for all professionals and volunteers working with children in sport was rejected as being too burdensome for the authorities and too much of a deterrent for volunteering sports leaders (BOIC, 2011).

Soon after signing the Declaration of Commitment, the Flemish sport authorities granted a two-year project (2012-2014) aimed at 'providing expertise related to ethically justified sports practices, including the issues of integrity, sexual abuse and violence' to the International Centre Ethics in Sports (Vlaamse overheid, 2012). The project includes scientific research and policy advice. ICES cooperates with four

Flemish universities, with the universities conducting the scientific research and ICES translating the outcomes into practical guidelines. Furthermore, ICES took up its former role of supporting sport federations in developing ethical policies, providing substantive guidance, and designing and delivering tools, education and workshops.

1.2. A framework on physical and sexual integrity

ICES' first choice of action was to deliver a sport-specific version of the Framework for Sexuality and Policy as this was designed to apply to various social arenas (family, education and childcare). Frans and De Bruycker supervised the ICES working meetings with the various stakeholders from sport (umbrella) organisations and federations, which led to the publication of the 'Framework on Physical and Sexual Integrity and Policy in Sport' (Frans & De Bruycker, 2012a). The framework offers a comprehensive toolbox with 11 different instruments offering an integral approach to safeguarding the physical and sexual integrity of athletes, emphasising the need for a protective environment that allows for the normal, positive aspects of the young athlete's sexual development. The tools to facilitate the implementation of the prevention policy framework include:

1. a *guideline* offering a range of suggestions on how to draft and implement a comprehensive policy on the issue;
2. main *starting points* to formulate a policy vision and a *topic list* to evaluate the current situation;
3. the *Flag System* (see next section) to help assess and react to 'real life' incidences of unwanted physical and sexual behaviour in a sport setting;
4. a detailed *policy matrix* with suggestions of possible interventions, working methods and actions to implement a policy (in terms of care, education, house rules, screening and communication interventions);
5. a *competency checklist* for sports leaders to help identify the need for (further) staff training;
6. a *profile outline* for an Integrity Contact Person delineating his/her competencies, role and responsibilities;
7. a *house rule checklist* providing suggestions on how to handle sexual harassment and abuse at the club level;
8. a *code of conduct* to help formulate staff expectations with regard to the physical and sexual integrity of minor athletes;
9. a *list of risk factor signals* to detect signs of sexual harassment and abuse;

10. an *action protocol* providing a uniform, stepwise approach to deal with a suspicion, a disclosure or a report of child sexual abuse, as the basis for the reaction policy;
11. a *directory* of helpline information, support and care services.

As this policy framework is a 'heavy' document intended for professional staff of formal sport organisations, ICES and the Flemish Sports Confederation created a 'light version' aimed at semi-professionals and volunteers active in both regional and local sport clubs (Vandevivere, Cools, et al., 2013). To increase its ease of use, an online and hard copy version was made available.

1.3. Aim and content of the Flag System

The aim of the Flag System is to help sport leaders, coaches and other members of the sport entourage to identify and aptly respond to inappropriate behaviour between adults and young (underage) athletes and among peers. The system includes a practical toolkit consisting of playing cards with pictograms of undesirable behaviours together with brief situational descriptions. The toolkit is founded on both experiential and social learning theories emphasising a problem-based cognitive approach to planning future behaviour on the basis of past knowledge/experience and a client-centred approach to communication and the use of shared experiences.

The Flag System is a key tool within the policy framework because of its positive and pro-active approach to behaviour change. The general 'mother' version (Frans & Franck, 2010), developed by Sensoa for all professionals working with children in different settings, was adapted to the specific context of youth work (Steunpunt Jeugd, 2012) and sports (Vandevivere, Frans, et al., 2013) and was developed in cooperation with sport administrators from the field to enhance organisational identification and ownership, with all pictograms having been derived from 'real life' situations to make them tangible and recognisable.

Sexual behaviour among children and young adults encompasses healthy, acceptable experimental behaviour and incidents involving force or violence committed by age peers or adults (Frans & Franck, 2010). In line with the policy framework, all professional and volunteer stakeholders in organised sports should be able to make a distinction between acceptable/unacceptable, appropriate/inappropriate sexual behaviour and to

act on critical observations. To help them assess the appropriateness of different sexual behaviours, the Flag System relies on the three criteria suggested by Ryan and Lane (1997): consent, equality and free will. When each criterion is fulfilled, the behaviour can be classified as healthy. Consent implies mutual agreement. In practice, consent is often given non-verbally and, especially with children, sending and interpreting these non-verbal signals clearly and correctly may present problems. Equality refers to the potential difference in power between the two parties. Such an imbalance is obvious in interactions between a coach and an (underage) athlete, but this is sometimes less clear in peer-to-peer relations. As proposed by Ryan and Lane (1997), the third criterion uses the positive antonym of coercion: free will. Acts of sexual coercion, i.e., any pressure to allow or perform sexual acts, can also be very subtle; think, for instance, of a coach offering a reward or punishment (new or loss of a privilege). Although the three criteria help set the essential conditions for positive sexual interactions, they do not suffice. Frans and Frank (2010) therefore introduced three additional criteria to guarantee appropriate and non-damaging sexual behaviour: age and developmental appropriateness, context appropriateness, and self-respect (see Table 1). Other than judging behaviour as 'OK' or 'not OK', the Flag System proposes a four-flag scale, with flag colours ranging from green (entirely appropriate/acceptable), over yellow (slightly inappropriate/undesirable), red (inappropriate/unacceptable) to black (entirely inappropriate/unlawful).

Based on the assessment of each criterion and the sum total and severity of the transgressions, an overall rating, i.e., flag, is assigned, with a green flag indicating that the sexual behaviour meets all six criteria and thus is fully acceptable and yellow that there have been occasional, minor transgressions on one or several criteria (e.g., inappropriate verbal or non-verbal sexual interactions or harassment) that may warrant attention. A red flag signals more serious or repeated transgressions and lesser acts of sexual abuse (e.g., inappropriate touching), while the black flag is equivalent to seriously harmful sexual behaviour and (severe) sexual abuse (e.g., sexual assault, (attempted) rape). Drawing from the available literature, the system's manual provides a list of developmentally appropriate behaviours for children between 0 and 17 years to assist users in assessing the 'normality' of sexual behaviours in children.

While the flag system leaves room for disagreement (the allotted flag colour can differ between users), the method primarily aims at engaging stakeholders in the discussion and reflection process and enabling them to understand the nuances of sexual behaviour more adequately. In addition, educators can formulate a more uniform response. In the

Table 8.1 The six criteria of the Flag System

CONSENT	EQUALITY	FREE WILL
Physical or sexual behaviour is only acceptable if all parties agree to and are comfortable with it. There should be conscious consent in that all parties approve and understand what is happening and are aware of the consequences. Not protesting or not resisting should never be confused with consent.	Physical and sexual behaviour is only acceptable between equal partners. One should never exert dominance over the other. There must be good balance in terms of age, intelligence, knowledge, maturity, life experience, position or role, influence or power etc.	Physical or sexual behaviour must be devoid of any subtle or obvious coercion or pressure and thus never involve undue temptation, reward or any other form of manipulation, intimidation, blackmail, (threat of) violence or pain, etc.
DEVELOPMENTAL APPROPRIATENESS	**CONTEXTUAL APPROPRIATENESS**	**SELF-RESPECT**
Physical and sexual behaviour changes with each stage of development and is thus only permissible when it is age or stage-appropriate. Behaviour that does not befit a certain age or stage of development is never acceptable. It should always be kept in mind that child development is a gradual process and that not all children and adolescents develop at the same pace.	Rules for physical and sexual behaviour differ according to the situation or circumstances. Healthy behaviour is always context-sensitive and context-appropriate and known and accepted to be so.	Physical or sexual behaviour should never cause physical, emotional or psychological damage. Children and adolescents should never be treated in such a fashion that they (are made to) humiliate or harm themselves or put themselves at risk in any way, shape or form.

manual, specific attention is given to organisations operating within a more repressive environment (e.g., schools) where a more repressive policy towards physical, emotional and verbal violence is in place. In this situation, one might consider to adjust the reaction policy (and flag colour), to be in line with other interventions/sanctions.

1.4. The Flag System: some examples

The Flag System addresses 30 sport-related scenarios of physical or sexual behaviour between peer athletes or between an adult sport leader and a young athlete in as many pictures. The depicted situations are to be assessed using the six criteria described above along with a response manual (ranging from educational interventions, expulsion or (advice to) reporting a crime). We will explain the tool using two examples.

Figure 8.1 The 13-year-old girl depicted has paid a great deal of attention to her appearance. Her 33-year-old coach has noticed this and walks up to her saying "you're looking very sexy today". Meanwhile, he explicitly and lengthily looks at her breasts. **Figure adopted from the Flag System with permission of the publisher.**

The sexual development of girls going through puberty is quite visible to others and many have difficulties handling others' reactions to changing appearances, even when these comments are (intended to be) positive. For a coach it is never appropriate to make sexual comments to an athlete, let alone to a 13-year-old athlete, or to noticeably stare at body parts (see Figure 1). With or without the athlete's appreciation, this behaviour is classified as unwanted sexual attention. Complimenting an athlete's general appearance or athletic performance is acceptable, but any utterance with a sexual connotation is unacceptable, as the athlete might feel intimidated especially given the imbalance of power. Although the comment does not necessarily imply a sexual interest in the athlete, the behaviour may be construed as an unnecessary or unwanted sexualisation of the athlete's body, behaviour or appearance. None of the criteria for appropriate behaviour

Figure 8.2 During a korfball match, one of the female team players (aged 13) has just scored a goal. This is celebrated in the field by a group hug. During this hug, a 14-year old male team mate grabs her breasts, which the girl does not appreciate as it has happened before and hence seems intentional.

Figure adopted from the Flag System with permission of the publisher.

are met in this example. In the case of a first offence without physical contact, this scenario qualifies for a yellow flag. According to the pedagogical reaction formulated on the flag card, fellow coaches or club (board) members witnessing such behaviour, or being told about it, should act on this and explain to the coach why the behaviour is inappropriate.

As illustrated in Figure 2, group hugging may be a part of celebrating performance victories in many sports. When intimate body parts are touched accidentally, apologies are required. In the scenario depicted, however, the boy has intentionally and repeatedly grabbed the breasts of his teammate. The criteria of equality and developmental appropriateness (similar age and status) are met here. However, the criteria of consent, free will, contextual appropriateness and self-respect may all have been violated. As this behaviour may harm the girl's integrity and the boy's social image, it should be assigned a 'red flag', signalling inappropriateness, especially because of the intentional, repetitive component.

The Flag System recommends for the adult in charge to explain to the boy that his behaviour is undesirable and inappropriate, pointing out other behaviour that is appropriate during group hugs. Next, the boy should be informed of the consequences if this were to happen again, and the adult should insist on him apologising to the girl. Action should be taken at the earliest convenience after the incident. However, reprimanding the boy in front of his teammates is not recommended. Secondly, the person in charge should assert to the girl that her teammate's behaviour was unacceptable (even if the girl herself did not mind being touched) and encourage her to oppose such behaviour in the future.

2. First experiences with putting the Flag System into practice

2.1. Educational workshops

In 2013, a total of 19 workshops were held with an accumulated attendance of 282 participants. Additionally, a training of trainers workshop (TOT) was staged to enable participants to organise workshops themselves, while relying on the support provided by ICES. The support package consists of a basic Power Point presentation, toolkit materials, and a fixed contribution for every scheduled workshop. Workshops intended for and hosted by sport administrators working in the field have the advantage of lowering

the threshold for other members of their sport communities while being customised to sport type or culture, allowing participants to relate on a more personal level and share their experiences or concerns in a safe environment. The workshops have a fixed format. In the introduction, the context and consequences of integrity violations in sports are explained and specific risk factors for sexual harassment and abuse in the relevant sport highlighted. Next, the six criteria for and steps to elicit appropriate behaviour, as described in the Flag System manual, are explained in detail. The theory behind the criteria and the four-flag system is clarified through a variety of case descriptions, where the participants, in small groups, are encouraged to assign the correct flag and apply the relevant theory-informed action. During the workshops, participants are also consistently alerted to other policy instruments within the framework to allow them to get acquainted with the wide range of available views and techniques.

2.2. Communication and support structures

ICES developed a webpage with a recognisable URL that contains all information on the project (theme, tools, seminars, etc.). Additionally, a humorous promotional video was launched to attract the attention of sport organisations (ICES, 2013). The information campaign was set up in three stages. First, major sports and umbrella organisations were informed and requested to communicate the project to their member organisations. Second, sports federations (N=34 from a total of 95) were educated about the subject, the purpose, the problems and the instruments during a seminar on integrity in sport. Third, municipal sports services (N=212 from a total of 308) were informed in a plenary session at their annual Flemish-wide conference. The toolkit materials and background information were made freely available. Sports federations and municipal sports services were urged to promote the Flag System to their members; the sports clubs. They were encouraged to post information on their websites, to incorporate the project in newsletters, and to raise awareness at meetings.

2.3. First user users' feedback

Several weeks after their attending one of the workshops in 2013, all 282 participants were asked to fill in an online evaluation questionnaire, of whom 137 fully completed the survey (49% response rate). The results showed that half of the respondents were members of a sport club, 30% were employees of a sport federation, with the other respondents being affiliated to municipal sport services (8%), schools (7%), universities/

colleges (4%), and (youth) welfare organisations (1%). It is unclear whether they were intrinsically motivated or if they had been assigned to attend the workshop. The majority of respondents had an administrative or policy advisory role in their organisation (46%) or in coaching (29%), while another 13% had an administrative and coaching role. Others had academic roles (4%), social services (1%) or other (7%).

When asked about the relevance of protecting the physical and sexual integrity of underage athletes in sport, 90% of the respondents ticked 'important' or 'very important'. As to the need for more supporting materials, 50% answered Yes, with 42% being neutral and 8% indicating no need. Asked whether more in-depth guidance/supervision was required to help them develop a prevention strategy, 27% answered affirmatively, while 61% indicated to feel no need. With regard to the content of any such guidance, the respondents indicated a need for more education on the subject that specifically focused on sport coaches, as well as one-on-one guidance when addressing a reported incident.

Sixty per cent of the respondents gave 'because my organisation thinks this is an important topic' as the main motive for addressing the issue of sexual harassment and abuse in their organisations, 25% indicated 'the recent exposure of childhood sexual abuse cases in the media and the ensuing public outrage' as the main reason, while one in six said to have engaged in the topic because of a previous reported case of sexual harassment or abuse within their organisation. The other reasons respondents reported were: 'because others expect our organisation to take up the issue' and 'because experiencing sexual harassment and abuse has a major impact on the athlete's well-being'.

Between the time of their workshop attendance and the time of the evaluation, 85% of the respondents had had a closer look at the Flag System and 17% had already organised an event to introduce the system to their organisation. The main reasons that those that had not followed up on the workshop gave were 'too little time', 'no interest in my organisation' or 'too complex', with 63% indicating they had plans to organise such an event in the near future. On the question if they thought the Flag System helps to put the issue of sexual harassment and abuse in sport on the agenda, 52% reported being 'neutral', while 37% judged it to be useful. Finally, 6% of the respondents stated to have already used the Flag System to address an actual incident of sexual harassment or abuse within their organisation.

3. Discussion

Bringing sensitive policies such as the one we describe into practice should be viewed as a process of prolonged systemic change that requires political, organisational and individual adjustments. Although generic, Lewin's three-step model of planned change is an ideal approach to capitalize on the pre-requisites and early processes of change. It should be noted that the desired change can be attained without resistance provided all participating parties are positive and willing to conform to the new directions. In the sections below we will first describe all the facilitating forces within the Flemish sport system that may in and by them elicit the desired effect when parties are intrinsically motivated. In order to understand and challenge inhibiting factors arising from a 'natural' defence mechanism to shield oneself against change, we will subsequently elaborate on Lewin's unfreeze, change and refreeze model later in the discussion (Figure 8.3).

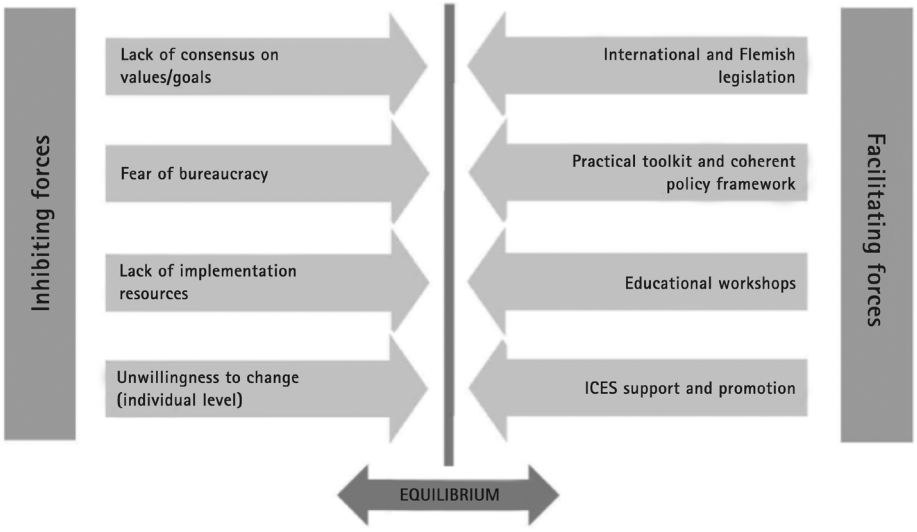


Figure 8.3 Equilibrium of Change in Flemish policy implementation

3.1. Facilitating forces

The Belgian adoption of the Council of Europe's comprehensive resolution on the prevention of sexual harassment and abuse in sport (2000) had no immediate impact on Flemish sport policy or practice. While the Panathlon Declaration (2004) marked a positive starting point for national policy development on ethics in youth sports, its impact on Flemish sport policy and practices has not been systematically evaluated, although its theme of sports ethics did influence Flemish government legislation. The Ethical Sports Decree, issued in 2008, promotes an 'ethically justified sports practice', which was defined as 'the body of positive values and related preventative and curative measures, provisions and recommendations that all parties are to take into account to safeguard and promote the ethical dimension in sports' (Vlaamse overheid, 2007). The decree urged sports federations to implement guidelines regarding at least one of six themes relating to ethical sports practice. With this soft approach, sport federations are more likely to select less sensitive thematic areas (Seghers et al., 2012) such as 'fair play' and 'children's rights'. A mere 9% of federations chose to address 'the physical and psychological integrity of children'. This lenient, non-binding line of attack was continued in the Flemish sexual harassment and abuse prevention policy implementation strategy by holding sport federations accountable for guaranteeing a safe sport environment for children (Vlaamse Regering, 2008).

