IOC consensus statement: interpersonal violence and safeguarding in sport

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ABSTRACT

Objective Interpersonal violence (IV) in sport is challenging to define, prevent and remedy due to its subjectivity and complexity. The 2024 International Olympic Committee Consensus on Interpersonal Violence and Safeguarding aimed to synthesise evidence on IV and safeguarding in sport, introduce a new conceptual model of IV in sport and offer more accessible safeguarding guidance to all within the sports ecosystem by merging evidence with insights from Olympic athletes.

Methods A 15-member expert panel performed a scoping review following Joanna Briggs Institute methodologies. A seminal works-driven approach was used to identify relevant grey literature. Four writing groups were established focusing on: definitions/epidemiology, individual/interpersonal determinants, contextual determinants and solutions. Writing groups developed referenced scientific summaries related to their respective topics, which were discussed by all members at the consensus meeting. Recommendations were then developed by each group, presented as voting statements and circulated for confidential voting following a Delphi protocol with ≥80% agreement defined a priori as reaching consensus.

Results Of 48 voting statements, 21 reached consensus during first-round voting. Second-round and third-round voting saw 22 statements reach consensus, 5 statements get discontinued and 2 statements receive minority dissension after failing to reach agreement. A total of 43 statements reached consensus, presented as overarching (n=5) and topical (n=33) consensus recommendations, and actionable consensus guidelines (n=5).

Conclusion This evidence review and consensus process elucidated the characterisation and complexity of IV and safeguarding in sport and demonstrates that a whole-of-system approach is needed to fully comprehend and prevent IV. Sport settings that emphasise mutual care, are athlete centred, promote healthy relationships, embed trauma and violence-informed care principles, integrate diverse perspectives and measure IV prevention and response effectiveness will exemplify safe sport. A shared responsibility between all within the sports ecosystem is required to advance effective safeguarding through future research, policy and practice.

INTRODUCTION

Interpersonal violence (IV) in sport affects all ages and competitive levels yet remains understudied. Ljungqvist *et al* published the first consensus statement on sexual harassment and abuse in sport in 2007.[1] Since then, research has expanded to cover a wider range of abuses, leading to the 2016 International Olympic Committee (IOC) consensus statement on harassment and abuse in sport. This statement broadened the scope to include physical abuse, psychological abuse, neglect, bullying and hazing, introducing a definition of 'safe sport' (figure 1).[2] Groups that experience higher levels of IV such as children, people with disabilities, minority ethnic groups, and lesbian, gay, bisexual, transgender and queer+ (LGBTQ+) athletes were highlighted, along with potential outcomes for athletes and sport organisations.

The current consensus builds on these landmark contributions and is updated for several reasons. First, acknowledging the evolving nature of the science cited in the 2016 paper, subsequent exponential growth in evidence necessitates this timely update.[2] Second, adhering to best practices, we employed a systematic approach to data identification, analysis and synthesis.[3] Third, while the 2016 consensus largely focused on individual and interpersonal IV determinants using Brackenridge's 2001 sexual exploitation continuum as its underpinning theoretical framework and conceptual model,[4] our update extends the analysis to include contextual determinants, drawing from Bronfenbrenner's ecological systems theory and ecological model of human development.[5 6] Fourth, in response to the 2016 paper's call for applicable solutions and multistakeholder approaches, we discuss IV prevention and response strategies that have received scholarly attention. Finally, aligned with current research, practice and policy, this consensus extends its scope beyond safe sport to include 'safeguarding' (figure 1), and beyond scholarship to include athletes' voices.

Krug *et al*'s definition of IV, encompassing physical, psychological, sexual violence, and deprivation/neglect, is used throughout this manuscript.[7] Following the IOC's directive, this consensus prioritises elite sport, but data from all competitive levels are analysed for comprehension. Brofenbrenner's model of human development underpins the consensus due to its interdisciplinary nature, relevance to both scholarly and real-world contexts, and ability to provide a holistic understanding of IV and safeguarding in sport by emphasising the bidirectional influence between sportspeople (figure 2) and their environments. As increasingly

Figure 1 International Olympic Committee (IOC) safe sport definitions. Updates to the definitions of safe sport and safeguarding between 2016 and 2024.

acknowledged, acts of IV in sport are not just individual acts perpetrated against victims.[8–10] The wider conceptual model of IV in sport proposed here enables a more comprehensive examination of all the variables facilitating IV.

The aims of this consensus are to:

1. Synthesise evidence on IV and safeguarding in sport.
2. Introduce a socioecological model of IV in sport.
3. Offer more practical safeguarding guidance to all within the sports ecosystem by merging evidence and insights from experts and athletes (box 1).