Although the current requirements have the potential to force sports organisations to take action on unethical behaviours, arguably, the decree may not go far enough. As mentioned above, it allows sports federations to select only one theme while ignoring other more sensitive ethical issues, at least temporarily. Additionally, their compliance with the decree is judged on their apparent commitment to implementing guidelines on their chosen theme rather than on concrete developments such as specific actions or actual achievements (Hendrickx, 2007; Vlaamse Regering, 2008). These limitations clearly weaken the impact of the decree.

The practical toolkit, educational material and ICES support services relating to the Flag System are clear examples of a hands-on implementation strategy that strongly facilitates actions at the grassroots level. The resources serve as incentives to help all parties involved to deal with sexuality issues in the context of organised sport. Additionally, the toolkit materials are based on 'real life' examples and in part developed in a cooperation with administrators from and experienced in their particular field of

sports to increase self-identification and reduce the mobilisation of inhibiting defence mechanisms. By subsidising ICES as a resource and expert centre, the Flemish authorities support sport federations in developing sound prevention strategies.

3.2. Inhibiting forces

Throughout, the change process relies on the equilibrium of change parameters, making it imperative that inhibiting forces are identified early. Based on our earlier description of the political and organisational policy and implementation developments and our workshop evaluations, we have derived several change inhibitors or markers of an unwilling, reluctant, hesitant stance or reactive approach by change agents. At the organisational level we found inertia to be the main constraining factor, while at the organisational and individual levels this was lack of resources (time/staff), lack of consensus on values and goals, and (fear of) over-bureaucratisation.
Next, we will discuss these inhibiting factors in accordance with Lewin's stages of 'unfreezing' in terms of disconfirmation, learning anxiety, the induction of guilt and overcoming anxiety/guilt.

At the political and organisational levels, the Flemish decree created sufficient incentive to accept the need for organisational change. Sport federations mostly evaded the sensitive topic of sexual harassment and abuse in favour of more 'popular' themes (e.g., 'fair play'). The scale of child sexual abuse in the Catholic Church effectively served as disconfirmation by bringing home that something was terribly wrong with our ability to protect children and that this concerned a vast number of social institutions. Although some sport federations still do not consider the prevention of sexual harassment and abuse to be part of their social responsibility, consensus is growing.

In broad terms, learning anxiety derives from concerns or a lack of confidence change agents may have about their ability to understand or successfully carry out the action required. It is clear that the policy and implementation regulations and obligations for Flemish sport organisations were too vague and lenient when it comes to the more sensitive issues of child protection. Although learning anxiety can be found at all levels, it is more easily traceable at the lower (grassroots) levels. And seen in perspective, the Flag System, through its educational and problem-based approach, has allowed sport stakeholders to practically address the more difficult topics. The key issue was that all stakeholders were initially challenged by the absence of procedures, knowledge and

skills. Although workshop participants generally agree that it is important to protect the sexual integrity of athletes, a somewhat reactive response is given as to the 'hows' of doing so. Six out of ten do not see the need for support to develop prevention tools within their organisation and four out of ten participants are in doubt whether they need support materials. It is important to note that being neutral or passive with regard to support or materials does not mean that workshop participants are 'against'. They are, however, not pro-active and according to one the leading workshop educators there are at least three possible explanations for this. First of all participants do not have the knowledge or experience within this field and they do not see the bigger picture of a policy framework consisting of multiple tools. Secondly, they think sexual harassment is only about coach-athlete exploitation and subsequently they do not see the point of the Flag System. Thirdly, they do not think it is going to happen in their club/organization so they tend to question the relevance of dedicating resources to an issue that is only perceived as an extremely rare or hypothetical issue. In summary, there is a tendency to minimize the need for commitment and action and particularly for developing policy instruments at a higher organizational level and at lower grassroots level. By offering professional support and delivering the Flag System straight to sport consultants and grassroots practitioners, the programme has possibly reduced learning anxiety and created a sense of psychological safety now that policy has been made concrete for practitioners in the field. The first data of our survey among workshop attendants in 2013 showed that with the Flag System respondents felt they had been offered a new language to address inappropriate behaviours. The four-flag method offers its users new standards and means to evaluate and tackle challenging, improper behaviours, educating and effectively empowering practitioners and administrators to act in an apt, professional manner.

As the implementation of the Flag System in Flanders is a work in progress, definitive conclusions as to its effect in organised sport settings cannot yet be drawn. However, we feel that through its transparent, positive and user-friendly approach, the Flag System is an attractive, practical and effective tool for all stakeholders seeking to reduce factors inhibiting organisational change relating to the sexual integrity of children. More systematic studies are now required that a) evaluate the impact of the Flag System on the users' perception and knowledge of sport related integrity issues and their application of measures and (new) response skills and b) quantify its effects in terms of its power to promote (further) prevention policy initiatives within the organisations.

3.3. Future perspective

With the Flag System being implemented, a longitudinal, systematic study to monitor and review its impact on organised sports in Flanders is required. To complement our concise workshop evaluation survey, the proposed effect study is to compare pre- and post-workshop perceptions on and changes in skills learned and applied to prevent or address (child) sexual harassment and abuse in practical sport contexts.

Furthermore, the tool is in need of constant updates to allow for new developments, specific sport settings (e.g., public swimming pools) and user audiences (disabled children, ethnic minorities, etc.). It should be treated as an organic instrument that, accordingly, will require dedicated modifications over time. Along these lines, an athlete-centred version of the tool (e.g., an interactive game) can help empower (young) athletes to speak up about inappropriate or unwanted sexual behaviour in organised sports. As research has shown there is a correlation between sexual harassment and abuse and other forms of transgressive behaviours (such as emotional abuse, bullying or violence) (e.g. **Chapter 2**), a version that incorporates non-sexual topics is indispensable.

While ICES stimulates and aids Flemish sport organisations to adopt the Flag System as their key tool in the prevention of sexual harassment and abuse towards children in sport, it is evident that, in and of its own, this tool will not fulfil all international recommendations and obligations. On the contrary, because of its awareness raising potential, incidents of sexual harassment and abuse might get more easily reported, making it a priority to motivate sport organisations to adopt other instruments of the Framework on Physical and Sexual Integrity and Policy in Sport. This include raising awareness about how and when to refer children to the general helpline for violence, abuse and child maltreatment "1712" operating in Flanders since 2012 (Vertommen et al., 2015). Compared to the family setting, the sports sector is probably more susceptible to social interventions aimed at preventing childhood (sexual) abuse because of its voluntary structures and the many more possibilities to intervene. Interventions aiming at raising public awareness and increasing social control can be more effectively implemented in public settings. Adopting a code of conduct and providing a regional integrity contact person to receive reports of incidents who can then urge sport organisations to take action as well as preventive measures are crucial next steps. Also, close collaboration with Flemish welfare and health-care services is urgently required. We strongly suggest

a well-equipped expert team be installed to handle reports of sexual harassment and abuse within organised sport. Moreover, a dual policy of victim advice and counselling delivered by child protection agencies complimented by comprehensive prevention policies to safeguard child integrity in sport is another prerequisite.

At the time of writing, the Flemish authorities are preparing a new decree on healthy and ethical sports to replace the 2008 Ethical Sports Decree. The new decree will emphasise the individual responsibility of every athlete, coach and sport organisation to create an environment that takes into account the age, capacities and needs of the minor athlete (Vlaamse Regering, 2013). It will enable the Flemish government to set standards of quality for every sport organisation and create learning networks to stimulate the exchange of good practices among sport partners. Furthermore, with the new decree funds will become available to support an expertise centre in sport ethics that will continue to educate all stakeholders in sports on ethics and safeguards in the longer term. Once again, the decree will not impose obligations on sport federations but solely intends to foster substantive debate and create preconditions for healthy and ethical sports. The question remains whether another such lenient, non-binding approach will sufficiently motivate sport organisations to seriously take on the issue of preventing sexual harassment and abuse.

Former and current policies and prevention initiatives were not prompted by major sexual abuse incidents in sport in Belgium, which lessens the political pressure to come up with hasty interventions. Nonetheless, the positive approach to children's rights and the assessment of the appropriateness of sexual behaviour in sports may be an example for other countries where a more repressive approach is being advocated. The successful implementation of the general Flag System methodology in the Netherlands, Ecuador, Australia and the UK (Brook, 2012), illustrate that more positive policy instruments are in demand in countries that have previously been using more repressive approaches to child protection.

Relying on the enthusiastic reception and feedback from the field, the Flag System appears an effective icebreaker when broaching the issue of sexual harassment and abuse within the sport sector. By fostering concurrence and collaboration among sport stakeholders, it can be the starting point for the more substantial prevention policies, instruments and measures described in the framework. Instead of calling on parents'

and sport leaders' fear of abuse, the Flag System's positive approach makes it easier for those responsible to place the topic on their organisation's agenda and to demand that both reactive and proactive measures are taken.

While children's sexual integrity is universal, there are cultural and structural differences in every sport organisation. From a children's rights perspective, the six criteria on which the Flag System relies (i.e., consent, equality, free will, age and developmental appropriateness, context appropriateness, and self-respect) can then be adapted to fit any social or cultural setting.

References

Alexander, K., Stafford, A., & Lewis, R. (2011). T*he experiences of children participating in organised sport in the UK*. Edinburgh: Dunedin Academic Press.

Belgische Kamer van Volksvertegenwoordigers. (2011). Verslag Bijzondere Commissie betrefftende de behandeling van seksueel misbruik en feiten van pedofilie binnen een gezagsrelatie, inzonderheid binnen de Kerk [Report Special Commission concerning the handling of sexual abuse and facts of paedophilia in an. Retrieved from http://www.dekamer.be/FLWB/PDF/53/0520/53K0520002.pdf

BOIC. (2011). Verslag Colloquium Seksueel Misbruik in de Sport [Report Colloquium Sexual Abuse in Sport]. Retrieved from http://www.olympic.be/Home/tabid/38/ctl/Details/mid/568/ItemID/1691/language/nl-NL/Default.aspx

Brook. (2012). Sexual Behaviours Traffic Light Tool. Retrieved from https://www.brook.org.uk/our-work/category/sexual-behaviours-traffic-light-tool

Council of Europe. (2000). Resolution on the prevention of sexual harassment and abuse of women, young people and children in sport (3/2000). Retrieved December 30, 2015, from http://www.coe.int/t/dg4/sport/resources/texts/spres00.3_en.asp

David, P. (2005). *Human rights in youth sport*. Oxford: Routledge.

De Waegeneer, E., & Willem, A. (2013). *Ethische codes in Vlaamse sportclubs en de rol van de trainer*. Brussel.

De Wit, J. (2011). Geen klachten misbruik minderjarigen in de sport. *Gazet van Antwerpen*. Antwerpen. Retrieved from http://www.gva.be/nieuws/binnenland/aid1028197/geen-klachten-misbruik-minderjarigen-in-de-sport.aspx

Frans, E., & De Bruycker, A. (2012a). *Raamwerk Lichamelijke en Seksuele Integriteit en Beleid in de Sport. Kwaliteit, preventie en reactie in jouw sportorganisatie*. Brussel: Sensoa & Child Focus. Retrieved from http://www.seksuelevorming.be/projecten/raamwerk-seksualiteit-en-beleid

Frans, E., & De Bruycker, A. (2012b). *Raamwerk Seksualiteit en beleid. Kwaliteit, preventie en reactie in jouw organisatie. [Framework Sexuality and Policy. Quality, prevention and reaction in your organization]*. Retrieved from http://www.childfocus.be/uploads/Preventie/RaamwerkSeksualiteit.pdf

Frans, E., & Franck, T. (2010). *Vlaggensysteem: praten met kinderen en jongeren over seks en seksueel grensoverschrijdend gedrag [Flag system: talking with children and young people about sex and sexual transgressive behaviour]*. Antwerpen: Garant.

Hendrickx, F. (2007). *Ethisch verantwoord sporten. Een aanvangsnota voor het beleid.*

ICES. (2013). Sport met grenzen. Retrieved from http://www.ethicsandsport.com/sport_met_grenzen

International Olympic Committee. (2007). *Consensus Statement on Sexual Harassment and Abuse in Sport*. Lausanne: IOC.

Kinderrechtencommissariaat. (2011). *Geweld, gemeld en geteld. Aangevelingen in de aanpakvangeweldtegenkinderenenjongeren.*Brussel:Kinderrechtencommissariaat.

Kippenberger, T. (1998). Planned change: Kurt Lewin's legacy. *The Antidote*, *3*(4), 10–12. http://doi.org/10.1108/EUM0000000006617

Panathlon International. (2004). Panathlon Declaration on Ethics in Youth Sport. Retrieved from www.panathlon.net

Parent, S., & Demers, G. (2011). Sexual Abuse in Sport: A Model to Prevent and Protect Athletes. *Child Abuse Review*, *20*(2), 120–133. http://doi.org/10.1002/car.1135

Piper, H., Garratt, D., & Taylor, B. (2013). Hands off! The practice and politics of touch in physical education and sports coaching. *Sport, Education and Society*, *18*(5), 575–582. http://doi.org/10.1080/13573322.2013.784865

Piper, H., Taylor, B., & Garratt, D. (2012). Sports coaching in risk society: No touch! No trust! *Sport, Education and Society*, *17*(3), 331–345. http://doi.org/10.1080/13573322.2011.608937

Ryan, G., & Lane, S. (1997). Juvenile sexual offending. Causes, consequences, and correction. San Francisco: Jossey-Bass.

Schein, E. H. (1996). Kurt Lewin's Change Theory in the Field and in the Classroom Notes Toward a Model of Managed Learning. *Systems Practice*, *9*(1), 27–47. http://doi.org/10.1017/CBO9781107415324.004

Seghers, J., Scheerder, J., Boen, F., Thibaut, E., & Meganck, J. (2012). *Medisch en ethisch verantwoord sporten. Het promoten van fysiek, psychisch en sociaal welbevinden van jongeren in Vlaamse sportclubs*. (J. Scheerder, Ed.) *Beleid & Management in Sport*. Leuven: Katholieke Universiteit Leuven.

Steunpunt Jeugd. (2012). *(N)iets mis mee? Omgaan met seksueel getinte situaties in jeugdwerk*. Brussel: Steunpunt Jeugd.

Stoeckel, J. T. (2015). Exploring the appropriateness of contemporary child protection emasures in Danish sport. In H. Piper (Ed.), *Touch in Sports Coaching and Phsycial Education: Fear, Risk and Moral Panic* (pp. 118–134). London: Routledge.

UNICEF. (2010). *Protecting Children from Violence in Sport: A Review with a Focus on Industrialized Countries*. Florence: UNICEF Innocenti Research Centre.

United Nations. Convention on the Rights of the Child (1989). Geneva. Retrieved from http://www.ohchr.org/en/professionalinterest/pages/crc.aspx

Vanden Auweele, Y. (2004). *Ethics in youth sport: analyses and recommendations*. Leuven: LannooCampus.

Vanden Auweele, Y., Opdenacker, J., Vertommen, T., Boen, F., Van Niekerk, L., De Martelaer, K., & De Cuyper, B. (2008). Unwanted sexual experiences in sport: Perceptions and reported prevalence among flemish female student-athletes. *International Journal of Sport and Exercise Psychology*, *6*(4), 354–365.

Vandevivere, L., Cools, S., Vandenhoudt, J., Frans, E., Vertommen, T., De Martelaer, K., … De Bruycker, A. (2013). Lichamelijke en seksuele integriteit. Handleiding voor sportclubs. [Physical and sexual integrity. Manual for sport clubs]. Retrieved from http://www.ethicsandsport.com/nl/x/432/handleiding

Vandevivere, L., Frans, E., Vertommen, T., Vandenhoudt, J., De Martelaer, K., Cools, S., & Geenen, M. (2013). *Sport, een spel met grenzen. Omgaan met lichamelijk of seksueel grensoverschrijdend gedrag via het vlaggensysteem [Sport, a game with boundaries. Handling physical or sexual transgressive behaviour via the flag system]*. Gent: ICES.

Vlaamse overheid. (2007). Decreet Medisch en ethisch verantwoord sporten.

Vlaamse overheid. (2012). Overheidsopdracht "Verstrekken van expertise op het vlak van ethisch verantwoord sporten, met inbegrip van de problematiek aangaande integriteit, seksueel misbruik en geweld." Retrieved April 29, 2017, from https://cjsm.be/gezondsporten/themas/ethisch-sporten/ices/overheidsopdracht-2012-2014

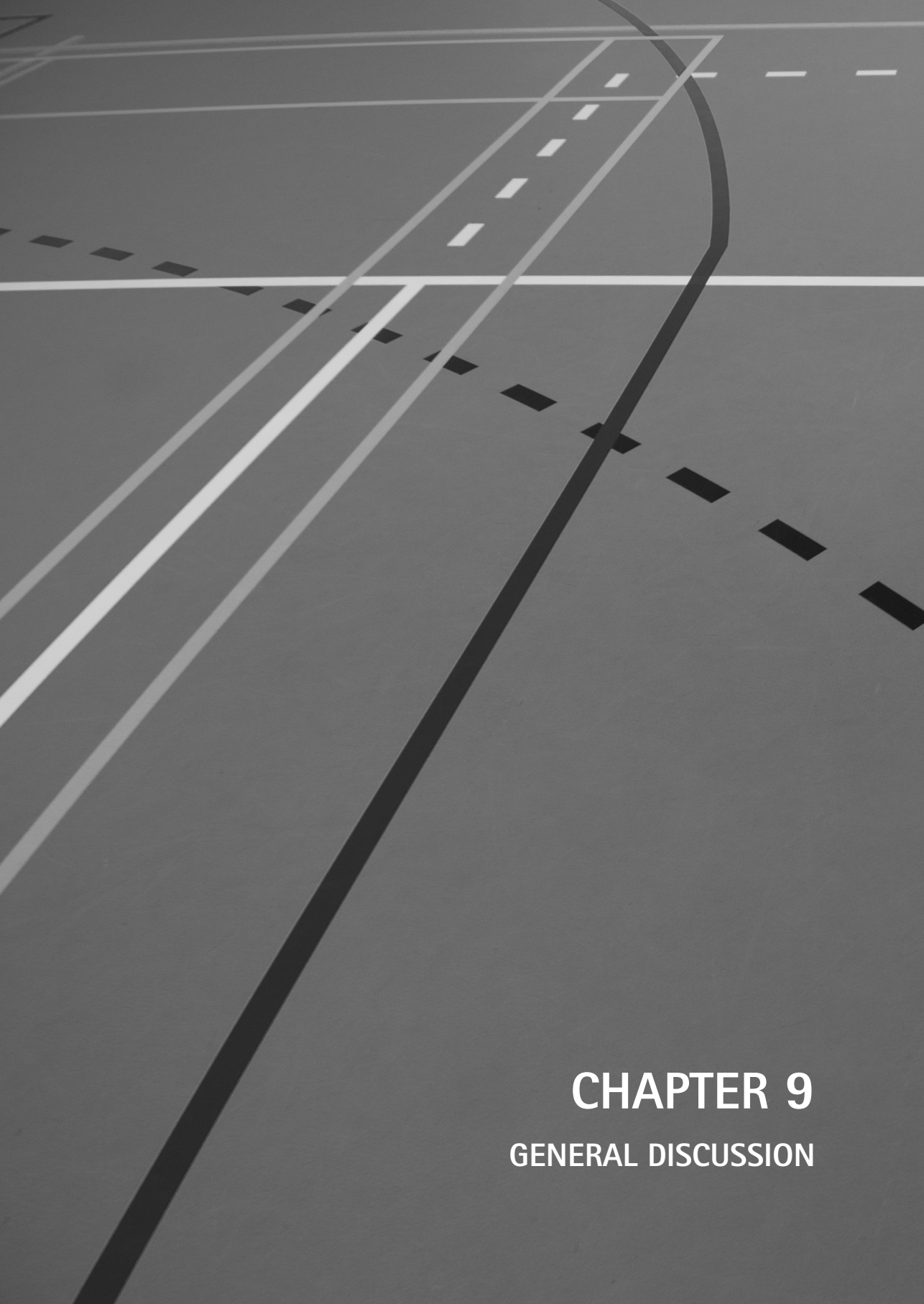
Vlaamse Overheid. Engagementsverklaring ter bescherming van de seksuele integriteit van de minderjarige in de sportsector [Declaration of commitment for the protection of minors' sexual integrity in the sports sector] (2012). Brussels, Belgium. Retrieved from http://www.cjsm.be/gezondsporten/sites/gezondsporten/files/public/20120229engagementsverklaringsportsector.pdf

Vlaamse Regering. (2008). Besluit van de Vlaamse Regering houdende wijziging van het besluit van de Vlaamse Regering van 31 mei 2002 tot vaststelling van de erkennings- en subsidiëringsvoorwaarden van de Vlaamse sportfederaties, de koepelorganisatie en de organisaties voor de spor. Retrieved from www.ejustice.just.fgov.be

Vlaamse Regering. (2013). *Voorontwerp van decreet inzake gezond en ethisch sporten [Preliminary draft decree on healthy and ethical sports]*. Brussels.

Vlaamse Sportraad. (2011). *Kindermisbruik in de sport*. Brussel. Retrieved from http://www.ethicsandsport.com/public/uploads/files/project_integriteit/verslag_vlaamse sportraad 12 juli 2011.pdf

Vertommen, T., Tolleneer, J., Maebe, G., & De Martelaer, K. (2015). Preventing child maltreatment and transgressive behaviour in Flemish sport. In M. Lang & M. J. Hartill (Eds.), *Safeguarding, Child Protection and Abuse in Sport: International Perspectives in Research, Policy and Practice* (pp. 31–39). London: Routledge.



CHAPTER 9

GENERAL DISCUSSION

1. Discussion of the main findings

The aim of this doctoral dissertation was to expand the current knowledge base on the prevalence, characteristics and the long-term impact of interpersonal violence (IV) against children in sport in the Netherlands and Flanders (Belgium). The secondary aim was to analyse the current status quo on the prevention of (primarily) sexual violence in Flemish sport. In this final chapter, I will discuss the main findings, the studies' limitations and research recommendations. Conclusively, the present state of affairs in Flemish prevention policy is reviewed for the purpose of pointing out key challenges and formulating recommendations.

1.1. Assessing IV against children in sport

As to the first focus, the prevalence and impact of IV against children in sport, the research questions were prompted by the deplorable dearth of reliable prevalence rates worldwide. The two main reasons for this lack of data are that, until recently, the phenomenon went largely undetected or unrecognised, and was, in a later stage, ignored in practice, policy making and research (Brackenridge, 2001; Mergaert, Arnaut, Vertommen, & Lang, 2016). Secondly, measuring its prevalence proved methodologically and ethically challenging due to the sensitive nature of the topic, the problem of underreporting and thus underestimation, and the incomparability of available statistics resulting from differences in definitions, sampling techniques, and study designs.

To gain a first insight into the characteristics of IV in sport, the study presented in **Chapter 2** analysed the cases of sexual harassment and abuse as reported to and documented by the Dutch NOC*NSF Helpline. At the same time, we need to appreciate that these data only represent the much cited tip of the iceberg. This means two things: first, the metaphor points to an unprecedented amount of unreported cases that thus remain undetected, and secondly, the characteristics of the reported cases may not be representative of those that go unreported.

In need of more reliable prevalence estimates on IV in sport, we opted for retrospective self-reports of adults who had participated in organised sport before the age of 18. As discussed in the study presented in **Chapter 3**, compared to any other source (police records, legal cases, sport organisation case report systems), self-reports always generate higher prevalence estimates. Asking people about their experiences in youth sport

may uncover all experiences and incidents that never get formally reported without excluding the cases that do get reported. There is, of course, the often-voiced concern that adult self-reports may lead to misrepresentations and false positive reports of childhood experiences. However, taking false positives, false negatives and memory bias into account, research shows that we can still expect an underestimation rather than an overestimation of the problem investigated (Hardt & Rutter, 2004).

1.2. Prevalence estimates in the Netherlands and Flanders

Our study reported on in **Chapter 4** showed the overall prevalence of self-reported psychological violence against children in sport to be 38%. Although the prevalence rates for physical (11%) and sexual (14%) violence are lower, together, the obtained results underline the existence of IV in Dutch and Flemish youth sport.

Comparison with Alexander et al.'s UK-based study (2011) showed that our results are substantially lower. The extremely low response rate (less than 1%) in their study is likely to have caused a bias in favour of respondents with IV experiences, explaining the high percentages. Due to their limited number and the differences in study designs, comparison with other international studies is not viable.

Prevalence estimates in the current study are found to be lower compared to those reported outside sport, including all other contexts (e.g., family, school, leisure activities, and public life), given that sport is only one of the contexts in which children can be victimised. With the exception of elite athletes, children spend more time at home and at school than playing sports, which equals more exposure time and more opportunities for abuse. Our estimate for physical violence in youth sport indeed is significantly lower than the rate recorded in general studies (11% vs 26%) (Stoltenborgh, Bakermans-Kranenburg, Alink, & van IJzendoorn, 2014). However, our results for psychological and sexual violence (38% and 14%, respectively) are in line with international, meta-analytic estimates (36 and 13%) (Stoltenborgh et al., 2014). One explanation for these unexpected high rates in sport might be the inclusive definition of psychological and sexual violence that used in this study. Contrary to most other IV studies that limited themselves to explicitly sexual (contact) offences, we included relatively milder incidents, even if occurring only once (e.g., 'you were being teased', 'you were shouted or cursed at', 'you were subject to sexist jokes', 'your privacy was invaded'). Furthermore, we operationalised the concept of IV into 41 items, also significantly more than found in

other studies. With this high number of items and multiple questions per item we may have covered more aspects of IV, eliciting more detailed information, which may have raised our prevalence estimates (Hamby & Koss, 2003; Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011).

Researchers' and policy makers' primary focus on sexual violence in sport has fuelled the suspicion that sexual violence is the most prevalent and most severe and devastating type of IV against children in sport. However, and in line with the general literature, we showed that psychological violence against children is the most common type of IV in sport settings, where most such experiences are generally classified as mild or moderate. The proportion of respondents reporting severe psychological violence (9%) in our study is comparable to the 8% we recorded for severe physical violence and the 6% for severe sexual violence. Moreover, there is a significant overlap in athletes experiencing two or even three types of IV in sport, pointing at a culture in which all types of IV can flourish. Knowing that the impact of psychological violence and neglect can be as detrimental as any other type of IV, the question remains why researchers still tend to focus on sexual and (to a lesser extent) physical violence against children. One reason may be that the concept of psychological violence is hard to define and capture as opposed to the clearer norms and values for unwanted physical and sexual behaviour towards children (Stoltenborgh et al., 2014). Still, given earlier and our results, the often greater attention to sexual violence, to the detriment of physical and psychological IV in sport, can no longer be justified.

1.3. Characteristics of victims and perpetrators

Based on the results of **Chapter 4**, IV is found to affect all groups of child athletes, at all levels and in all disciplines of sport. Some subgroups are overrepresented, indicating an elevated risk. The prevalence rates in immigrant, LGB and disabled athletes are significantly higher than those recorded for the other respondents in the sample. Among disabled athletes, prevalence estimates are remarkably high for all three types of IV, with ORs up to 3 for physical violence.

In sport, like in general society, an ethnic background, a non-heterosexual orientation and disability make children especially vulnerable to IV (Balsam, Rothblum, & Beauchaine, 2005; Hussey, Chang, & Kotch, 2006; Jones et al., 2012). Knowing that these children already have more difficulties accessing and staying engaged in sport (Calzo et al.,

2014; Haudenhuyse, Theeboom, Nols, & Coussée, 2014; Solish, Perry, & Minnes, 2010; Theeboom, Haudenhuyse, & De Knop, 2010), the notion that they are also the most likely to experience IV in this generally health- and social-skill promoting context is unacceptable.

With respect to gender, our results support the findings of Alexander et al. (2011) who, like us, found no significant gender-specific differences for psychological violence but did record higher rates for male-reported physical and female-reported sexual violence. This is in line with general studies. However, as sexual violence is a gendered process, there is a taboo for male victims to report such events, which may decrease the likelihood of them disclosing sexual victimisation especially in gendered settings like sport (Hartill, 2005). Public disclosures such as those by the England football players in November 2016 - where Andy Woodward shared his story of sexual abuse by his football coach, which led to hundreds of other male soccer players coming forward - can help lift this taboo and encourage more male athletes to report unwanted sexually oriented behaviours. Such actions may raise awareness in sport stakeholders at all levels and eventually help urge policy makers to act.

In accordance with several other studies (Gervis & Dunn, 2004; Leahy, Pretty, & Tenenbaum, 2002; Stirling & Kerr, 2007), we observed an increased risk of IV for children competing at the highest levels of sport. It is now generally accepted that elite athletes are at greater risk of IV because of their perception that they have most to lose by disclosure. Yet, many questions remain unanswered. It may well be, for instance, that child athletes who fall victim to IV at the community level may not progress to elite performance because they simply abandon their sports without ever filing a report with the sport organisation (or perhaps quit despite their having done so). Our analysis of Helpline cases (**Chapter 2**) showed that in the Netherlands a wide range of sports provides the backdrop for sexual violence. However, we cannot generalise the number of reported cases per sport into risk categories for sport disciplines. If for a particular sport more cases are reported to official channels, this does not mean that this sport presents a greater risk than others. Professionals in this field are aware that as soon as an organisation takes responsibility and puts sexual harassment and abuse on the agenda, the problem will be more openly discussed, with athletes becoming better informed to recognise their experiences as abusive and feeling better supported to officially disclose these. Accordingly, higher rates of reported violence may well indicate that, rather than being more susceptible to IV, the organisation is more responsive to

and supportive of victims. Only if self-report studies on representative samples from all sport disciplines become available, will we be able to draw definitive conclusions on prevalence differences among sports.

Taking a closer look at perpetrator characteristics, in the study presented in **Chapter 5** we found there is no typical offender profile for perpetrators of IV in sport, with all types of IV showing a diverse picture. While the bulk of information on perpetrators of violence in sport in Belgium and the Netherlands originates from media reports of severe cases of child sexual abuse perpetrated by adult male coaches, self-reports widen our perspective and bring nuances to this widespread notion of male coaches as the main culprits. Our study clearly demonstrated that most of the victims reported more than one perpetrator, who, moreover, were more often peer athletes rather than adults in a position of power. This trend is also observed in other studies (Alexander et al., 2011; Elendu & Umeakuka, 2011; Gündüz, Sunay, & Koz, 2007) and may be attributable to peer athletes spending most time together and having a close relationship. Indeed, peer-on-peer bullying formed a major part of the IV reported in our survey. In their study on peer aggression in Dutch sport, Baar and Wubbels (2011) speculate that the prevalence of aggressive behaviour among children might even be higher in sport clubs than it is in schools based on the assumption that it is more difficult for a child to gain and maintain a dominant social status in a context that is less structured and even reinforces aggressive behaviours, as is the case in many sport settings.

1.4. Associated mental health problems and quality of life in adulthood

The study described in **Chapter 6** substantiated that, as hypothesised, childhood experiences of severe IV in sport are likely to cause negative consequences well into adulthood. The results indicate that IV in sport has a significant negative impact on mental health, leading to more somatisation, depression, anxiety, and reduced quality of life (QOL). Even after controlling for demographic variables and other impactful factors, we found that the respondents who experienced severe IV when playing sport as a child reported more psychological distress and reduced QOL than those who had had no such experiences. No distinct differences for the three IV types were observed.

Our findings are consistent with those reported in general studies on adverse childhood experiences (Edwards, Holden, Felitti, & Anda, 2003; Li, D'Arcy, & Meng, 2016). 'Normalisation' of abusive behaviours in sport needs to be considered as a potentially

confounding factor. Several studies have pointed out that child athletes often think that what we now all consider to be emotionally and physically abusive coaching practices are key to their development and future success as an athlete and therefore a 'normal' part of sport (Pinheiro, Pimenta, Resende, & Malcolm, 2012; Stirling & Kerr, 2014). Thus, violent behaviours that would be deemed inappropriate or unacceptable outside sport, are normalised (Parent & Bannon, 2012). By comparing IV in and outside sport, we can expose its relative prevalence and impact.

Since some of the items in our questionnaire could arguably be classified as 'grey behaviour' (e.g., negatively criticises sport performance or body; invading privacy by standing too close), in our study (**Chapter 6**) we chose to focus on the impact of the most severe category of IV, comparing these experiences to all other reports (no, mild or moderate IV). This by no means implies that mild or moderate misconduct may not affect the young athlete's psychopathology and QOL in adult life; the later life impact of these events also merits further investigation.

As predicted based on earlier general child maltreatment studies (Felitti et al., 1998; Kessler et al., 2010), polyvictimisation in the sport context, i.e., exposure to more than one type of IV, also led to cumulative effects. These findings accordingly underline the importance of child protection and safeguarding policies and measures that target *all* integrity threats in sport. To date, the urgent need to provide services for victims, including structural support and counselling, has not been given the attention it deserves. Starting with acknowledging the personal narratives of athletes affected by IV in sport, such services then are the joint responsibility of the sport organisations and health-care practitioners.

Limitations

Several shortcomings need to be considered when interpreting the results of our various studies. Obvious limitations relate to the accuracy of the victim reports, whether they concern incidents reported at the time of occurrence or retrospectively reported experiences of childhood IV in sport. In the case of the incident reports of the NOC*NSF Helpline on which we based our study in **Chapter 2**, we solely relied on the interpretation of the counsellors recording and handling the incidents. The data hence merely reflect what gets reported and do not allow extrapolation to other populations or contexts or any definitive conclusions about the scale and nature of the problem in Dutch sports.

The retrospective survey on which we founded the studies described in **Chapters 4**, **5** and **6** has the risk of memory bias as outcomes tend to contain a substantial number of false negatives and measurement errors, whereas false positive reports are thought to be less probable (Hardt & Rutter, 2004). The presented prevalence estimates are then likely to be an underestimation of the actual prevalence of IV in Dutch and Flemish sport. Furthermore, with our survey on 'Interpersonal violence against children in sport' we did not evaluate all types of adverse interpersonal events. As the concept and manifestations of 'neglect' are not fully developed within the framework of organised sport, and assuming that the sport context is less likely to foster neglect than the family context, we decided to not include it in our questionnaire. For similar reasons, financial/economic and collective violence, child trafficking and intentional self-harm have not been included, which may mean that we missed victimisation in these respects.

Using an online sample implies that those groups that have no or sporadic access to the internet are underrepresented. Because there are no detailed demographic characteristics for all age groups or participation rates in youth sport between 1970 and 2010 (the time the respondents were engaged in sport) in either country, we are unable to demonstrate the representativeness of our sample. Nevertheless, I feel it was sufficiently large and diverse, with a balanced gender ratio and a wide variety in ages, education, sexual preference, ethnicity, marital status and number and level of sports played.

Rather than relying on verified profiles of convicted offenders, our perpetrator profiles presented in **Chapter 5** are exclusively based on the victims' retrospective accounts who were asked about the characteristics of the 'alleged' perpetrator(s). Although our large-scale survey provided us with detailed information, the profiles should still be interpreted with caution.

The self-report studies (**Chapter 4–6**) show a substantial overlap in the respondents' experiences of psychological, physical and sexual violence. Similarly, the analysis of the incidents reported to the helpline (**Chapter 2**) revealed a correlation between sexual and other types of IV. As we did not ask the respondents to guesstimate the time the incidents occurred, we lack information about their chronology or exposure time and hence cannot infer whether psychological harassment is the gateway to other non-accidental harm (Mountjoy et al., 2016).