Bronfenbrenner's original framework is referred to as the ecological model. Given the social nature of sport, we have chosen to use the term 'socioecological' to evoke a broader application that includes social elements more explicitly. The paper is divided into five sections. Section 1 defines types, modes, prevalence and potential outcomes of IV in sport. The second section introduces a more holistic and widely applicable socioecological model of IV in sport. Section 3 and 4 examine individual/interpersonal and contextual (organisational, sectoral, societal, temporal) determinants of IV in sport. Section 5 discusses potential solutions. The last part offers an overall discussion and future directions, filtered through the voices of athletes.[11]

METHODS

Panel selection

The chair and cochair established a diverse expert panel with respect to gender, scientific discipline, geographic location of background and research, and based on practical experience

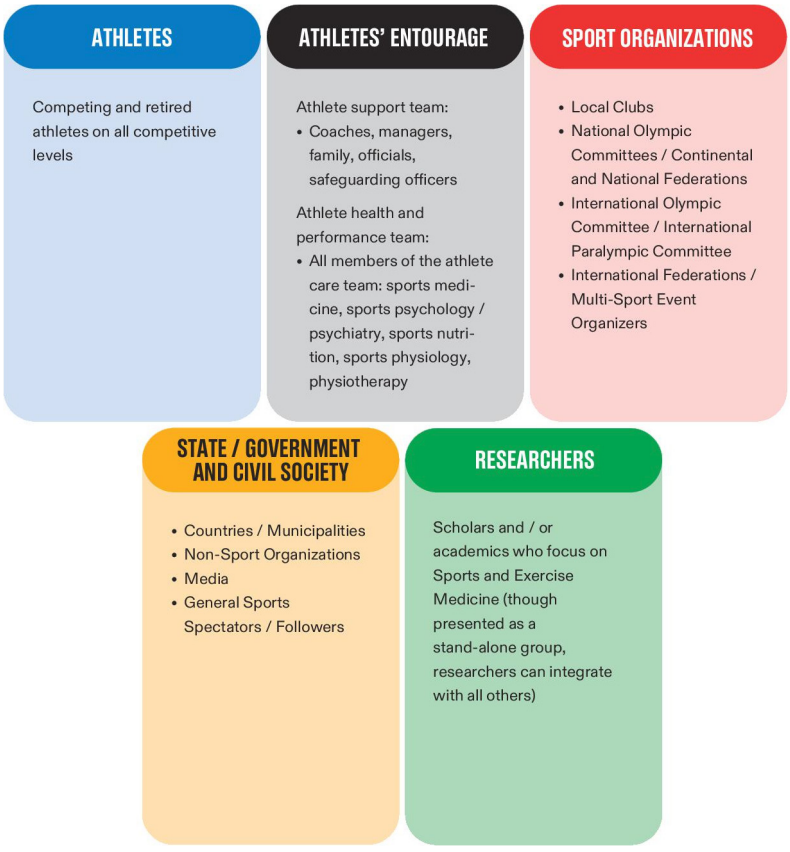

Figure 2 Sportspeople. A summary of all within the sports ecosystem to whom consensus recommendations and guidance are addressed (lists are non-exhaustive).

Box 1 Key points

Overarching Consensus Recommendations:

⇒ Address safe sport as everybody's responsibility.
⇒ Recognise that safe sport is for all within the sports ecosystem.
⇒ Encourage awareness, adoption and implementation of current scientific knowledge on safeguarding in sport.
⇒ Encourage sport that is athlete centred, emphasising mutual care and respect.
⇒ Outreach to unheard voices and integrate global perspectives into safe sport.

Consensus Guidelines:

⇒ Prioritise relational health: Facilitating healthy relationships throughout sport supports an ethic of care within sport and boosts sport's galvanising role in society.
⇒ Integrate safeguarding with the values of sport: This strengths-based approach may optimise performance and well-being, which go hand in hand.
⇒ Implement trauma- and violence-informed care and practice (TVIC/P): TVIC/P reinforces athlete-centredness and athlete voice.
⇒ Embed principles of implementation science: Processes that promote real world uptake may improve intervention effectiveness.
⇒ Measure effectiveness: Integrating contextually appropriate evaluation methodologies can enhance sport safeguarding.

or relevant publications on IV and safeguarding in sport. The panel included a retired Olympic athlete, sports medicine physicians and a child psychiatrist, psychologists, sociologists, a sport integrity specialist, a criminologist, a safe sport specialist and those with lived experience. A medical librarian worked closely with the panel throughout to assist with the systematic review.

Evidence review

Four sources of evidence inform this consensus. First, a scoping review (ScR) was executed following the Joanna Briggs Institute Manual for Evidence Synthesis (Chapter 11) and published in Open Science Framework (https://osf.io/5rxkp/). Papers published between 2006 and December 2022 were considered. While elite sport was prioritised, data from all competitive levels were analysed using McKay *et al*'s 2022 participant classification framework which categorises athletes into five levels: tier 1 recreationally active, tier 2 trained/developmental, tier 3 highly trained/national level, tier 4 elite/international level and tier 5 world class.[12] In July 2023, forward citation chaining was performed using the Citationchaser.io application on the subset of retrieved studies focused on athlete classification levels 4 and 5, satisfying IOC's emphasis on elite sport.

Second, using a seminal works-driven approach, key grey literature that the expert panel proposed was voted on for inclusion/exclusion[13]; reports reaching 80% agreement were included. Third, the panel brought forward additional peer-reviewed literature that provided an overview of IV and/or safeguarding in sport or was tagged as 'key' during the ScR process. Fourth, the insights of two Olympic athletes engaged throughout the in-person meeting were incorporated.

Consensus process

The Research and Development (RAND)/University of California Los Angeles (UCLA) Appropriateness Method was adopted. Our process aimed to synthesise available evidence and create recommendations, draw from expert insights in areas lacking robust evidence and identify expert consensus on key issues, while mitigating the acknowledged risks of within-group power imbalances, dominant perspectives overpowering discussions, groupthink and divergent viewpoints being insufficiently considered.