When studying the impact of severe childhood IV on long-term mental health and QOL (**Chapter 6**), we did not consider the respondents' perceived severity of the incident(s) and its relation to current wellbeing, preventing us from making any conclusions about potential associations. Also, since we opted for the BSI-18 to survey psychological distress, mental health problems other than somatisation, depression and anxiety were not investigated.

There are inevitable limitations that derive from study-design choices. In our research (**Chapter 4–6**) we focused on the quantitative assessment of childhood experiences with IV in sport. This approach enabled us to estimate its prevalence but impeded us from qualitatively studying the individual stories of those affected. Moreover, we solely focused on childhood events. Due to their vulnerability, their dependency upon others and their incapability to understand or feel the difference between right and wrong, children are by default more at risk of violence than adults (David, 2004). This does not mean that adult athletes are immune to IV in sport.

An obvious limitation of some of the studies described in this dissertation is the absence of children's voices. Their perspectives surely warrant attention and hopefully this research has paved the way for such investigations.

2. Avenues for future research

Based on existing childhood adversity measures, the 'Interpersonal violence against children in sport' questionnaire we developed and presented in **Chapter 3** comprises a broad spectrum of behaviours likely to occur in sport settings. Our inventory also includes queries about victim, perpetrator and incident characteristics to provide as detailed a picture of the manifestations of IV as possible. The survey thus gauges behaviours and actors that are traditionally not considered in sport research. Also, the integration of socially accepted or normalized types of IV in sport (such as violence on the field) and less known types of IV in sport (e.g., physical, educational, emotional and social neglect) should be taken into consideration (Parent & Fortier, 2017; Stirling, 2009). Validation of the instrument, beyond face validity checks and a pilot study, was, however, not possible within the scope of this doctoral dissertation. The logical next step therefore is to have the questionnaire validated, including principal component analyses and an internal consistency analysis. A priori adjustments may include

questions on the chronology of incidents if respondents report more events of one or more types of IV to empirically test the 'emotional abuse as a gateway to sexual abuse' hypothesis (Mountjoy et al., 2016). In view of the scientific and clinical relevance of psychometrically strong measures, after review, the questionnaire can be translated into English to offer clinicians and researchers a wider choice of reliable instruments to retrospectively gauge IV in youth sport and facilitate international comparisons of research results (Roy & Perry, 2004). Replication studies in other countries will provide us a deeper insight into the nature and scope of the problem. The results we obtained may then serve as a reference point for further studies using similar study designs and definitions. Culturally sensitive adaptations are required before using the questionnaire in non-Western countries. Finally, if the questionnaire is embedded in IV-in-sport monitoring studies (preferably repeated every three years), this will allow us to examine the trend in self-reported incidents and, by inference, the effects of intervention and prevention strategies.

A systematic review of case information from police, legal, social and health services or the media will not only broaden our knowledge about the nature and impact of the incidents being described and victim and perpetrator characteristics but also provide us with information on current national reporting and complaint systems in organised sport (disciplinary law) and legal procedures and consequences. This will benefit the development of new and improvement of ineffective prevention policies.

Comparisons of national and international sport environments in which IV occurs will tell us more about potential cultural variability, risk factors, and differences in the dynamics and characteristics of the incidents reported. We currently lack evidence-based information on the overlap in and chronology of the various types of IV in sport. Both passive and aggressive bystander behaviour is a prevalent problem in IV in general but also in the context of sport (e.g., Kerr & Stirling, 2012; Leahy et al., 2002). A better understanding of both phenomena will enable us to draft targeted interventions and alter the behaviour (McCauley et al., 2013). The wider perspective, which looks at the positive aspects of sports, for instance in terms of the resilience of athletes and sport as a medium to prevent violence against children, is underexposed in research, policy and practice. Further scientific scrutiny of the beneficial effects of sports may encourage sport administrators to get more involved in both preventive and promotional strategies.

Our survey revealed that higher levels of psychopathology were found in victims of IV in sport, which is in line with general findings outside sport. The relationship with IV experiences outside sport offers a new direction of research that will provide valuable information on vulnerability and polyvictimisation. Besides investigating the direct non-clinical consequences for the victims, such as decreased motivation, sport performance and dropout, new sport-related research should look at potential associations between perceived severity and later-life problems, taking other psychological and psychosocial risk and protective factors into account. The impact of IV at the organisational level has not yet received much attention in research. Economic losses due to resignations, compensations, court cases, loss of sponsorships, as well as negative media coverage and drops in membership rates are only some of the consequences that are yet to be charted.

In future studies, we should not only rely on retrospective accounts of adults but also probe the experiences of young athletes and their views on the acceptability of IV in sport. By listening and learning from their narratives, we will come closer to understanding the dynamics of IV in sport and ultimately (more) fitting solutions.

3. Status quo of the prevention of sexual violence in Flemish sport

The empirical studies presented in the first part of this dissertation clearly indicate that IV is a prevalent problem in Dutch and Flemish youth sport. In the second part of this dissertation, I chose to focus on the Flemish approach to prevent sexual violence in sport. In **Chapters 7** and **8** we analysed the current situation in Flanders concerning the prevention of 'sexually transgressive behaviour in sport', the umbrella term of sexually harassing and abusive behaviours that is used in Flanders. Since the initiatives are all very new and have not been extensively documented, or information is not yet (made) available, only preliminary conclusions can be drawn. Nevertheless, it is possible to comment on the directions of current policies while challenges can be identified and recommendations for future actions made.

3.1. Prevention policies in Flemish sport

The prevention of sexual violence against child athletes is a rather new topic in Flemish sport policy. Offering a comprehensive but non-binding policy framework, the Flemish Minister of Sport employs a soft approach in which sport federations are stimulated to

take leadership on the issue. While the instruments proposed provide a broad spectrum approach to prevent and react to sexual violence, the current practices lack the vigour to effectively bring about drastic change in child protection in Flemish sport.

I will use the ecological model described and depicted in the introduction chapter to detect and discuss the strengths, challenges and missing measures or initiatives in current Flemish prevention policies.

3.1.1. Policies and initiatives at the individual and the relational level

At the individual level, prevention measures should primarily aim to protect child athletes at risk of falling victim to IV in the sport context. Up until today, there are no formal low-threshold contact persons or services available for child or (young) adult athletes who would like to share a concern, wish to ask for advice or need help. Like every other citizen and professional, a member of a sports organisation that has a question, complaint, suspicion or disclosure can contact '1712,' the Flemish general helpline for abuse and violence, but staff there may lack expertise on the specific context of sport. Moreover, even though the 1712 helpline is easily accessible both by phone and the internet, the threshold to report suspicions or incidents of IV to such a general service may be too high for young athletes, while, as alluded to above, victims and perpetrators may not receive the specialised care they need. At the organisation level, the idea of appointing local, low-threshold welfare rights officers ('aanspreekpersoon integriteit') is promising. Having an accessible, familiar contact person available who has a reactive as well as a proactive role in protecting children's safety at the local level, is a crucial step in the development of effective prevention policies (International Safeguarding Children in Sport Working Group, 2016). Unfortunately, to date training programmes and appointments have not been implemented.

On a positive note, all Flemish prevention tools currently available adopt a healthy approach to sexuality and the sexual development of children, emphasising the importance of the physical and sexual integrity of children. They help to empower young athletes without making them responsible for protecting their own integrity. Providing sport leaders with uniform criteria to assess physical and sexual behaviours towards and among athletes, one such tool called the Flag System enables them to tackle incidents of mild transgressive behaviour before they evolve into more serious offenses. Lifting the taboo on what are wanted and what unwanted (sexual) behaviours in sport, discussing the topic in a positive fashion and atmosphere, assisting sport leaders in the assessment

of these behaviours towards and among child athletes and offering them didactically sound, disciplinary and/or judiciary responses when boundaries are being or have been crossed will all contribute to the protection of the individual child athlete and any peers who may also be at risk.

Looking at the measures being taken to prevent potential perpetrators from working in sport, I found the absence of a mandatory criminal record check most striking. While other countries (e.g., Denmark and the United Kingdom) introduced the check as one of their first measures (Mergaert et al., 2016), the Flemish authorities are still reluctant to oblige sport federations to verify whether potential or active sport leaders have a criminal history. Arguments that a mandatory check would deter well-meaning potential sport leaders from applying and that the volunteer-driven sport organisations would be overloaded by the red tape involved are not convincing nor should they be decisive. Interestingly, discussing the potential benefits of this practice in general, experts from various fields (e.g., gender equality, child protection and welfare) clearly endorsed the need for such mandatory checks (Mergaert et al., 2016). The symbolic power of criminal record checks, signalling that the sport organisation is thoughtful about whom they allow to come into contact with their young members, cannot be underestimated. Of course, the check is limited in its reach in that only convicted offenders will be banned from sport. Even so, a background check and screening of previous work settings will ensure that sport organisations are better informed about leader applicants. It is clear that both the criminal record check and an incident report and record system are examples of measures that should be implemented top down and made mandatory after a preset period to foster willingness among sport administrators.

Until now, the main focus has been on the protection of children against the violent or abusive behaviours of adult sport coaches. However, ours and other recent studies (e.g., (Alexander et al., 2011) have shown that it is not the coaches that are the most common perpetrators of IV in sport but other adults within the sport environment and peer athletes. Because of this outdated notion, prevention and protection measures are mostly limited to behavioural codes for sport coaches. Instead, codes of conducts should target all stakeholders: peer and older athletes, coaching staff as well as other staff and members of the sports organisation. Considering that they have a close relationship with their athletes, are often seen as role models by their pupils and can detect early signs of unhealthy or harmful behaviour among team members, coaches can, far rather, play a crucial role in the prevention of IV in sport. If coach education programmes were

to contain training modules on athlete welfare, risk factors and the dynamics of IV, this would strengthen their position and help them to become active agents in safeguarding child and young adult athletes.

3.1.2. Policies and initiatives at the organisational level

The policy manual on handling sexual harassment and abuse in sport issued by the Flemish International Centre for Ethics in Sport (ICES) (Vandevivere et al., 2013) offers comprehensive and practical instruments that were developed in cooperation with experts in child protection and child sexual health. Using a positive approach to children's sexual development in sport, it provides an inclusive overview of policy measures at the quality, preventive and reactive levels. However, it has been challenging to convince stakeholders of the need of their implementation in their organisation up to this point in time.

Few Flemish sport federations have a dedicated complaints procedure in place, with related disciplinary regulations and sanctions, to handle complaints of (sexual) violence committed within club settings. This means that, besides the option of filing a complaint with the police and legal authorities, the athlete is left dangling about any disciplinary settlement. Fixed procedures to handle complaints and disclosures of IV in sport should be an integral part of the sport organisation's child protection and safeguarding policy for it to be effective. The absence of an incident report and monitoring system and thus an accurate database prevents both researchers and policy administrators from having detailed information about the particulars of actual incidents of IV and their perpetrators in Flemish sports.

ICES' customised policy toolbox aimed at protecting and safeguarding the sexual integrity of children in sport (Frans & De Bruycker, 2012) promotes networked learning (Vlaamse overheid, 2013) to enable sport organisations to exchange good practices. It is a good example of bottom-up reforms, which tend to be more effective when pursuing social change than a top-down approach. Starting from a broad definition of physical and sexual integrity, the instruments provided are also suitable for the prevention of other types of IV in sport, requiring only minor modifications. Although the first results are promising, robust evaluations of ongoing initiatives are urgently required.

Flemish policy-makers take their lead from international frameworks such as the IOC Consensus Statement on Harassment and Abuse in Sport (Mountjoy et al., 2016) and the European Commission Expert Group on Good Governance Recommendations on

the protection of young athletes and safeguarding children's rights in sport (European Commission Expert Group on Good Governance, 2016). Although many of the recommendations are in line with current Flemish policies, both documents go further in their recommendations in that they also urge sport organisations to monitor and evaluate their policies, to provide mandatory modules on child protection in all coach education programmes as well as to implement a criminal history check for professional sport leaders.

As to the sport federations' attitudes and actions currently being taken, we noted that some in the sport world still question whether it is the responsibility of sport organisations to educate young people on sexual behaviour or to 'solve other social problems' (Seghers, Scheerder, Boen, Thibaut, & Meganck, 2012, p. 86). What's more, the minister's leadership role in this topic has not been strong enough to bring about the desired changes in the sport federations' attitude in this regard. While the 2013 Decree on Ethical Sports is a crucial step towards inducing the sport world to take responsibility for athlete welfare in terms of developing and implementing child and adolescent protection and safeguarding policies, with the current soft approach the responsibility is mainly delegated to (volunteer) sport administrators that have many other priorities. This leaves ICES, a subsidised centre, with the difficult, imposed task to persuade sport organisations to invest time and effort in this topic without there being any formal requirement to do so, to provide crisis case support without them being equipped to do so, and to evaluate and expand the current initiatives in this field without having or being given the capacity to do so. It is quite feasible then that at this point sport stakeholders, many of whom are volunteers, are either unaware of (the need of) such initiatives or reluctant to take on the additional work required to implement them. While in 2014 we questioned whether the current non-binding approach would sufficiently motivate sport organisations to seriously take on the issue of preventing IV in sport (Vertommen, Tolleneer, Maebe, & De Martelaer, 2014), we can now, in 2017, safely say that it is not.

3.1.3. Policies and initiatives at the societal level

ICES, the Flemish sport organisations and civil society organisations (i.e., Child Focus and Sensoa) merit praise because with their collaboration they have made the implementation of the policies described above possible. As they lack expert knowledge

on IV and child protection measures, the sport authorities should foster such joint initiatives in and beyond sport. Sport will then continue to benefit from these and other collaborative efforts.

What this doctoral study has demonstrated is that raising awareness on the issue should still be given top priority. While actions being taken to combat other ethical breaches in sport (e.g., doping and match fixing) are rarely questioned, combatting IV in sport is often perceived as an attack on sport rather than a much-needed reform. Flemish sport authorities are not taking the lead here but rely on the Department of Welfare to address this sensitive topic. We identified significant variability in the efforts of sport federations that are mostly due to either the lack of dedicated staff or to differences in the personal engagement of the child welfare officers they have appointed.

When it comes to putting an end to sexual violence in society, a sociological approach may be more helpful than the current medico-legal discourse since the latter route minimises sexual violence by individualising and pathologising the behaviour, thereby diverting attention away from addressing its underlying social causes and links to hegemonic masculinity (**Chapter 2**). If sexual violence is viewed as a public health issue that requires primary prevention, investments in gender equality, fair play and children's rights in sport will inevitably foster its deterrence.

It is clear that, to date, there simply is not enough momentum in Flanders' sport world to create a stronger basis for structural support in detecting, settling and sanctioning cases of sexual violence in sport. It is very unlikely that more prevalence research will be the catalyst of a fundamental change in this respect. Unfortunately, it is more likely that another poignant personal testimony of sexual violence reported on in the popular media will urge those responsible to take stronger actions.

Note: In the course of finalising this dissertation (June 2017), the launch of an awareness-raising video clip on sexual violence in Flemish sport and new media disclosures of sexual abuse in judo have drawn public attention[17]. As a result, the Flemish Minister of Sport has emphasised that stronger (re)actions are needed and that prevention strategies should be stepped up. Subsequently, the Flemish parliament has

[17] For more info on video clip and the VOICE project, see: http://voicesfortruthanddignity.eu/be/

set up a special commission to investigate sexual harassment and abuse in sport. The commission's aims and plan of action, as well as the impact of these new developments, were not known at the time of writing.

3.2. Challenges and recommendations for Flemish sport policy-makers and administrators

Prevention of IV in sport lies at an intersection of political domains. The Departments of Sport, Youth, Welfare, Justice and Equal opportunities are all (in some measure) responsible, complicating a good overview of the current state of affairs. While the involvement of such a broad body creates the opportunity to develop a multi-sector and multi-agency approach, it may also hinder fluent and effective decision making.

There is no official reporting or registration system for IV against children in the sport context in Flanders. It is possible that some sport federations keep (ad hoc) track of cases being reported for internal grievance procedures. Information on sport-related cases having been reported to '1712,' the national (Flemish) helpline for violence and abuse, is not publically available. We hence do not have a clear overview of the incidents of IV in sport that do get reported. Stimulating sport federation officers and helpline counsellors to record all case information in detail while safeguarding the reporter's privacy will provide us with useful information with which we can create a greater sense of urgency to implement handling procedures.

The lack of a dedicated system to monitor and evaluate ongoing prevention initiatives is a major challenge. If we fail to evaluate, this will mean that programmes are operating without clear evidence of their applicability and effectiveness (Tomison, 2000). Clearly, sport authorities should (be able to) monitor their policies, evaluate whether they work, and if they do, why.

Sport organisations are reluctant to make the prevention of sexual violence against athletes a priority (Seghers et al., 2012), which reluctance may stem from a fear of change, a dread of more administrative procedures and bureaucracy, the sensitivity of the topic, or maybe even a fear of opening Pandora's box? The non-binding approach in the Ethical Decree gives sport federations the freedom not to tackle the issue. There is, of course, the difficulty of finding a good balance between convincing people in charge

and other stakeholders that this negligence poses a serious threat to the integrity of sport without scaring them unnecessarily, and, at the same time, emphasising the positive aspects of sport participation.

The major challenge then is to put the topic of child protection and safeguarding on the agendas of Flemish sport organisations and to keep it there. Learning from the Dutch example, we now know that having a sound prevention policy in place for a decade does not guarantee that sport actors at the grassroots level are aware of its existence and know how and when to use it (Serkei, Goes, & de Groot, 2012). While NOC*NSF, the leading sport organisation in the Netherlands, has taken ownership of the issue since the early 2000s and has continuously invested in renewing attention for the topic, still many sport administrators and coaches believe the problem does not exist in their sport organisation (Schipper-van Veldhoven, Vertommen, & Vloet, 2014). Persistent, recurrent efforts by athlete welfare advocates in research, policy and practice are required to make sure that the prevention of athletes in sport becomes structurally embedded in all sport organisations in Flanders.