Four writing groups were established focusing on:

1. Definitions and prevalence.
2. Individual and interpersonal determinants.
3. Contextual determinants.
4. Solutions related to IV and safeguarding in sport.

Each group reviewed the evidence and developed a referenced summary of the existing science related to their assigned topic. Summaries were discussed at the in-person meeting. Groups then developed recommendations, presented as voting statements and circulated for online confidential voting (Delphi method). All authors responded agree, undecided, or disagree to each statement. Undecided/disagree responses were explained via free-text comment. Three levels of agreement were used based on which subsequent discussions were held:

1. Agreement: ≥80% of authors agreeing on the voting statement, without any author disagreeing.
2. Agreement with minority disagreement: ≥80% of authors agreeing on the voting statement, but with one or more authors disagreeing.
3. Disagreement: <80% of authors agreeing on the voting statement.

Statements without first-round consensus underwent online discussions from October 2023 to May 2024. Voting statements were revised based on feedback, and two additional rounds of confidential online voting took place. Authors were encouraged to submit minority opinions if they disagreed with a statement after the consensus threshold was met (online supplemental table 2).

Equity, diversity and inclusion statement

The author team was intentionally balanced in terms of gender, perspective, age, ability, seniority, discipline, geography and culture. Regular informal and formal consensus ensured balanced execution and presentation of the work.

RESULTS

Selection of sources of evidence

The ScR team used Covidence to determine article inclusion. Figure 3 shows all literature considered, how it was retrieved, number of duplicate records removed, records screened at title/abstract and full text levels and records included in the ScR (n=190) and through forward citation chaining (n=15).

Characteristics of sources of evidence

Given the large set of extracted studies, a summary of citations included in the ScR is included as online supplemental appendix 1A. Online supplemental appendix 1B provides a similar summary for reviewed grey literature (n=21) and additional papers (n=153) tagged during the ScR.

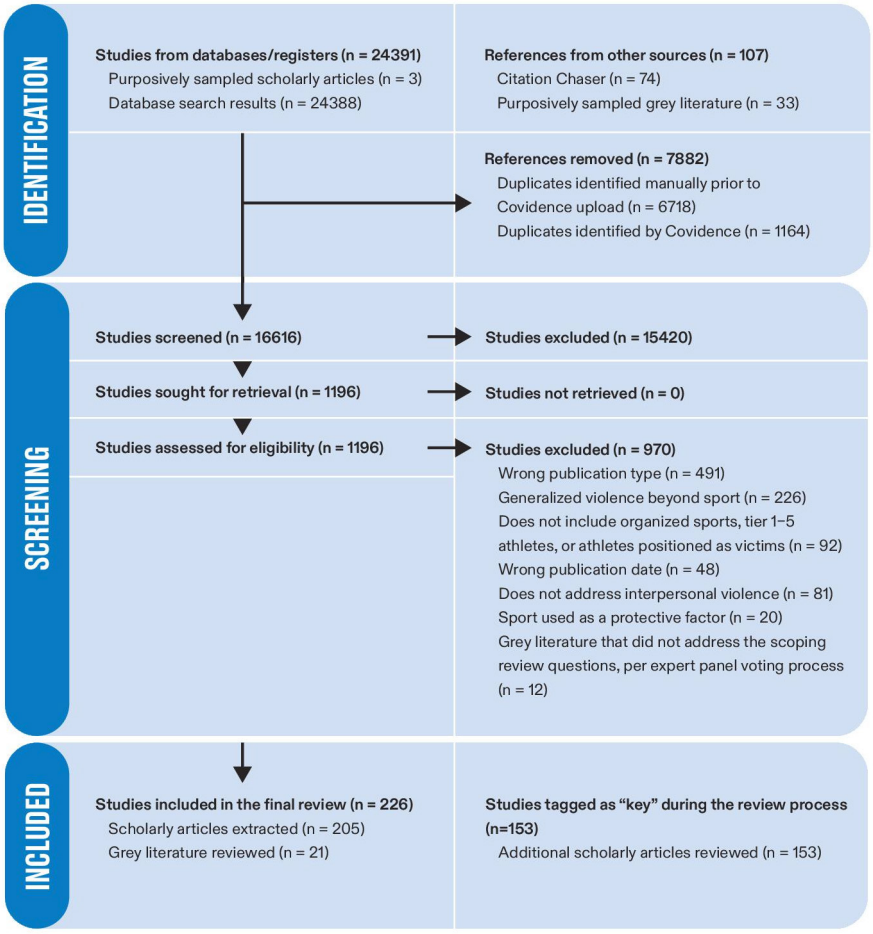

Figure 3 Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram. A summary of the scoping review manuscript and grey literature screening process, including the number of articles found and the selection process.

Consensus results

Based on a review of their assigned topic, the four writing groups developed a total of 48 voting statements, each reviewed by the panel. Of these, 21 reached consensus in round one. In rounds two and three, 22 reached consensus. Five recommendations were discontinued because consensus was adjudged to be unachievable. This resulted in 43 final statements, presented as consensus recommendations (n=38) and corresponding guidelines (n=5). All reached 80% agreement during the Delphi process.