"Lastly, and falling outside the mandate of sport organisations, awareness should be raised with (mental) health practitioners about the prevalence of IV in sport. The context of sport should be included in general adverse childhood experiences screening tools and increased vigilance is recommended when mentally vulnerable children participate in sport."

Below, I provide a shortlist of recommendations that can help sport organisations to improve their prevention strategies.

1. A broadly framed policy strategy aimed at the prevention of *all* integrity threats in sport is essential. Evidence shows that there is substantial overlap between the various types of IV perpetrated against athletes (**Chapter 4**). The ICES policy pyramid in which actions are taken at three different levels (**Chapter 7**) gives a comprehensive overview and provides sport organisations with user-friendly tools to start up the policy-making and implementation process. Actions are best implemented top down as well as bottom up. As our and previous studies point out, subgroups that are particularly vulnerable due to disability, ethnicity, sexual orientation and high performance level require special attention. Considering the prevalence of IV against children in general society, some young athletes will

have been victimised outside sport who are thus most at risk of (re-)experiencing IV in the sport setting as well. Using the beneficial and protective effects of sport, sport organisations can teach these children that protection within their club can continue outside sport. A policy vision aimed at improving the quality of interactions among all stakeholders as well as pro- and reactive measures will not only benefit the athletes but also the coaches and others involved in the sport organisation.

2. A contextualised monitoring and evaluation framework set up in collaboration with researchers will be helpful for sport organisations to monitor the use, implementation and effects of newly implemented initiatives as well as the feelings, attitudes, hesitations and objections in the people who are in charge of implementing the intervention. By finding out what works and what does not and why some approaches are effective and others not, individual organisations can adjust their strategies in a timely manner. Each approach and its effects can then significantly contribute to the wider evidence base.
3. Networks within and outside the sport sector are vital to acquire know-how and share experiences, practices, pitfalls and ideas. IV is a complex, multifaceted issue and, as the knowledge of (volunteering) sport administrators about legislations, regulations and psychological care is commonly limited, it is crucial to seek and exploit the expertise of experts on child protection outside sport. By building networks with other sport actors, both nationally and internationally, good practices can be exchanged, which can enhance an organisation's competence. European funding provides an excellent opportunity to link up with foreign organisations. Teaming up with specialists in child maltreatment, protection and safeguarding from outside the sport context will enable sport administrators to learn from the experiences of and effective approaches in other sectors and to translate relevant good practices into their specific contexts and thus improve their own approach to IV prevention.
4. Child protection and safeguarding should become common ground in Flemish sport, which can be achieved by:
    a. educating and training (aspiring) sport leaders on the prevalence, risk factors, dynamics, and impact of IV against child athletes;
    b. implementing a minimum set of mandatory measures in every sports organisation and linking this with a positive stimulus such as the promise of extra funding or a quality label;

c. setting up an ethical commission, an incident reporting system as well as a detailed complaint procedure, prescribed in the organisations' disciplinary law;
d. encouraging athletes to speak up about negative experiences in sport. Athletes can only be candid if they know that they will be heard and taken seriously. To promote reporting, it is crucial to create a local, low-threshold contact point with an expert back office as well as alternative communication channels, such as an online chat service to be developed in collaboration with children and young people. A viable but comprehensive data collection tool should be adopted or developed to support adequate service delivery as well as scientific research;
e. and, finally, there is an ongoing need for continued positively framed awareness-raising campaigns targeting different audiences and types of IV.

4. Epilogue

"The children must, at last, play in the open field, no longer tortured by the pangs of hunger or ravaged by disease or threatened with the scourge of ignorance, molestation and abuse, and no longer required to engage in deeds whose gravity exceeds the demands of their tender years."

Nelson Mandela, Nobel Prize address, 1993.

This doctoral dissertation has revealed a dark side of sport. Like all other settings in society, sport is not free from abuse and violence. Affecting all sports at all levels and in many different manifestations, IV against child athletes is a prevalent and complex problem in Dutch and Flemish organised sports? Child athletes may become targeted from many different sides, such as peers, coaches and other members of the sport entourage.

In general society, IV against children is the most important preventable cause of psychopathology, accounting for about 45% of the population attributable risk of childhood onset psychiatric disorders (Green et al., 2010). If we, as a society, choose to invest in sport because we see it as beneficial both from an individual and a societal

perspective, we should make sure that children can practice their sports in a safe environment. Creating strong prevention strategies, propagated by all stakeholders in sport, gives us the best guarantee of minimising the risk. Putting children's wellbeing first and all other interests second, should be the sole motto in sport.

Both in some international as well as national environments, there appears to be a forward momentum, to tackle the problem of IV in sport. We should continue our efforts, join forces with partners in- and outside sport worldwide, and use this momentum to take the next step forward in the protection and safeguarding of our young athletes. While the fight against violence will be never-ending, this should not deter us from doing everything we can to protect the next generation from being victimised. I sincerely hope that the research in this dissertation represents a small contribution to the big challenge of creating a safer sports climate for all children.

References

Alexander, K., Stafford, A., & Lewis, R. (2011). *The experiences of children participating in organised sport in the UK*. Edinburgh: Dunedin Academic Press.

Baar, P., & Wubbels, T. (2011). Machiavellianism in children in Dutch elementary schools and sports. *The Sport Psychologist*, *25*, 444–464. https://doi.org/10.1123/tsp.25.4.444

Balsam, K. F., Rothblum, E. D., & Beauchaine, T. P. (2005). Victimization over the life span: a comparison of lesbian, gay, bisexual, and heterosexual siblings. Journal of Consulting and Clinical Psychology, *73*(3), 477–487. http://doi.org/10.1037/0022-006X.73.3.477

Brackenridge, C. H. (2001). *Spoilsports: Understanding and preventing sexual exploitation in sport*. London: Routledge.

Calzo, J. P., Roberts, A. L., Corliss, H. L., Blood, E. A., Kroshus, E., & Austin, S. B. (2014). Physical activity disparities in heterosexual and sexual minority youth ages 12-22 years old: Roles of childhood gender nonconformity and athletic self-esteem. *Annals of Behavioral Medicine*, *47*(1), 17–27. http://doi.org/10.1007/s12160-013-9570-y

David, P. (2004). *Human Rights in Youth Sport: A critical review of children's rights in competitive sport*. London: Routledge.

Edwards, V. J., Holden, G. W., Felitti, V. J., & Anda, R. F. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: results from the adverse childhood experiences study. *Am J Psychiatry*, *160*(8), 1453–1460. http://doi.org/10.1176/appi.ajp.160.8.1453

Elendu, I. C., & Umeakuka, O. A. (2011). Perpetrators of sexual harassment experiences by athletes in southern Nigerian universities. *South African Journal for Research in Sport Physical Education and Recreation*, *33*(1), 53–63. http://doi.org/10.4314/sajrs.v33i1.65486

European Commission Expert Group on Good Governance. (2016). *Recommendations on the protection of young athletes and safeguarding children's rights in sport*. Brussels.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., … Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, *14*(4), 245–258. http://doi.org/10.1016/S0749-3797(98)00017-8

Frans, E., & De Bruycker, A. (2012). *Raamwerk Lichamelijke en Seksuele Integriteit en Beleid in de Sport. Kwaliteit, preventie en reactie in jouw sportorganisatie*. Brussel: Sensoa & Child Focus. Retrieved from http://www.seksuelevorming.be/projecten/raamwerk-seksualiteit-en-beleid

Gervis, M., & Dunn, N. (2004). The emotional abuse of elite child athletes by their coaches. *Child Abuse Review*, *13*, 215–223. http://doi.org/10.1002/car.843

Green, J. G., McLaughlin, K. A., Berglund, P. A., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2010). Childhood adversities and adult psychiatric disorders in the national comorbidity survey replication I: associations with first onset of DSM-IV disorders. *Archives of General Psychiatry*, *67*(2), 113–23. http://doi.org/10.1001/archgenpsychiatry.2009.186

Gündüz, N., Sunay, H., & Koz, M. (2007). Incidents of sexual harassment in Turkey on elite sportswomen. *The Sport Journal*, (10), 1–10. Retrieved from http://thesportjournal.org/article/incidents-of-sexual-harassment-in-turkey-on-elite-sportswomen/

Hamby, S. L., & Koss, M. P. (2003). Shades of gray: A qualitative study of terms used in the measurement of sexual victimization. *Psychology of Women Quarterly*, *27*(3), 243–255. http://doi.org/10.1111/1471-6402.00104

Hardt, J., & Rutter, M. (2004). Validity of adult retrospective reports of adverse childhood experiences: Review of the evidence. *Journal of Child Psychology and Psychiatry*, *45*(2), 260–273. http://doi.org/10.1111/j.1469-7610.2004.00218.x

Hartill, M. J. (2005). Sport and the sexually abused male child. S*port Education and Society*, *10*(3), 287–304. http://doi.org/10.1080/13573320500254869

Haudenhuyse, R., Theeboom, M., Nols, Z., & Coussée, F. (2014). Socially vulnerable young people in Flemish sports clubs: investigating youth experiences. *European Physical Education Review*, *20*(2), 179–198. http://doi.org/10.1177/1356336X13508686

Hussey, J. M., Chang, J. J., & Kotch, J. B. (2006). Child maltreatment in the United States: prevalence, risk factors, and adolescent health consequences. *Pediatrics*, *118*(3), 933–942. http://doi.org/10.1542/peds.2005-2452

International Safeguarding Children in Sport Working Group. (2016). International Safeguards for Children in Sport. Retrieved July 10, 2017, from https://www.unicef.org.uk/sport-for-development/safeguarding-in-sport/

Jones, L., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, L., … Officer, A. (2012). Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *Lancet*, *380*(9845), 899–907. http://doi.org/10.1016/S0140-6736(12)60692-8

Kerr, G. A., & Stirling, A. E. (2012). Parents' Reflections on their Child's Experiences of Emotionally Abusive Coaching Practices. *Journal of Applied Sport Psychology*, *24*(2), 191–206.

Kessler, R. C., McLaughlin, K. A., Green, J. G., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., … Angermeyer, M. (2010). Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. *The British Journal of Psychiatry*, *197*(5), 378–385. http://doi.org/10.1192/bjp.bp.110.080499

Leahy, T., Pretty, G., & Tenenbaum, G. (2002). Prevalence of sexual abuse in organised competitive sport in Australia. *Journal of Sexual Aggression*, *8*(2), 16–36.

Li, M., D'Arcy, C., & Meng, X. (2016). Maltreatment in childhood substantially increases the risk of adult depression and anxiety in prospective cohort studies: systematic review, meta-analysis, and proportional attributable fractions. *Psychological Medicine*, *46*, 717–730. http://doi.org/10.1017/S0033291715002743

McCauley, H. L., Tancredi, D. J., Silverman, J. G., Decker, M. R., Austin, S. B., McCormick, M. C., … Miller, E. (2013). Gender-equitable attitudes, bystander behavior, and recent abuse perpetration against heterosexual dating partners of male high school athletes. *American Journal of Public Health*, *103*(10), 1882–7. http://doi.org/10.2105/AJPH.2013.301443

Mergaert, L., Arnaut, C., Vertommen, T., & Lang, M. (2016). *Study on gender-based violence in sport*. Brussels: European Commission.

Mountjoy, M., Brackenridge, C. H., Arrington, M., Blauwet, C., Carska-Sheppard, A., Fasting, K., … Budgett, R. (2016). The IOC Consensus Statement: Harassment and abuse (non-accidental violence) in sport. *British Journal of Sports Medicine*, *50*, 1019–1029. http://doi.org/10.1136/bjsports-2016-096121

Parent, S., & Bannon, J. (2012). Sexual abuse in sport: What about boys? *Child Youth Services Review*, *34*, 354–359. http://doi.org/10.1016/j.childyouth.2011.11.004

Parent, S., & Fortier, K. (2017). Prevalence of interpersonal violence against athletes in the sport context. *Current Opinion in Psychology*, *16*(16), 165–169. http://doi.org/10.1016/j.copsyc.2017.05.012

Pinheiro, M. C., Pimenta, N., Resende, R., & Malcolm, D. (2012). Gymnastics and child abuse: an analysis of former international Portuguese female artistic gymnasts. *Sport, Education and Society*, *19*(4), 435–450. http://doi.org/10.1080/13573322.2012.679730

Roy, C. A., & Perry, J. C. (2004). Instruments for the assessment of childhood trauma in adults. *The Journal of Nervous and Mental Disease*, *192*(5), 343–351. http://doi.org/10.1097/01.nmd.0000126701.23121.fa

Schipper-van Veldhoven, N., Vertommen, T., & Vloet, L. (2015). Sexual Intimidation in Sport: the Netherlands. In M. Lang & M. Hartill (Eds.), S*afeguarding, Child Protection and Abuse in Sport: International Perspectives in Research, Policy and Practice*. London: Routledge.

Seghers, J., Scheerder, J., Boen, F., Thibaut, E., & Meganck, J. (2012). *Medisch en ethisch verantwoord sporten. Het promoten van fysiek, psychisch en sociaal welbevinden van jongeren in Vlaamse sportclubs*. (J. Scheerder, Ed.) *Beleid & Management in Sport*. Leuven: Katholieke Universiteit Leuven.

Serkei, B., Goes, A., & de Groot, N. (2012). *Van blind vertrouwen naar verantwoord beleid. Bruikbaarheid en effectiviteit van beleidsinstrumenten seksuele intimidatie NOC*NSF [From blind trust to responsible policy. Usefulness and effectiveness of NOC*NSF sexual harassment policy instruments]*. Utrecht: MOVISIE.

Solish, A., Perry, A., & Minnes, P. (2010). Participation of children with and without disabilities in social, recreational and leisure activities. *Journal of Applied Research in Intellectual Disabilities*, *23*(3), 226–236. http://doi.org/10.1111/j.1468-3148.2009.00525.x

Stirling, A. E. (2009). Definition and constituents of maltreatment in sport: establishing a conceptual framework for research practitioners. *British Journal of Sports Medicine*, *43*(14), 1091–1099. http://doi.org/10.1136/bjsm.2008.051433

Stirling, A. E., & Kerr, G. (2007). Elite female swimmers' experiences of emotional abuse across time. *Journal of Emotional Abuse*, *7*(4), 89–113.

Stirling, A. E., & Kerr, G. (2014). Initiating and Sustaining Emotional Abuse in the Coach–Athlete Relationship: An Ecological Transactional Model of Vulnerability. Journal of Aggression, *Maltreatment & Trauma*, *23*(2), 116–135. http://doi.org/10.1080/10926771.2014.872747

Stoltenborgh, M., Bakermans-Kranenburg, M. J., Alink, L. R. A., & van IJzendoorn, M. H. (2014). The Prevalence of Child Maltreatment across the Globe: Review of a Series of Meta-Analyses. *Child Abuse Review*, *24*(1), 37–50. http://doi.org/10.1002/car.2353

Stoltenborgh, M., van IJzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment*, *16*(2), 79–101.

Theeboom, M., Haudenhuyse, R., & De Knop, P. (2010). Community sports development for socially deprived groups: a wider role for the commercial sports sector? A look at the Flemish situation. *Sport in Society: Cultures, Commerce, Media, Politics*, *13*(9), 1392–1410. http://doi.org/10.1080/17430437.2010.510677

Tomison, A. M. (2000). *Evaluating child abuse prevention programs. Issues in Child Abuse Prevention* (Vol. 12). National Child Protection Clearinghouse. Australian Institute of Family Studies.

Vandevivere, L., Cools, S., Vandenhoudt, J., Frans, E., Vertommen, T., De Martelaer, K., … De Bruycker, A. (2013). Lichamelijke en seksuele integriteit. Handleiding voor sportclubs. [Physical and sexual integrity. Manual for sport clubs]. Retrieved from http://www.ethicsandsport.com/nl/x/432/handleiding

Vertommen, T., Tolleneer, J., Maebe, G., & De Martelaer, K. (2014). Preventing child maltreatment and transgressive behaviour in Flemish sport. In *Safeguarding, Child Protection and Abuse in Sport: International Perspectives in Research, Policy and Practice* (pp. 31–39). London: Routledge.