Summary of evidence

The ScR identified 190 primary studies addressing IV and/or safeguarding in sport in nine languages. Forward citation chaining identified 15 relevant primary studies in three languages. 21 citations were identified as key grey literature. An additional 153 citations were identified as key peer-reviewed literature that either provided a general overview of IV and/or safeguarding in sport (n=31), or were germane to a specific writing group: definitions and prevalence (n=30), individual/interpersonal determinants (n=30), contextual determinants (n=27) and solutions (n=35). Olympic athletes' insights during the in-person meeting were recorded and reviewed during the writing phase.

Citations were initially retrieved in English, German, French, Spanish, Portuguese, Greek, Croatian, Japanese, Turkish, Mandarin Chinese and Norwegian. Of these, citations in eight non-English languages met inclusion criteria: German (n=2), French (n=1), Spanish (n=3), Portuguese (n=1), Croatian (n=1), Mandarin Chinese (n=1), Norwegian (n=1) and Turkish (n=2). After synthesising the compiled information and placing emphasis on athletes' voices, topical insights and associated consensus recommendations are described below. Notably, data from all four writing groups contributed to the outcomes table and socioecological model.

Section 1: Definitions, prevalence and potential outcomes

The landscape of terminology in the field of IV in sport is complex (table 1). Various terms such as violence, interpersonal violence, maltreatment, abuse and harassment are often used interchangeably in the literature. Additionally, the same behaviours might have varied names or translations, influenced by factors like:

- Athlete age, resulting in distinctions like child abuse and child maltreatment.
- The nature of the relationship between perpetrator and victim, resulting in terms like coach-athlete abuse or peer-to-peer bullying.
- Context, encompassing on-field and off-field violence, hazing and cyber/online manifestations.

Table 1 Key terms and definitions

Term	Definition*
Interpersonal violence	'The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.' Interpersonal violence involves the intentional use of physical force or power against other persons by an individual or small group of individuals. It can occur online, be perpetrated by different actors and take different forms.
Child abuse/maltreatment	'Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.'
Sexual violence (includes sexual harassment)	'Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work.' The different forms of sexual violence can occur both online and in person.
Physical violence	'Physical violence is an act attempting to cause, or resulting in, pain and/or physical injury' and 'Physical violence includes beating, burning, kicking, punching, biting, maiming or killing, or the use of objects or weapons.'
Psychological violence	'Psychological violence (abuse) involves the regular and deliberate use of a range of words and non-physical actions used with the purpose to manipulate, hurt, weaken or frighten a person mentally and emotionally; and/or distort, confuse or influence a person's thoughts and actions within their everyday lives, changing their sense of self and harming their wellbeing.' In sport, it could also take the form of non-physical actions that could cause physical or psychological harm to the athlete. Psychological violence could occur online and offline in different forms.
Neglect†	'Neglect includes a failure to provide a [vulnerable athlete] with an adequate standard of nutrition, medical care, clothing, shelter or supervision to the extent that the health or development of the [athlete] is significantly impaired or placed at serious risk. A [vulnerable athlete] is neglected if they are left uncared for over long periods of time or abandoned.'

*Here we present suggested terms and definitions that were agreed on by the consensus panel; see online supplemental table 1 for more definitions, contextualisation, precision and examples of manifestations.
†Adult athletes can also experience neglect when they are in situations of vulnerability and dependency.

- The nature of the behaviours involved, including sexual harassment and psychological abuse.
- Theoretical perspectives or research domains, spanning disciplines like sociology and psychology.
- Variations related to language and cultural differences across countries.

In light of this, adopting a common overarching term for both child and adult sportspeople is recommended. The term 'interpersonal violence (IV)' is proposed because of its global recognition as a public health concern, acknowledged by prominent international organisations such as the WHO. WHO's (Krug *et al*[14]) widely accepted definition of violence (online supplemental table 1) includes three categories: self-directed, interpersonal and collective violence. IV includes physical, psychological, sexual and deprivation/neglect aspects.[7] Moreover, this term is increasingly employed in the sports and exercise medicine (SEM) literature to encompass the range of problematic behaviours experienced by sportspeople.

Furthermore, studies identified other forms of aggression related to IV in sport, including hazing, bullying and grooming. Modes of IV in sport include contact (ie, physical interactions), non-contact (verbal and non-verbal) and cyber-enabled/online violence, leading to terminology adaptations such as 'cyberbullying'. Notably, terms related to children, such as child maltreatment or child abuse, are also prevalent in SEM literature. Following the WHO, child maltreatment may encompass sexual abuse, physical abuse, emotional abuse and neglect. Using these two specific terms (child maltreatment or child abuse) when addressing IV against children and youth in the context of a relationship of responsibility, trust or power is recommended. Online supplemental table 1 provides an overview of IV terminology and examples of IV manifestations encountered in the primary literature, as well as selected definitions established through this consensus.

Evidence synthesis: current understandings of IV in sport

Prevalence/epidemiology

Peer-reviewed IV prevalence studies in sport predominantly originated from Europe[15] and North America.[10] Far fewer studies came from Asia,[3] Oceania[3] and Africa,[2] with no studies identified from South America. Two studies used a multicontinent sample. Over the review period, peer-reviewed studies on IV epidemiology in sport have increased: publications surged from three articles before 2010 to 20 articles between 2010 and 2019, and an additional 21 articles since 2020.

Reporting patterns are presented in terms of prevalence (lifetime) and, less frequently, incidence (past 6–12 months). In the reviewed literature, overall IV prevalence in sport ranges from 44% to 86%, with most studies using a low threshold measure (having experienced at least one event).[16–23] Focusing on the most well-documented type of IV, prevalence estimates for sexual violence vary between 0.5% and 78%. Sexual violence is often reported as sexual harassment and abuse, ranging from 11% to 78%,[15–36] or solely as sexual abuse, with rates between 0.5% and 12%.[37–42] Incidence of (past year) sexual violence ranges from 0.4% to 14%.[39 43] In terms of exposure to sexual violence, multiple studies show elevated exposure in girls/women and LGBTQ+ individuals (table 2). No difference in exposure to sexual violence is found between athletes with or without disabilities. For other sociodemographic variables, available results are inconsistent.

Psychological violence (often referred to as emotional abuse) is the second most documented type of IV after sexual violence and is frequently reported by athletes. Prevalence rates range from 21% to 79%.[16–18 21–23 29 30 35 37 44 45] The only study examining the incidence of psychological violence reported a rate of 15%; in this case, verbal abuse from coaches was examined.[46] In studies where psychological violence is combined with neglect, prevalence estimates of 76%, 81% and 68% are observed, respectively.[17 19 20] Multiple studies show elevated

Table 2 Current prevalence estimates of lifetime experience with interpersonal violence in sport and evidence for elevated exposure

	Minimal estimate (%)	Maximal estimate (%)	Studies (n)	Sex	Age	Sport (type)	Sport level	Ethnicity	Disability	Sexual orientation	Weekly training hours
Sexual violence	0.5	78	29	Female*	†	†	†	†	‡	LGBTQ+*	NA
Physical violence	4	66	15	Male*	†	Team sport*	National/ international*	†	NA	LGBTQ+*	Higher*
Psychological violence	21	79	12	‡	†	NA	National/ international*	‡	Disabled athletes*	LGBTQ+*	Higher*
Neglect	27	69	3	Female*	NA	NA	NA	NA	NA	NA	NA

NA denotes no or too few data available.
*Evidence available in multiple studies for elevated exposure.
†Inconsistency in available data.
‡Evidence available in multiple studies for absence of differences between groups.
LGBTQ+, lesbian, gay, bisexual, transgender and queer+.

exposure to psychological violence in disabled and LGBTQ+ athletes (table 2). Elite athletes and those training 16+ hours weekly also report more psychological violence. Differences based on biological sex or ethnicity are inconsistent in the reviewed data.

Physical violence and neglect prevalence rates are less extensively documented. Physical violence prevalence estimates ranged from 4% to 66%.[16–23 29 30 35 37 44 47 48] One study reported a 6% incidence of physical violence.[46] Current data support elevated exposure in males, team sports, elite athletes, LGBTQ+ athletes and athletes who train 16+ hours weekly (table 2). To date, data looking at differences based on other sociodemographic variables are inconsistent or unavailable. For neglect, prevalence estimates range from 27% to 69%.[17 20 23] Regarding exposure to neglect (table 2), limited data are available.

Other forms of aggression related to IV in sport have been documented to a lesser extent (online supplemental table 1). Some studies report prevalence rates for hazing (50%)[49] and bullying (ranging from 17% to 61%, including homophobic and cyberbullying).[30 50–53] Bullying incidences of 14% and 48% were reported in two studies.[54 55] Cyberbullying incidence estimates are available in only one peer-reviewed study: 7%.[55]

Clearly, IV is prevalent among athletes, exhibiting a wide spectrum of types, frequencies and contexts. From occasional incidents to chronic systemic cases often manifesting in multiple types, individual experiences of IV are highly diverse and personal.

Samples, instruments and surveillance methodologie

Relying solely on reported cases for personal, sensitive offences like IV has limitations due to the hidden nature of abuse. Retrospective self-reports, sometimes debated for accuracy,[56 57] may offer a more feasible approach to the epidemiology of IV in sport. Furthermore, existing measurement tools lack precision in differentiating severity due to the subjectivity of indicators. Understanding the extent of IV against sportspeople is hampered by these and other considerations, all introducing bias:

- Inconsistent terminology.
- Sample composition and timeframe discrepancies.
- Varied questionnaire approaches (eg, nature/meaning and number of items, factual and behaviouristic vs perception surveys).
- Ethics variability in data collection (eg, anonymity, confidentiality of disclosures).
- Statistical analysis differences.
- Low response rates.
- Lack of validated measurement tools.

The ScR identified 45 scientific and two grey literature studies[23 58] that measured IV prevalence. Sample sizes varied from 59 to 10 000+ respondents, encompassing athletes at various competitive levels and the general population, often using convenience or purposive sampling. Most studies (n=20) use surveys without psychometric validation. Several studies use (and/or adapt) the Interpersonal Violence in Sport Questionnaire[18] or modifications of Volkwein,[59] Vanden Auweele[60] and/or Alexander.[61] Informed by athletes' voices and validated, the Violence Toward Athlete Questionnaire[62] was used in four articles.[17 19–21] The Interpersonal Violence Against Children in Sport-Questionnaire, used in the largest study,[23] awaits validation. Most tools measure IV before age 18; none address adult athletes; and none address IV experiences in sportspeople who are not athletes. Given these challenges, interpreting and comparing current epidemiological estimates requires caution. Accepting this inherent complexity, quantifying IV experiences in sport remains an incomplete endeavour. Table 3 presents consensus recommendations related to the epidemiology of IV in sport.