Vlaamse overheid. (2013). Decreet inzake gezond en ethisch sporten. Retrieved May 1, 2017, from https://cjsm.be/gezondsporten/sites/gezondsporten/files/public/131220_decreet_gezond_ethisch_sporten_gecoordineerd.pdf

APPENDICES

QUESTIONNAIRE INTERPERSONAL VIOLENCE AGAINST CHILDREN IN SPORT AND SEVERITY INDEX

VRAGENLIJST GRENSOVERSCHRIJDEND GEDRAG TEN AANZIEN VAN KINDEREN IN DE SPORT EN ERNSTCLASSIFICATIE

English rendering of the Interpersonal Violence in Sport (IViS) Questionnaire and the severity classification per item

		Severity index: expert-rated severity + self-rated frequency		
		Once	A few times	Regularly/ Often
Psychological Violence				
1	You were being teased	1	1	2
2	You were being bullied	1	2	3
3	You were put down, embarrassed or humiliated	1	2	3
4	You were shouted or cursed at	1	1	2
5	You were negatively criticized about your appearance or weight	1	2	3
6	You were negatively criticized about your performance	1	1	2
7	You were called names or otherwise offended	1	2	3
8	You were ignored such that it made you feel bad	1	2	3
9	You were criticized or threatened because you did not want to participate in training sessions or matches/competitions	1	2	3
10	People were gossiping or telling lies about you	1	2	3
11	Your belongings were damaged or stolen to humiliate or scare you	1	2	3
12	You were threatened with being thrown out (of the team, club, gym, etc.)	1	2	3
13	You were physically threatened, but not actually attacked	1	2	3
14	You were pressured into / forced to start taking substances to lose weight or enhance your performance	1	2	3

English rendering of the Interpersonal Violence in Sport (IViS) Questionnaire and the severity classification per item • continuation

		Severity index: expert-rated severity + self-rated frequency		
		Once	A few times	Regularly/ Often
Physical Violence				
1	You were forced to go on training / playing / competing while you were injured or exhausted	1	2	3
2	You were shaken	1	2	3
3	Objects were being thrown at you	3	3	3
4	You were held / restrained forcefully	3	3	3
5	You were slapped / hit with an open hand	3	3	3
6	You were punched / hit with a fist	3	3	3
7	You were hit with an object (e.g., shoe, racket, hockey stick)	3	3	3
8	You were forced to the ground / knocked down	3	3	3
9	You were grabbed by the throat / choked	3	3	3
10	You were beaten up	3	3	3

English rendering of the Interpersonal Violence in Sport (IViS) Questionnaire and the severity classification per item • continuation

		Severity index: expert-rated severity + self-rated frequency		
		Once	A few times	Regularly/ Often
Sexual Violence				
1	You were the subject / victim of sexist jokes	1	2	3
2	You were whistled or yelled at in a sexist way	1	2	3
3	You were the subject / victim of sexual remarks about your body and looks	1	2	3
4	You were looked at with an intrusive sexual glance	1	2	3
5	Your privacy was invaded (someone was standing too close to you, etc.)	1	1	2
6	There was physical contact that made you uneasy / feel uncomfortable	1	2	3
7	You were being touched during training in a way that made you uneasy / feel uncomfortable	1	2	3
8	You were being rubbed or massaged in a way that made you uneasy / feel uncomfortable	1	2	3
9	You were asked to be alone with someone which made you uneasy / feel uncomfortable	1	2	3
10	You received calls, notes, emails, texts, photos or clips (possibly on your mobile / the internet) that had a sexual connotation or were sexually explicit	1	2	3
11	You received calls, notes, emails, texts, photos or clips (possibly on your mobile / the internet) that featured you in a compromising or sexually explicit pose or situation	3	3	3
12	You were forced to kiss someone / made to kiss someone against your will	3	3	3
13	You were asked to undress, assume a sexually explicit pose or perform sexual acts in the presence of someone (with/without camera) or via social media	3	3	3
14	Someone exposed him/herself to you (in your presence of via social media)	3	3	3
15	Someone touched you sexually against your will	3	3	3
16	Someone tried to have sex with you against your will	3	3	3
17	You were forced to have sex with penetration (oral, vaginal or anal)	3	3	3

Vragenlijst Grensoverschrijdend gedrag ten aanzien van kinderen in de sport en ernstclassificatie

		Ernst index: expertbeoordeling van ernst en zelfgerapporteerde frequentie		
		Eén keer	Een aantal keer	Regelmatig/ Vaak
Psychisch Geweld				
1	Je werd geplaagd of in verlegenheid gebracht	1	1	2
2	Je werd gepest	1	2	3
3	Je werd gekleineerd of vernederd	1	2	3
4	Er werd tegen je geschreeuwd of gevloekt	1	1	2
5	Je werd negatief bekritiseerd over je uiterlijk of gewicht	1	2	3
6	Je werd negatief bekritiseerd over je sportieve prestaties	1	1	2
7	Je werd uitgescholden of beledigd	1	2	3
8	Je werd genegeerd waardoor je je rot / slecht ging voelen	1	2	3
9	Je werd bedreigd omdat je niet wilde meedoen aan trainingen of wedstrijden	1	2	3
10	Er werden roddels of leugens over jou verspreid	1	2	3
11	Je spullen werden beschadigd of gestolen om je te vernederen of bang te maken	1	2	3
12	Er werd gedreigd dat je uit het team / de sportclub / het fitnesscentrum (etc.) zou worden gezet	1	2	3
13	Je werd fysiek bedreigd, maar niet werkelijk geslagen	1	2	3
14	Er werd druk op je uitgeoefend om middelen te gaan gebruiken, om af te vallen of om je prestaties te verbeteren	1	2	3

Vragenlijst Grensoverschrijdend gedrag ten aanzien van kinderen in de sport en ernstclassificatie • vervolg

		Ernst index: expertbeoordeling van ernst en zelfgerapporteerde frequentie		
		Eén keer	Een aantal keer	Regelmatig/ Vaak
Fysiek geweld				
1	Je werd gedwongen om (door) te trainen / spelen terwijl je geblesseerd of uitgeput was	1	2	3
2	Je werd door elkaar geschud	1	2	3
3	Je werd met iets bekogeld / men gooide een voorwerp naar je toe	3	3	3
4	Je werd met geweld in bedwang gehouden	3	3	3
5	Je werd met de vlakke hand geslagen	3	3	3
6	Je werd gestompt (met de vuist)	3	3	3
7	Je werd opzettelijk geslagen met een voorwerp (bv. voetbalschoen, handdoek, racket, hockeystick)	3	3	3
8	Je werd neergeslagen / tegen de grond gewerkt	3	3	3
9	Je werd bij de keel gegrepen / Je keel werd dichtgeknepen	3	3	3
10	Je werd in elkaar geslagen	3	3	3

Vragenlijst Grensoverschrijdend gedrag ten aanzien van kinderen in de sport en ernstclassificatie • vervolg

		Ernst index: expertbeoordeling van ernst en zelfgerapporteerde frequentie		
		Eén keer	Een aantal keer	Regelmatig/ Vaak
Seksueel geweld				
1	Je was het onderwerp / slachtoffer van seksistische grappen of opmerkingen	1	2	3
2	Je werd nagefloten of nageroepen	1	2	3
3	Je werd met een opdringerige (seksuele) blik bekeken	1	2	3
4	Er werden seksueel getinte opmerkingen over je uiterlijk en dergelijke gemaakt	1	2	3
5	Er werd inbreuk gemaakt op je privacy (denk bijv. aan iemand die te dicht bij je kwam staan, iemand die ongevraagd binnenkwam in de kleedkamer)	1	1	2
6	Je werd tijdens het sporten aangeraakt op een manier die je ongemakkelijk deed voelen (bv. tijdens een instructie)	1	2	3
7	Je werd buiten het sporten aangeraakt op een manier die je ongemakkelijk deed voelen (bv. een knuffel na een wedstrijd)	1	2	3
8	Men wreef of masseerde je op een manier die je ongemakkelijk deed voelen	1	2	3
9	Je werd gevraagd om alleen met iemand te zijn waardoor je je ongemakkelijk voelde	1	2	3
10	Je ontving ongewenst seksuele telefoontjes, kaartjes, briefjes, e-mails, sms'jes, foto's, filmpjes (ook via mobiel / GSM, op internet)	1	2	3
11	Je ontving ongewenst seksuele foto's, filmpjes, al dan niet via internet, waarop je zelf te zien / horen was	3	3	3
12	Iemand dwong je hem/haar te zoenen, terwijl je dat niet wilde	3	3	3

Vragenlijst Grensoverschrijdend gedrag ten aanzien van kinderen in de sport en ernstclassificatie • vervolg

		Ernst index: expertbeoordeling van ernst en zelfgerapporteerde frequentie		
		Eén keer	Een aantal keer	Regelmatig/ Vaak
13	Je werd tegen je zin gevraagd om je uit te kleden, poses aan te nemen of seksuele handelingen te verrichten in aanwezigheid van iemand (met / zonder camera) of via de sociale media	3	3	3
14	Iemand toonde je zijn / haar geslachtsdelen (in jouw aanwezigheid of via internet), terwijl je dat niet wilde	3	3	3
15	Iemand heeft je seksueel betast terwijl je dat niet wilde	3	3	3
16	Iemand probeerde seks met je te hebben terwijl je dat niet wilde	3	3	3
17	Iemand dwong je tot seks waarbij sprake was van penetratie (oraal, vaginaal of anaal)	3	3	3

SUMMARY

SAMENVATTING

DANKWOORD

CURRICULUM VITAE

SUMMARY

Children worldwide are confronted with interpersonal violence (IV) on a daily basis. They encounter violence in children's books, cartoons, on television and in the media or, more personally, in social media, at home, at school, in church or on the streets, with the acts being perpetrated by parents, relatives, other adults in a position of power, peers or strangers. Encompassing physical, psychological and sexual violence, the full range and scale of IV against children has only recently become visible, as has the evidence of the harm it can do.

As is described in **Chapter 1**, IV in sport is an understudied phenomenon. Indeed, traditionally viewed as a social good, you are not expected to dwell on the negative sides of sport. However, competitive sports are characterised by unique structures and cultures that are infused with a high tolerance of random incidents of physical violence and injuries (all considered part and parcel of the "rough and tumble" of the game) and asymmetrical power relationships between coaches and athletes and authoritarian leadership. Together with the male-dominated gender ratio, the often-required physical contact and the reward structures, these conditions contribute to a climate that is conducive to IV against (child) athletes. Still, very few people associate sports with IV. As it is one of the responsibilities of leaders in organised sport to create a safe environment especially for the younger athletes, a better understanding of the nature and frequency of IV in youth sport is essential.

The main aim of this doctoral dissertation was to expand our knowledge on the prevalence, victim and perpetrator characteristics and the long-term impact of IV against children in organised sport in the Netherlands and Flanders (Belgium).

To gain a first insight into some of the characteristics of IV in sport, the study presented in **Chapter 2** analysed the cases of sexual harassment and abuse reported to and documented by the Dutch Netherlands Olympic Committee and Netherlands Sports Confederation (NOC*NSF) Helpline. These records revealed 323 separate incidents for the period between 2001 and 2010. Whilst far from unexpected, the most striking finding was that 92% of the alleged perpetrators were male, older than the victim and occupying a position of trust and responsibility in relation to the victim, most often in the role of coach. Three-quarters of the victims were under the age of 20. Although a

third of the cases concerned male victims, the greater majority involved female victims. Given that underreporting is common for sexual abuse and official data sources thus underrepresent its scale, combined with the relatively limited awareness of the problem within sports communities, we can assume that these rates represent only a small fraction of the total number of incidents.

In preparation of our upcoming prevalence research, **Chapter 3** discusses the various sources from which reliable information on IV against children can be gathered. Compared to police records, legal cases and sport organisation case report systems, self-reports always generate higher prevalence estimates, which is why we opted for a retrospective survey among adults who had participated in organised sport before the age of 18 to uncover all the experiences with and incidents of IV that never get formally reported without excluding the cases that do get reported. There is, of course, the often-voiced concern that retrospective self-reports lead to misrepresentations and false positive reports of childhood experiences. However, taking false positives, false negatives and memory bias into account, research has shown that we can still expect an underestimation rather than an overestimation of the problem investigated.

Chapter 4 reports on the first large-scale prevalence survey of IV against children in sport in the Netherlands and Flanders. Using an online questionnaire specifically developed for the study, we surveyed 4,043 adults pre-screened on having participated in organised sport before the age of 18 with respect to their experiences with childhood psychological, physical and sexual violence while playing sports. Having a balanced gender ratio and respondents with a wide range of socio-demographic characteristics, our general population sample appeared sufficiently large for firm conclusions to be drawn. The survey showed that 38% of the respondents had had experiences with psychological violence, 11% with physical and 14% with sexual violence, with significantly more of the experiences and incidents being reported by respondents with an ethnic-minority or lesbian/gay/bisexual background or a disability and respondents competing at the international level.

In **Chapter 5** we investigate the perpetrator characteristics as reported retrospectively by the victim-respondents in our prevalence study. Having derived the number and individual descriptive characteristics (sex, age, and role in the sport organization) of the alleged perpetrators of psychological, physical and sexual violence, we clustered the data to thus arrive at the most common perpetrator profiles. We observed that in all three

types of IV, the perpetrators were predominantly male peer athletes who frequently operated together in (impromptu) groups. As to the differences between the three IV types, we would like to highlight that, while acts of physical violence perpetrated by coaches tended to be less severe than those committed by other perpetrators, the acts of sexual violence committed by a coach were significantly more severe. The presented findings shed new light on the most common perpetrators of IV in sport, modifying the predominant belief of the male coach as the main perpetrator. The new, nuanced information can be utilised to improve prevention and child protection measures and other safeguarding initiatives in sport.

The study in **Chapter 6** aimed to determine whether severe IV in youth sport is associated with mental health problems and lower quality of life in adulthood. Using the same general population sample (N=4,043), depression, anxiety and somatisation were assessed with the Brief Symptom Inventory (BSI-18) and quality of life (QOL) with the World Health Organisation Quality of Life questionnaire (WHOQOL-Brèf). The impact of severe IV in sport was investigated while controlling for demographics, disability, sexual orientation, recent life events and family history of psychological problems. Severe sexual, physical and psychological childhood experiences in sport were found to be associated with more adult psychological distress and reduced QOL, with the number of IV subtypes positively correlating with impact severity. Recent stressful life events, a family history of psychological problems, marital status, and level of education were significant covariates in the psychological symptoms assessed and QOL. Severe IV in youth sport hence is significantly associated with mental health and QOL in adulthood, with polyvictimisation leading to more severe outcomes.

The world of sport has been very slow in recognising and acknowledging the dark side of sports, showing itself reluctant to let go of the adage that "sport is good, fun and healthy." Prompted by the disclosure of some high-profile cases of child abuse in (elite) sport and supportive scientific prevalence data published in the last two decades, sports authorities could no longer deny the excesses that take place. Over the past decade, the international sport agenda on the prevention of IV has been strengthened by various general policy recommendations. Despite the growing body of literature and recent research initiatives, hardly any policy and prevention research has been conducted to guide the policy implementation process. The research described in the second part of this dissertation focuses on what is currently being done and what should be done to prevent sexual violence against child athletes in Flanders.

It took the disclosures of widespread sexual abuse in the Catholic Church in Belgium in 2010 for pressure to mount to such a level that sport authorities began to act. Based on little empirical evidence of IV against children in sport, Flemish sport authorities developed a broad policy framework to address unwanted sexual behaviours in sport. **Chapter 7** gives an overview of existing research and the policy developments on the issue in Flanders.

Chapter 8 investigates the feasibility of the so-called Flag System to translate policy recommendations into practical strategies for Flemish sport practice. The Flag System is a didactic tool created to assist sport stakeholders in the assessment of sexual behaviour involving children. The system is in the process of being implemented in Flanders and preliminary findings suggest a high level of feasibility at all levels of organised sports. Demonstrating that a number of inhibiting forces have effectively been reduced, our analysis of the process of planned change indicates that the Flag System has potential in bridging the gap between policy and practice and, with some modifications to allow for national and cultural differences, may also be suitable for implementation in other countries across the world.

This doctoral dissertation focused on the darker sides of sport, underscoring that, similar to all other settings in society, sport is not free from abuse and violence. Affecting all sports at all levels and in many different manifestations, interpersonal violence against child athletes is a prevalent and complex problem in Dutch and Flemish organised sports, without one typical victim or perpetrator profile.

Besides summarising the results of the research described in this dissertation and discussing the main findings in a wider context, **Chapter 9** also provides recommendations to help advance the prevention of IV in organised sports in Flanders. In some national and international environments there appears to be a forward momentum to tackle the problem of IV in sport. Governments and sport authorities should continue their efforts, join forces with partners in- and outside sport across the world and use this momentum to take the next step forward in the protection and safeguarding of our young athletes, supported by research to help develop and improve strategies and monitor their effectiveness. While the fight against violence will be never-ending, this should not deter us from doing everything we can to provide a safe and sound sport climate for our children.

SAMENVATTING

Elke dag worden er kinderen geconfronteerd met geweld. Ze worden blootgesteld aan geweld in kinderboeken, stripverhalen, op televisie en in de media, of op persoonlijk vlak, via sociale media, thuis, op school, in de kerk, jeugdbeweging of in de sportclub. Het geweld wordt gepleegd door ouders, familieleden, andere volwassenen in een machtspositie, leeftijdsgenoten of onbekenden. De volledige reikwijdte van grensoverschrijdend gedrag, dat psychische, fysieke en seksuele vormen kan aannemen, is echter nog maar recent zichtbaar geworden, net als de schade die het kan aanrichten.

In **Hoofdstuk 1** van deze doctoraatsthesis wordt vastgesteld dat geweld en grensoverschrijdend gedrag ten aanzien van kinderen in de sport een onderbelicht onderzoeksveld is. Traditioneel wordt sport inderdaad gezien als een moreel en sociaal goed, waardoor men niet geneigd is de negatieve kanten te belichten. Toch kent competitiesport een aantal eigenschappen die een vruchtbaar klimaat voor grensoverschrijdend gedrag kunnen scheppen: een hoge tolerantie voor fysiek geweld waarbij men er vanuit gaat dat het bij de sport hoort, een onevenwichtige machtsrelatie tussen coach en sporters en een vaak autoritaire leiderschapsstijl. Daarnaast is de sportwereld een door mannen gedomineerde wereld, heerst er een beloningsstructuur en is er vaak fysiek contact. Toch is men vaak nog verbaasd wanneer sport in verband wordt gebracht met grensoverschrijdend gedrag. Aangezien het de verantwoordelijkheid van de sportwereld is om een veilige sportomgeving te creëren, is het van essentieel belang om grensoverschrijdend gedrag in de sport te begrijpen en in te schatten hoe vaak het voorkomt.

De voornaamste doelstelling van dit doctoraatsonderzoek is om onze kennis uit te breiden over de prevalentie, slachtoffer- en plegerkenmerken en de impact van grensoverschrijdend gedrag ten aanzien van kinderen in de georganiseerde Nederlandse en Vlaamse sport.

Om zicht te krijgen op enkele kenmerken van grensoverschrijdend gedrag in de sport, maakt **Hoofdstuk 2** een analyse van de incidenten gemeld bij de Hulplijn Seksuele Intimidatie in de Sport (nu: Vertrouwenspunt Sport) van het Nederlands Olympisch Comité en de Nederlandse Sportfederatie (NOC*NSF). Uit de registratiegegevens bleek

dat er in de periode 2001-2010 323 unieke incidenten van seksueel grensoverschrijdend gedrag gemeld werden. De meest opvallende, maar niet verrassende, bevinding was dat 92% van de beschuldigden een man was en een machtspositie uitoefende ten aanzien van het slachtoffer. Driekwart van de slachtoffers waren jonger dan 20. Hoewel een derde van de incidenten mannelijke slachtoffers betrof, was de overgrote meerderheid van de gemelde slachtoffers vrouwelijk. Wetende dat seksueel geweld in grote mate ondergerapporteerd wordt in officiële statistieken van politie en hulpverlening, en wetende dat er slechts een beperkt bewustzijn is omtrent deze problematiek in de sport, kunnen we ervan uit gaan dat deze cijfers slechts het topje van de ijsberg zijn.