Potential outcomes of IV in sport

IV in sport can cause psychological, behavioural, physical and material damage to athletes, athletes' entourage and sport organisations.[63 64] Potential outcomes of IV in sport are presented in table 4.

Section 2: Socioecological model of IV in sport

Violence is socially constructed.[7 65] Meaningful distinctions between the various types, risk factors, contexts and potential outcomes of IV overlap.[66 67] In light of this, we propose an updated conceptual model of IV in sport (figure 4). Three distinct but inter-related elements anchor the model: socioecological context, displayed as five nested levels (blue) (individual/interpersonal, organisational, sectoral, societal, temporal); types and modes of IV (red); and potential outcomes of IV for athletes, athletes' entourage and sport organisations (black). All three elements of the model interact with one another. For example, sport organisations, entourage members and athletes can influence types and modes of IV and the socioecological context itself through either proactive actions such as speaking out against witnessed or experienced IV,[68–71] or passive inactions such as bystanding and enabling.[64 72]

Table 3 Consensus recommendations* related to definitions, prevalence and potential outcomes of interpersonal violence in sport

Target audience					
Athletes	Entourage	Sport organisations	State/government and civil society	Researchers	Consensus recommendation
	●	●	●	●	Psychological violence emerges as the most prevalent form of IV in sport. This underscores the importance of equipping coaches especially with pedagogical approaches aimed at supporting athletes.
		●	●	●	Considering the diversity in terminology and the complexity of defining IV in sport, it becomes imperative to incorporate recognised and contextualised definitions into sport and safeguarding policies.
		●	●	●	The prevalence of IV in sport necessitates international and local attention and action. The problem should be closely monitored, and prevention strategies should be evidence based.
		●	●	●	Comprehensive monitoring of the prevalence of IV in sport requires a combination of epidemiological studies and the analysis of data from monitoring/reporting mechanisms in sports organisations, disciplinary bodies and legal systems. A holistic approach is necessary to fully grasp the extent, nature and contextual factors associated with IV experiences of all within the sports ecosystem.
				●	Researchers should establish terminology consensus for sport organisations.
				●	Researchers should develop psychometrically robust and standardised instruments aimed at enhancing the quality of prevalence studies on IV in sport.
				●	Researchers should conduct prevalence studies to encompass children but also adult athletes, more diverse and/or vulnerable populations and specific forms of IV to ensure a comprehensive understanding of these phenomena.
				●	Researchers should conduct comparative qualitative and quantitative studies across different countries and cultures. This knowledge can then be leveraged to refine quantitative prevalence measurements and stimulate cultural comparison and understanding.
				●	Researchers should collaborate with state and civil society organisations conducting national representative surveys to integrate specific questions about IV in sport.
				●	The development of international monitoring/surveillance tools for IV in sports, designed for repeated assessments over time, is essential. These tools will facilitate the examination of the impact of safeguarding measures, policies and interventions in addressing IV.

*Five target groups within the sports ecosystem are addressed: (1) athletes; (2) athletes' entourage (inclusive of both the athlete support team: coach, manager, family/caregivers, officials, safeguarding officer, etc; and the athlete health and performance team: all members of the athlete 'health' team: sports medicine, sports psychology/psychiatry, sports nutrition, sports physiology, physiotherapy, etc); (3) sport organisations (inclusive of local clubs, National Olympic Committees (NOCs)/Continental and National Federations, IOC/International Paralympic Committee (IPC), International Federations/multisport event organisers); (4) state/government and civil society (inclusive of countries/municipalities, non-sport organisations, media and general sports spectators/followers); (5) researchers who focus on sports are a separate, stand-alone group of people that integrate with all others.
IOC, International Olympic Committee; IV, interpersonal violence.

Section 3: Individual and interpersonal determinants of IV in sport

A wide array of individual and interpersonal variables shape the nature of human responses. Recent literature identifies an added layer of complexity: the intersection of overlapping forms of oppression and discrimination. Intersectionality has been adopted to facilitate the multilayered understanding of socially constructed experiences that cannot be understood simply by examining individual aspects separately,[73] which are greater than the sum of their parts.[74] This section explores individual/interpersonal-level variables such as sexual orientation, gender identity/expression or sex variations (SOGIESV), race/ethnicity, age and dis/ability, as they relate to IV experiences in sport which function at the innermost level of the socioecological model. These variables interact reciprocally with those on other socioecological levels, particularly societal.

Sexual orientation, gender identity/expression or sex variations

All athletes have the right to safe sporting experiences, regardless of their SOGIESV. However, sport is often a less inclusive, welcoming and safe space for LGBTQ+ persons as well as people with sex variations. As a such they can face social repercussions, discrimination and violence in sport based on their SOGIESV.[75] We recognise that sexual orientation, gender identity/expression and sex variations are distinct terms that require nuanced attention. The grouping has been adopted here not to minimise importance or conflate the terms, rather to ensure that all are given attention and primacy. In addition, it is important to recognise that SOGIESV terminology continues to evolve and therefore should be updated over time.