Ter voorbereiding van het later uitgewerkte prevalentieonderzoek, gaat **Hoofdstuk 3** dieper in op de verschillende manieren waarop betrouwbaar cijfermateriaal over grensoverschrijdend gedrag ten aanzien van kinderen verzameld kan worden. In vergelijking met politie- en justitiële cijfers of registraties bij sportorganisaties, levert zelfrapportage-onderzoek hogere prevalentieschatting op. Daarom kozen we in dit onderzoek voor een retrospectief vragenlijstonderzoek waarin volwassenen, die voor de leeftijd van 18 jaar deelnamen aan georganiseerde sport, hun ervaringen met grensoverschrijdend gedrag in de sport konden rapporteren. Op deze manier komen ook de nooit eerder gemelde incidenten boven water. De vaak gehoorde kritiek op dit soort onderzoek is dat retrospectieve zelfrapportage kan leiden tot onjuiste voorstellingen of vals positieve meldingen. Echter, onderzoek naar vals positieve meldingen, vals negatieve meldingen en geheugenvertekeningen bij dit type studies toonde aan dat we nog steeds een onderschatting, eerder dan een overschatting, van de werkelijke prevalentie mogen verwachten.

Hoofdstuk 4 gaat in op het eerste grootschalige onderzoek naar de prevalentie van grensoverschrijdend gedrag ten aanzien van kinderen in de Nederlandse en Vlaamse sport. Door middel van een zelf ontwikkelde online vragenlijst werden 4.043 Nederlandse en Vlaamse volwassenen, die als kind/tiener aan sport deden, bevraagd over hun ervaringen met psychisch, fysiek en seksueel grensoverschrijdend gedrag in de sport. De grote steekproef had een evenwichtige man-vrouw verdeling met voldoende sociodemografische variatie. Het onderzoek wees uit dat 38% van de respondenten op z'n minst eenmalig psychisch, 11% fysiek en 14% seksueel grensoverschrijdend gedrag in de sport heeft ervaren. Allochtone, holebi, andersvalide en internationale sporters meldden significant meer ervaringen met elk type grensoverschrijdend gedrag in de sport.

In **Hoofdstuk 5** bestuderen we de kenmerken van de plegers van het grensoverschrijdend gedrag, zoals die gemeld werden door de respondenten beschreven in Hoofdstuk 4. Het aantal plegers, het geslacht, de leeftijd en de rol van de pleger in de sportorganisatie werden geclusterd om zo de meest voorkomende profielen te kunnen schetsen. We stelden vast dat, over de drie types heen (psychisch, fysiek en seksueel), de plegers meestal mannelijke medesporters waren, die vaak in groep grensoverschrijdend gedrag stellen. Daar waar fysieke incidenten door coaches minder ernstig waren dan wanneer ze gepleegd werden door andere personen in de sport, zien we het omgekeerde bij seksueel grensoverschrijdend gedrag. De incidenten van seksueel grensoverschrijdend gedrag gepleegd door coaches zijn doorgaans ernstiger dan wanneer ze gepleegd worden door andere volwassenen in de sportorganisatie of door medesporters. Deze informatie geeft ons nieuwe inzichten over de meest voorkomende plegerprofielen waardoor de overtuiging dat het steeds de mannelijke coach is die grensoverschrijdend gedrag stelt aangepast moet worden. Op basis van deze nieuwe informatie kan de preventiestrategie aangepast worden.

In **Hoofdstuk 6** bestuderen we de samenhang tussen grensoverschrijdend gedrag ten aanzien van kinderen in de sport en het later welzijn. Opnieuw gebruikten we de steekproef van 4.043 volwassenen die voor dit deelonderzoek de Brief Symptom Inventory (BSI-18; meet depressie, angst en somatische klachten) en de Wereldgezondheidsorganisatie Quality of Life Bref (WHOQOL-Bref; levenskwaliteit) invulden. De samenhang werd onderzocht, controlerend voor demografie, andersvaliditeit, seksuele voorkeur, recente stressvolle levensgebeurtenissen en familiale belasting met psychologische problemen. Ervaring met ernstig psychisch, fysiek en seksueel grensoverschrijdend gedrag in de sport bleek verband te hebben met meer psychische klachten en een lagere levenskwaliteit op volwassen leeftijd. Recente stressvolle levensgebeurtenissen, familiale belasting met psychische problemen, burgerlijke staat en opleidingsniveau bleken ook relevante voorspellers van psychisch welzijn en levenskwaliteit in de volwassenheid te zijn. Ernstig grensoverschrijdend gedrag in de sport heeft dus een significant negatieve associatie met mentale problemen en levenskwaliteit in de volwassenheid. Bij mensen die aan meerdere types werden blootgesteld, is de associatie sterker.

De bewustwording en erkenning van deze problematiek in de sportwereld verloopt bijzonder moeizaam. Wellicht uit angst om het motto 'sport is leuk en gezond voor iedereen' te moeten bijstellen, wordt het probleem nog steeds vaak onderkend. Na ophef over enkele sterk gemediatiseerde misbruikschandalen in de (buitenlandse)

topsport en wetenschappelijke studies konden de (internationale) sportautoriteiten het probleem niet langer ontkennen of bagatelliseren. In het laatste decennium stond grensoverschrijdend gedrag meerdere keren op de internationale agenda en werden er verscheidene beleidsaanbevelingen geformuleerd. Echter, tot op de dag van vandaag worden deze aanbevelingen niet systematisch opgevolgd en is er geen onderzoek beschikbaar waarin de mate van de implementatie en effectiviteit geobjectiveerd wordt. In deel 2 van deze doctoraatsthesis gaan we in op de stand van zaken van het preventiebeleid in de Vlaamse sport en zoeken we uit waar de knelpunten liggen.

Pas wanneer enkele getuigenissen de misbruikschandalen in de Kerk aan het licht brachten in 2010, kwam er voldoende druk op de Vlaamse sportautoriteiten om ook in hun sector actie te ondernemen. Gebaseerd op de weinige beschikbare empirische kennis over het probleem, ontwikkelde de sportsector, samen met Sensoa en Child Focus, een beleidsraamwerk. Deze verzameling van instrumenten wordt vrijblijvend aangeboden aan de Vlaamse sportorganisaties om beleid op dit domein te ontwikkelen en te implementeren. In **Hoofdstuk 7** wordt een overzicht geboden van de stand van zaken op het vlak van beleidsontwikkeling in de Vlaamse sport.

In **Hoofdstuk 8** zoomen we in op één instrument uit dit beleidsraamwerk, namelijk het 'Sport met Grenzen' vlaggensysteem. Dit is een pedagogisch instrument, ontwikkeld om sportbegeleiders bij te staan bij de inschatting en aanpak van fysiek en seksueel grensoverschrijdend gedrag ten aanzien van jonge sporters. Het systeem wordt momenteel geïmplementeerd in de Vlaamse sportsector en de eerste resultaten zijn positief. Het instrument wordt goed onthaald en lijkt een haalbare tool te zijn om op verschillende niveaus in de georganiseerde sport de problematiek aan te kaarten. In onze analyse zien we duidelijk dat een aantal tegenwerkende opvattingen afnemen waardoor het proces van gedragsverandering meer kans maakt op succes. Het vlaggensysteem kan de problematiek van grensoverschrijdend gedrag bespreekbaar maken en de stap tussen beleid en sportpraktijk verkleinen. Ook lijkt het ons, mits enkele culturele aanpassingen, mogelijk om dit systeem ook in andere landen te implementeren.

Hoofdstuk 9 biedt, naast een samenvatting en discussie van de belangrijkste bevindingen van het onderzoek, ook beleidsaanbevelingen voor de Vlaamse sportpraktijk. Daarin worden sportorganisaties opgeroepen om het maatschappelijke momentum aan te grijpen en werk te maken van een effectieve aanpak van grensoverschrijde gedrag. In samenwerking met partners binnen en buiten de sport kan het sportbeleid een

volgende stap zetten in de bescherming van jonge sporters. Onderzoek kan helpen om preventiestrategieën te ontwikkelen, de effectiviteit ervan in kaart te brengen en waar nodig het beleid bij te sturen. De strijd tegen grensoverschrijdend gedrag zal nooit helemaal gestreden zijn. Dit mag ons echter niet beletten om te streven naar de meest veilige en plezierige sportomgeving voor onze kinderen.

DANKWOORD

Filip, natuurlijk begin ik bij jou. Na een aarzelende start, waarbij je vanuit de CAPRI stuurgroep zacht aangespoord werd om die 'vreemde eend in de bijt' te begeleiden bij haar zelf verzonnen doctoraatsidee, vonden we al snel een goeie samenwerking. Eerst in het UZA, waar ik met plezier op dinsdag naar 't vierde kwam, en later voornamelijk telefonisch vanuit m'n nieuwe werkplek. Je stond me op elk moment bij met gepast advies. Je bracht me de psychiatrische/geneeskundige dimensie van dit thema bij en verwees me naar de juiste bronnen. Ik waardeer jou heel erg als promotor en besef dat de combinatie van jouw klinische, onderwijs-, leidinggevende, organisatorische en wetenschappelijke taken echt geen vanzelfsprekendheid is. Toch was je altijd bereikbaar voor me. Je vond steeds de tijd om me te wijzen op de grote lijnen, het einddoel en af en toe een piepklein detail ;) We waren het niet altijd eens met elkaar, maar dankzij ons wederzijds respect zijn we telkens tot de juiste oplossing gekomen. Dank je wel, Filip! Ik ben blij en trots dat ik jouw eerste doctoraatsstudent mocht zijn. Ik hoop dat jij daar ook fier op bent.

Nicolette, zonder jou was ik nooit aan dit doctoraat gestart. Toen ik als Masterstudent bij NOC*NSF aanklopte met m'n bijzondere interesse in dit thema, kwam jij als geroepen om daarvoor het juiste kader te bieden. Je bood me later de kans om opnieuw in die data te duiken en er (waarom ook niet?) 'even' een promotie-projectje van te maken, waarvoor ik je dankbaar ben. Dank je wel dat je vanaf 't begin in mij geloofde en me de kans gaf om hieraan te starten. Je hebt me héél wat bijgebracht en we hebben naast veel leuke momenten, ook één veel te spannend moment gedeeld. Wat ben ik blij dat dat goed afgelopen is. Ondertussen heb je zelf ook je weg weer teruggevonden naar de academische wereld en kan je je talenten volop benutten in de combinatie praktijk en onderzoek. Ik wens je veel succes met al je boeiende projecten. Dank je wel dat je mijn promotor was!

Jarl, jij doceerde een PhD course, ik zat (babbelend) op de schoolbank. Hoewel ik je toen een zeer merkwaardig figuur vond, begreep ik meteen dat jij mijn opstartend onderzoek de nodige methodologische onderbouwing kon geven. Onder lichte dwang verdiepte je je in m'n onderzoeksopzet, waarna je al snel een deel ging uitmaken van mijn team.

Uren discussieerden we over het nut, de voorwaarden, beperkingen en gevaren van "prevalentie – *noem het nou niet zo* – onderzoek". Totaal verschillend als we zijn (jij een man van weinig woorden en veel wiskundige kronkels, ik het tegenovergestelde) leerden we mekaar toch erg appreciëren. Hoe vaak kwam ik radeloos je bureau binnenwaaien met 77 vragen, waarop we enkele uren later zuchtend naar buiten liepen met een paar antwoorden maar nog veel meer vragen? Haha Jarl, wat een last heb ik je bezorgd. Je ogen gingen rollen als ik weer maar eens over een chi-kwadraat toetsje begon, of na je tiende poging vroeg om 't toch nog eens uit te leggen. Dat deed je dan, tenzij je geduld echt op was en je enigszins wanhopig afsloot met "doe nou gewoon wat ik zeg". Elke keer hielp je m'n onderzoek weer een stap in de goede richting. Je vermogen om de dingen in context te plaatsen en terug te brengen naar de essentie hebben dit onderzoek op het rechte pad gehouden. Heel erg bedankt daarvoor. Je bent één van m'n wetenschappelijke helden.

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Chère **Sylvie**, merci beaucoup. Quel honneur de vous avoir dans mon jury. Je suis un grand fan de votre travail, j'aime votre personnalité brillante, j'apprécie nos conversations et j'attends avec impatience nos collaborations futures sur le sujet que nous sommes convaincus est si important. Je hâte de visiter votre université et commencer à collaborer.

Beste **Andreas**, wat een eer om jou in mijn jury te hebben! Je heldere kijk op dit, maar ook andere maatschappelijke thema's bewonder ik. Of het een goed idee was om één van de meest kritische geesten die ik ken uit te nodigen als jurylid tijdens deze doctoraatsverdediging, zal vanavond gebleken zijn.

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nodig uit te leggen. Dank je wel om ook op minder handige momenten tijd voor me te maken. Je bent een engel. Dat de enige criminoloog en de enige statisticus van 't UZA ook daarbuiten dikke vrienden gingen worden, dat stond in de sterren geschreven.

Kasia. Phoe, had jij gedacht dat 't me nog zo veel moeite ging kosten om dat doctoraat af te krijgen? Ik alleszins niet. Dank je wel om me die kans te geven. Dank je wel voor je geduld, je flexibiliteit, maar ook voor je kritische inbreng. Ik heb bewondering voor je skills, je stressbestendigheid en je inzichten in zowat elk forensisch thema.

Hanneke, wat een topdame ben jij. Niet alleen super professioneel, maar ook zo'n mooi mens. Bedankt voor de broodnodige taalcorrecties, je haast moederlijke adviezen en je niet aflatende steun doorheen dit traject. Altijd in de coulisses, maar van onschatbare waarde. Dankjewel **Maria, Tina en Boud** voor de prachtige vormgeving van dit boekje en jullie ongelofelijk engagement.

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Lore, Arne, Kristine en alle ICES collega's, dankzij jullie kon dit doctoraat al van de start uit de ivoren toren komen en meewerken aan verandering in de Vlaamse sport. Dankjewel voor de waardevolle uitwisseling tussen mijn onderzoek en jullie praktijk. Het maakt mijn werk relevant. We doen samen gewoon zo verder! Dankjewel aan **kabinet Muyters, Sport Vlaanderen en NOC*NSF** om te investeren in dit onderzoek.

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zelfs afstellen van dit doctoraat. Hoewel de rechtstreekse meerwaarde van dit doctoraat voor de opleiding niet altijd zo duidelijk is, stonden jullie toch helemaal achter me en dat voelt heel goed. Merci **Domien**, om me té veel avonden kordaat maar toch geduldig uit m'n bureau te sleuren om tijdig de Thomas More campus te kunnen afsluiten. Het dagelijks 'zwanske' of licht aangedikt levensverhaal zorgen keer op keer voor een luchtig einde van mijn werkdag. Blijf me vooral op tijd wegjagen, want je hebt groot gelijk.

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To all involved in the European 'Safer, better stronger' (2012-2013), 'Safeguarding youth sport' (2014-2015), 'Gender-based violence in EU sport' (2016); 'VOICE' (2016-2018) and 'Pro Safe Sport+' (2017) projects/studies: such wonderful experience of doing these projects with you. Although this PhD dissertation would have been finished much sooner if I had not engaged in all these time-consuming but immensely valuable initiatives, I am glad I got the opportunity of participating. Thanks!

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Namasté.

CURRICULUM VITAE

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17/01/1985, Lier, Belgium
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MA Ethics, MSc Criminology

Thomas More University of Applied Sciences
Applied Psychology
Applied Forensic Psychology

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Collaborative Antwerp Psychiatric Research Institute

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EDUCATION

PhD in Medical Sciences
PhD thesis: Interpersonal violence against children in sport
University of Antwerp, 2017

Master of Sciences in Criminology, cum laude
Master thesis: Risk factors, forms and process in sexual harassment in sport
Vrije Universiteit Brussel, 2009

Master of Arts in Ethics, summa cum laude
Master thesis: Sexually transgressive behaviour in sport
Vrije Universiteit Brussel, 2007

EXPERIENCE

Researcher and lecturer
Expertise Center Applied Forensic Psychology, Thomas More University College
Research in (the prevention of) violence against children
Since 2017: Lecturer Methoden van Psychologisch Onderzoek 1 (Methods of psychological research) (undergraduate program applied psychology, 4 ECTS)
November 2015 – Present

PhD student – Academic Staff
Topic: Interpersonal Violence against Children in Sport
Collaborative Antwerp Psychiatric Research Institute, Faculty of Medicine and Health Sciences, University of Antwerp
Supervisors: Prof. Dr. Filip Van Den Eede & Dr. Nicolette Schipper–van Veldhoven
December 2011 – November 2017

Voluntary research assistant
Faculty of Physical Education, Vrije Universiteit Brussel
Research into children's rights in sport
May 2008 – June 2015

Freelance Researcher
Dutch Olympic Committee and Dutch Sports Confederation (NOC*NSF)
Analysis of the Hotline on Sexual Harassment in Sport
May 2011 – June 2013

Several teaching jobs
Secondary schools in Antwerp, Belgium
September 2009 – April 2010

Junior Researcher
NOC*NSF
Research on sexual harassment and abuse in Dutch sport
September 2008 – July 2009

Research assistant
Faculty of Physical Education, Vrije Universiteit Brussel
Research on children's rights in sport

January 2008 – May 2008

TRAINING

Flag system trainer
Sensoa and ICES, 2013

Teaching Certificate
SCVO Antwerp, 2010

Confidential Agent Sexual Harassment in Sport
NOC*NSF, 2008

Postgraduate UNICEF Chair Children's Rights
University of Antwerp, 2007

GRANTS, INTERNATIONAL PROJECTS AND STUDIES

National Project Leader (Thomas More)
iProtect: development of a European platform for child protection in sport
Erasmus+ collaboration partnership (funded by the European Commission and lead by the Spanish High Council for Sport)
An international project on the installation of a European online platform and a sports organization quality label to protect children in sport

January 2018 – June 2020

National Project Leader (University of Antwerp & Thomas More)
Voices for truth and dignity: combatting sexual violence in European sport
Erasmus+ collaboration partnership (funded by the European Commission and lead by German Sport University)
An international project on researching the voices of those affected by sexual violence in sport, and the development and implementation of prevention tools

January 2016 – June 2018

Core Team Researcher

Gender-based Violence in Sport in 28 EU member states

European tender study (commissioned by DG EAC of the European Commission and lead by Yellow Window)

A study to analyse the available research, laws, policies and prevention practices in all 28 EU member states

November 2015 – November 2016

Member of the steering group (ICES)

European Project on Safeguarding Youth Sport (funded by the European Commission and lead by ICES)

Preparatory action in the field of sport, funded by the European Commission

February 2014 – May 2015

Research leader (University of Antwerp)

Public contract 'Verstrekken van expertise op het vlak van ethisch verantwoord sporten, met inbegrip van de problematiek aangaande integriteit, seksueel geweld en misbruik', funded by Sport Flanders and NOC*NSF (funded by the Flemish administration and lead by ICES and a consortium of Flemish universities)

A prevalence study with 4043 Dutch and Belgian on experiences with psychological, physical and sexual violence against children in sport

June 2012 – June 2014

National expert

Safer, Better, Stronger: Project on the Prevention of Sexualized Violence in Sports

Preparatory action in the field of sport, funded by the European Commission and lead by the Deutsche SportJugend im DOSB

February 2012 – May 2013

CONSULTANCY WORK

Researcher

Commissie De Vries on sexual harassment and abuse in Dutch sport

April 2017 – December 2017

Consultant

Pro Safe Sport+ project: ending sexual violence against children in sport
Council of Europe, Enlarged Partial Agreement on Sport (EPAS)

January 2017 – December 2017

Expert presentation

EU Sports Forum of the European Commission, Malta, 8 March 2017: 'Gender-based violence in sport in 28 EU Member States: how much do we know?'.

Expert keynote presentation

Working meeting of the European Commission Expert Group 'Good Governance', working on policy recommendations on the protection of minors in sport, 12 May 2016, European Commission, Brussels, Belgium.

Expert keynote presentation

Working meeting of the Sport for Development and Peace group of the United Nations on gender-based violence in sport, 30 June 2014, Geneva, Switzerland.

BOARDS AND MEMBERSHIPS

- Board member of ICES, International Center Ethics in Sport, 2009 – present
- Member of the general assembly of de Rode Antraciet vzw, 2016 - present
- Board member of NL-ATSA, an organization for the prevention of sexual abuse, 2013 - 2016
- President of Panathlon Youth International, association for children's rights in sport, 2008 - 2011
- Member of ISPCAN, International Society for the Prevention of Child Abuse and Neglect, 2015 - present
- Member of BIRNAW, Brunel International Research Network on Athlete Welfare, 2010 - present

ORGANISATION

Experience in organizing scientific events:

- 5 September 2017: VOICE acknowledgement forum with survivors of sexual violence in sport, Thomas More, Antwerp – 150 participants.
- 2015 – present: supervisor of the Postgraduate course 'Forensic assessment and counselling' (40 ECTS, 8 modules of 7 lessons), Thomas More – 40 participants (biannual cycle).
- 6 October 2016: organiser of the international training 'Assessment and Treatment of Adult Firesetters', Thomas More, Antwerp – 30 participants.
- 24 May 2016: organizer of the symposium "The study of sexual violence" during the BAPS annual conference, Thomas More, Antwerp – 40 participants.
- 10 May 2016: PsycEvents go Forensic: Slachtoffers van seksueel geweld: van aangifte tot herstel?, Thomas More, Antwerp – 200 participants.
- 15-18 March 2016 International Conference 'At the Crossroads – Future Directions in Sex Offender Treatment', Thomas More University College, Antwerp – 260 participants.
- 2010 – 2015: A dozen of symposia and conferences in the field of forensic psychiatry and psychology and the treatment of sexual offenders, organized for the University Forensic Center.

Scientific chair, workshop leader:

Chair of the 'The Study of sexual violence' symposium during the Belgian Association of Psychological Sciences Annual Conference, Antwerp, Belgium (2016).

Workshop leader 'Prevention of sexual violence in sport using the Flag System' during the IOC World Conference on prevention of injury and illness in sport, Monaco (2017).

International articles

Vertommen, T., Kampen, J., Schipper-van Veldhoven, N., Uzieblo, K., & Van Den Eede, F. (2017). The impact of interpersonal violence against children in sport on mental health and quality of life in adulthood. *In review*.

Vertommen, T., Kampen, J., Schipper-van Veldhoven, N., Wouters, K., Uzieblo, K., & Van Den Eede, F. (2017). Profiling perpetrators of interpersonal violence against children in sport based on a victim survey. *Child Abuse & Neglect*, *63*, 172–182.

Vertommen, T., Schipper-van Veldhoven, N., Wouters, K., Kampen, J. K., Brackenridge, C. H., Rhind, D. J. A., ... Van Den Eede, F. (2016). Interpersonal violence against children in sport in the Netherlands and Belgium. *Child Abuse & Neglect: The International Journal*, *51*, 223–236.

Vertommen, T., Stoeckel, J.T., Van Den Eede, F., Vandevivere, L., De Martelaer, K. (2014) 'A Green Flag for the Flag System? Towards a Child Protection Policy in Flemish Sport', *International Journal for Sport Policy and Politics, Online First*.

Vertommen, T., Schipper-van Veldhoven, N., Hartill, M. J., & Van Den Eede, F. (2015). Sexual harassment and abuse in sport: The NOC*NSF helpline. *International Review for the Sociology of Sport*, *50*(7), 822–839.

Van Den Eede, F., Moorkens, G., Pattyn, T., Vertommen, T., De Venter, M., Franck, E., Van Gastel, A., de Volder, I., Hulstijn, W., Sabbe, B. Research in consultation and liaison psychiatry in CAPRI: achievements and perspectives. *Acta Psychiatrica Belgica, 112*(4): 38-43.

Vanden Auweele, Y., Opdenacker, J., Vertommen, T., Boen, F., Van Niekerk, L., De Martelaer, K. And De Cuyper, B. (2008) 'Unwanted Sexual Intimacies in Sport. Perceptions and reported prevalence among Flemish, female student-athletes', International *Journal of Sport and Exercise Psychology, 6*(4): 354-365.

Dutch articles

Stockman, D., Vertommen, T., Verhofstadt, L., & Uzieblo, K. (2017). Reacties op de onthulling van seksueel geweld – Een literatuuroverzicht. *Systeemtherapie*, *29*(3), 197–206.

Uzieblo, K., Vertommen, T., De Boeck, M., Lemlijn, L., Smid, W., & Goethals, K. (2016). Quo vadis? Een verkenning van recente ontwikkelingen in de behandeling van zedendelinquenten. *Tijdschrift Voor Klinische Psychologie*, *46*(4), 263–270.

Embrechts, R., Janssens, S., Vertommen, T., De Venter, M., & Van Den Eede, F. (2016). Levenskwaliteit na jeugdtrauma: Literatuuroverzicht [Quality of life after adverse childhood experiences: Literature review]. *Tijdschrift Voor Geneeskunde*, *72*(7), 447–455.

Vertommen, T. Schipper-van Veldhoven, N., Uzieblo, K., & Van Den Eede, F. (2016) Spelbedervers: Seksueel grensoverschrijdend gedrag ten aanzien van kinderen in de sport. Ortho-Rheumato, *14*(2): 26-31.

Vertommen, T. Schipper-van Veldhoven, N., Uzieblo, K., & Van Den Eede, F. (2016) Preventie van seksueel grensoverschrijdend gedrag in de Vlaamse sport. Ortho-Rheumato, *14*(3): 21-26.

De Martelaer, K. & Vertommen, T. (2008) 'Jeugdsport en Kinderrechten in Vlaanderen', *Tijdschrift voor Jeugdrecht en Kinderrechten, 8*(2): 119-125.

International book chapters

Vertommen, T. (2014) Preventing sexually transgressive behaviour in sport: The Flemish approach. In: Rhind, D. and Brackenridge, C.H. (Eds.): *Researching and Enhancing Athlete Welfare*. London: Brunel University Press (pp. 66-71).

De Martelaer, K., Vertommen, T., Andries, C., Maesschalck, J., Vandevivere, L. (2014) Yasmin, in: Armour, K. (Ed): Pedagogical Cases in Youth Sport. Routledge: London.

Vertommen, T., Tolleneer, J., Maebe, G. & De Martelaer, K. (2014) Preventing sexual abuse and transgressive behaviour in Flemish sport. In Lang, M. & Hartill, M (Eds): Safeguarding, Child Protection and Abuse in Sport: International Perspectives in Research, Policy and Practice. London: Routledge.

Schipper-van Veldhoven, N., Vertommen, T. & Vloet L (2014). (Sexual) Intimidation in Sports: the Netherlands. In Lang, M. & Hartill, M (Eds): Safeguarding, Child Protection and Abuse in Sport: International Perspectives in Research, Policy and Practice. London: Routledge.

Vanden Auweele, Y., Vertommen, T., Opdenacker, J., De Martelaer, K. (2009) 'Unwanted Sexual Intimacies in Sport: perceptions and experiences among female student-athletes in Belgium', in C. Brackenridge (ed.), *Violence in Sport*. Lausanne: Unicef Digest.

De Martelaer, K. & Vertommen, T. (2008) 'Youth Sport and Children's Rights in Flanders', in: Y. Vanden Auweele, M. Maes, K. De Martelaer & T. Vertommen (eds.), *How To Implement Ethics in Youth Sport*. Gent: Panathlon International.

Dutch book chapters

Vertommen, T. & Schipper-van Veldhoven, N. (2012). Over de grens: seksuele intimidatie in de sport begrijpen en voorkomen. In: Schipper-van Veldhoven, N, Palen, H. Van der, Kerk, J. Van der & Schuijers, R. (Eds). Goud in elk kind, Jeugdsport in een pedagogisch perspectief. Deventer: ...daM uitgeverij, pp. 127-138

Dutch editorial

Van Den Eede, F., Vertommen, T., Schipper–van Veldhoven, N. (2014) Seksueel grensoverschrijdend gedrag in de sport. *Tijdschrift voor Psychiatrie, 56* (9): 566-567.

Reports

Chroni, S., Fasting, K., Hartill, M., Vertommen, T. et al. (2012) *Prevention of sexual and gender harassment and abuse in sports: initiatives in Europe and beyond*. Frankfurt am Main, Deutsche Sportjugend.

Mergaert, L., Arnaut, C., Vertommen, T., & Lang, M. (2016). *Study on gender-based violence in sport*. Brussels: European Commission.

ORAL PRESENTATIONS AT INTERNATIONAL CONFERENCES

Vertommen, T. (2017). Long term consequences of violence against athletes. Paper presented at the IOC World Conference on prevention of injury and illness in sport, Monaco.

Vertommen, T. (2017). Gender-based violence in sport. Paper presented at the European Sports Forum of the European Commission, Malta.

Vertommen, T. (2016). Profiling Perpetrators of Sexual Violence against Children in sport. Paper presented at the biannual conference of the International Association for the Treatment of Sex Offenders (IATSO), Copenhagen, Denmark.

Vertommen, T. (2016). Perpetrators of Sexual Violence against Children in sport. Paper presented at the Belgian Association of Psychological Sciences Annual Conference, Antwerp, Belgium.

Vertommen, T. (2015). Measuring the prevalence of interpersonal violence against children in sport. Paper presented at the pre-conference workshop on data collection during the annual conference of the International Society for the Prevention of Child Abuse & Neglect (ISPCAN), Bucharest, Romania.

Vertommen, T. (2015). Interpersonal violence against children in sport. Paper presented at the annual conference of the International Society for the Prevention of Child Abuse & Neglect (ISPCAN), Bucharest, Romania.

Vertommen, T. (2015). Interpersonal Violence against Children in Sport in the Netherlands and Belgium. Paper presented at Annual Conference of the European Federation of Sport Psychology (FEPSAC), Bern, Switzerland.

Vertommen, T. (2015). Sexual Violence against Children in Sport. Paper presented at the Belgian Association of Psychological Sciences Annual Conference, Brussels, Belgium.

Vertommen, T. (2015). Sport with Boundaries. The Flemish approach to safeguarding children in youth sport (Pecha Kucha). Paper presented at the Closing conference of the Safeguarding Youth Sport Conference, Brussels, Belgium.

Vertommen, T. (2013). Green flag for the flag system? Flemish Sexual Harassment Prevention in sport. Paper presented at the BIRNAW symposium, London, UK.

Vertommen, T. (2013). Towards a Sexual Harassment and Abuse Prevention Policy in sport in Flanders. Paper presented at the 11th Conference of the European Association of Sociology, Turin, Italy.

Vertommen, T. (2012). Case management at the NOC*NSF helpline for sexual harassment and abuse in sport. Paper presented at Safer, better, stronger: Prevention of sexual violence in sport Conference, Berlin, Germany.

Vertommen, T. (2012). Cases of sexual harassment and abuse in Dutch sport. Paper presented at Safer, better, stronger: Prevention of sexual violence in sport Conference, Berlin, Germany.

Vertommen, T. (2012). Sexual harassment and abuse in Dutch Sport. Paper presented at the International Convention on Science, Education and Medicine in Sport, Glasgow, UK.

Vertommen, T. (2012). 10 years of incident analysis at the NOC*NSF helpline. Paper presented at the European Congress of Sport Science, Bruges, Belgium.

Vertommen, T. (2009). Risk factors of sexual harassment in sport. Paper presented at the Annual Conference of the British Philosophy of Sport Association, Dundee, UK.

Vertommen, T. (2009). The NOC*NSF Helpline for sexual harassment in Dutch Sport. Paper presented at the European Congress of Sport Science, Oslo, Norway.

Vertommen, T. (2009). Children's rights in youth sport. Paper presented at the International Conference of Panathlon International, Ghent, Belgium.

Vertommen, T. (2008). Sexual harassment and abuse in Flemish youth sport. Paper presented at the Annual Conference of the British Philosophy of Sport Association, Aarhus, Denmark.

Vertommen, T. (2008). Sexual harassment and abuse in Flemish youth sport. Paper presented at the Annual Conference of the British Philosophy of Sport Association, Aarhus, Denmark.

Vertommen, T. (2007). Flemish student-athletes' experiences with sexual unwanted intimacies. Paper presented at the Children and Sport: Philosophical Dimensions Conference, Ontario, Canada.

POSTER PRESENTATIONS

Vertommen, T., Kampen, J., Schipper-van Veldhoven, N., Uzieblo, K., Van Den Eede, F. (2017). 'Mental health problems in adults who experienced interpersonal violence in youth sport'. Poster presentation during the Annual Congress of the European Psychiatric Association, Florence, Italy.

Vertommen, T., Schipper-van Veldhoven N., & Van Den Eede, F. (2016). Sexual violence against children in sport in the Netherlands and Belgium. Poster presentation during 'At the Crossroads: future directions in sex offender treatment', Thomas More, Antwerp/

Pintelon, J., Vertommen, T., Willemsen, F., Bradt, E., Van West, D. & Uzieblo, K. (2016). Juveniles who have committed sexual offenses: patterns and subtypes. Poster presentation during 'At the Crossroads: future directions in sex offender treatment', Thomas More, Antwerp.

Van Hooydonck, S., Vertommen, T., & Uzieblo, K. (2016). 'She's not staying with this guy, is she?' Attitudes towards (female partners of) child sexual abuse perpetrators. Poster presentation during 'At the Crossroads: future directions in sex offender treatment', Thomas More, Antwerp.

Bradt, E., Vertommen, T., Uzieblo, K. & van West, D. (2016). Juveniles who have committed sexual offenses: Patterns and subtypes. Poster presentation during the Annual Conference of the European Association for Forensic Child and Adolescent Psychiatry, Porto.

Oliver, O., Vertommen, T., & Uzieblo, K. (2016). 'She's not staying with this guy, is she?' Public attitudes towards partners of child sex offenders. Poster presentation during the Annual Conference of the Belgian Association for Psychological Science, Antwerp.

Goossens, C., Vertommen, T., & Uzieblo, K. (2016). Coping and quality of life in Flemish justice assistants. Poster presentation during the Annual Conference of the Belgian Association for Psychological Science, Antwerp.

Vertommen, T. Van Hooydonck, S., Oliver, O., & Uzieblo, K. (2016). 'She's not staying with this guy, is she?' Public attitudes towards partners of child sex offenders. Poster presentation during the Annual Conference of the International Association for the Treatment of Sex Offenders, Copenhagen, Denmark.

Vertommen, T., Pintelon, J., Willemsen, F., Bradt, E., van West, D., & Uzieblo, K. (2016). 'Patterns and subtypes in Flemish juvenile sex offenders'. Poster presentation during the Annual Conference of the International Association for the Treatment of Sex Offenders, Copenhagen, Denmark.

THESIS SUPERVISION

2017-2018: Bachelor theses in Applied Psychology (8)
2016-2017: Bachelor theses in Applied Psychology (7)
2015-2016: Bachelor theses in Applied Psychology (6)
2014-2015: Master thesis in Criminology (1)
2012-2016: Master theses in Medicine and Health Sciences (2)

SELECTED NON-SCIENTIFIC PUBLICATIONS

Opinion:

Vertommen, T. 'Slachtoffers hebben nood aan rust', De Standaard, Opinie, 1st June 2017.

Vertommen, T. 'Help seksueel misbruik in de sport voorkomen', De Volkskrant, Opinie, 3rd February 2017.

Vertommen, T. 'Wanneer gaan de oren open?', De Standaard, Opinie, p 34, 30th November 2016.

Vertommen, T. Laat de sport niet de 'lul van de week' worden. De Standaard, Opinie, p 38-39, 15th April 2015.

Instruments:

Flag system Sport with boundaries: http://www.sportmetgrenzen.be

Safeguarding Youth Sport Booklet: http://safeguardingyouthsport.eu/