Linked to binary gender classifications, statistical differences exist in the prevalence of various types of IV in sport (see above and table 2). Most studies examining SOGIESV and IV report an overall average of IV, and then compare boys/men, girls/women (using gender binary) and the LGBTQ+ group to that average. The common finding is that LGBTQ+ athletes experience higher levels of IV.[50 51 76] With the majority of trans* individuals facing some form of physical, sexual and/or verbal aggression based on gender identity, gender expression and/or perceived gender within their lifetime,[77] trans* people are among the most stigmatised and discriminated social groups in society.[78] Research pertaining to other sexual identities represented within the LGBTQ+ classification is less understood, for example, the experiences of bisexual, intersex or pansexual individuals and their IV risk.

While greater evidence is required, sex testing may be considered to be a form of IV with potential physical, psychological and sociological harms to affected athletes.[79 80] Future research should document and quantify the harms of sex testing, as a form of IV.

Age and sport level

The literature extensively reports on IV prevalence in (elite) sport and its detrimental impact on athlete well-being and performance.[18 22 23 81–84] The stage of imminent achievement, first proposed in 1997[85] and tested by Brackenridge, Lindsay and Telfer[86] among others, proposed linking sport career paths with athletes' chronological ages to identify where the risk of abuse was greatest. Based on their competitive level, athletes face varying degrees of pressure from coaches[87] or from athletes themselves while pursuing success.[88] At elite and professional levels, athletes face high stakes and intense pressure to perform at their peak.[88] At this level, coaches sometimes wield immense power over athletes' careers.[83] In extreme cases, athletes may feel pressured to tolerate IV in exchange for the opportunity

Table 4 Potential outcomes* of interpersonal violence in sport for athletes, athletes' entourage members and sport organisations

Affected group	Psychological outcomes	Behavioural outcomes	Physical outcomes	Material/performance outcomes
Athletes	Low self-esteem/self-worth[20 88 115 198 279 280]	Challenging personal relationships (peer, partner, authority figure)[30 50 115 281–283]	Non-sport or sport-related injury and illness (accidental)[42 47 88 284]	Economic loss[112]
	Psychological distress[20 112 152 201 218 285]	Sport dropout[33 46 50 100 115 184 201 255 279 286]	Psychosomatic symptoms/somatisation[203 285 287]	More difficulty achieving athletic goals[198]
	Depression[28 30 40 88 115 279 285 287–290]	Early sport retirement[253]	Slower physical recovery time[47]	Diminished sport and academic performance[33]
	Anxiety[28 33 40 115 279 285 290–292]	Disordered eating and eating disorders[30 46 186 203 255 283 284 288 290 293 294]	Headache[33]	
	Fear (general, not being believed, punishment)[28 115 159 218 280 291 295 296]	Other eating psychopathology[88]	Fatigue[33]	
	Sadness[116 297]	Drive for thinness and weight control[203 293]	Insomnia[33]	
	Guilt[127 287 294 298]	Social comparison[203]	Nausea/vomiting[33]	
	Disgust[295]	Apprehension attending team functions[123]	Generalised negative physical health outcomes[2 285]	
	Anger, irrationality, volatile mood states[2 291 292 295 299 300]	In-fighting[280]	Sexually transmitted infections[2]	
	Stress[255 287]	Conformity to social/gender norms[50]		
	Post-traumatic stress disorder[20 88 291]	Unhealthy risk taking (alcohol misuse/abuse, substance use, risky sex)[283]		
	Shame[291 298]	Cheating (performance-enhancing drugs, rule breaking)[139]		
	Hopelessness[201]	Self-harm[30 41]		
	Helplessness[116]	Unwillingness or hesitancy to disclose or report[288 296]		
	Low mood[292]	Social and professional isolation/avoidance/marginalisation[100 139 159 253 255 279 280 296]		
	Negative affect[292]	Normalisation of pain[284]		
	Suicidality (ideation, attempted, completed)[2 41 42 140]	Overuse of pain medication[284]		
	Loss of and low motivation[46 206 253 292]	Loss of social prestige in group[198]		
	Loss of individuality and individual choice[123 301]	Involvement in advocacy for abuse prevention*[290]		
	Feelings of betrayal, failure, exclusion[127]	Support-seeking and help-seeking behaviour*[100 115]		
	Feeling trapped[123]	Meaning making*[100]		
	Feeling degraded[282]			
	Confusion and ambiguity[127 297]			
	Humiliation[282]			
	Dissociation[115]			
	Denial[295]			
	Body dissatisfaction aka poor body image[292 293]			
	Negative feelings towards perpetrator[302]			
	Self-blame[294]			
	Impaired focus[292]			
	Low quality of life[285]			
	Anhedonia (including lower enjoyment of sport)[30 203 255 280 292]			
	Low self-confidence[198]			
	Post-traumatic growth*[291]			
Athletes' Entourage	Confusion (blurred personal boundaries)[127 296]	Coaches reproduce abuse they experienced as athletes[286 301]		No consequence/no coach or team accountability[295]
	Confusion (difficulty interpreting one's own experiences)[127]	Censorship (coaches feel unable to speak freely)[150]		Diminished team performance[280]
	Fear[218]	'doubling down', further and more severe abuse[203 284]		
	Guilt[152]	Retaliation after athletes report an abusive authority figure[40 88 201]		

Continued

Table 4 Continued

Affected group	Psychological outcomes	Behavioural outcomes	Physical outcomes	Material/performance outcomes
	Remorse[152]	Intentional removal of support after abused athletes' low performance[88]		
	Self-doubt[152]	Continued body monitoring after athlete retirement[203]		
	Psychological distress[64 218 300]	*Complacency:* ► Parents acquiesce to coach's demands/abuse[284] ► Coaches accept abuse due to their own abuse experiences[120]		
	Suicidality (ideation, attempted, completed)[64]			
		Neglect/inaction: ► General lack of care/support for athletes' suffering[30] ► Lack of bystander intervention facilitating continued harm[297] ► Due to coach's belief that bullying is a 'natural process'[52] ► Due to sport stakeholders' cultural expectation of sport violence[253] ► Due to social stigma[198] Elevated consciousness, duty of care and empathy (eg, coaches unlikely to abuse due to their abuse experiences as athletes)*[123 293]		
Sport Organisations	Discomfort[33]			Loss of players and fans[255]
	Low moral and ethical climate[139]			Reduced sport enrolment[50 279]
	Toxic organisational culture: ► Lack of accountability[128 186] ► Neglected focus on systemic violence[128] ► Deprioritisation of athlete's voices[128]			Loss of sponsorship[2]
				Diminished team(s) performance[2]
				Asset depreciation[2]
				Reputational damage: ► Public perception that organisations are unable to regulate themselves[218 296] ► Negative media reports[2] ► Generally reduced public confidence[2]
	Loss of trust[2]			
	Elevated consciousness and consideration of duty of care to athletes*[123]			

*The term 'outcomes' was chosen for its pedagogical value to connote potential responses to interpersonal violence discussed in the reviewed literature. Causality has not been demonstrated for all outcomes, and those that are not categorically negative are highlighted with a trailing asterisk.
aka, also known as.

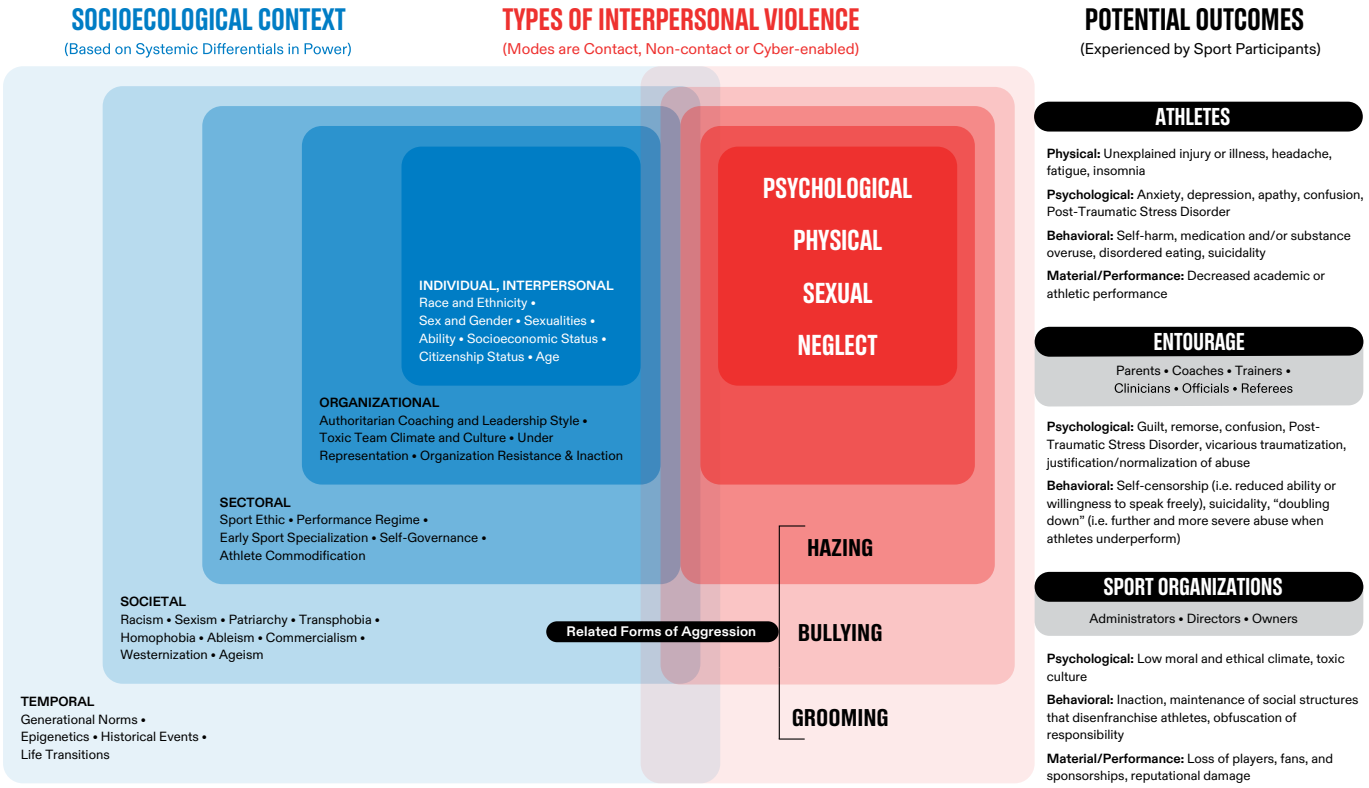

Figure 4 Socioecological model of interpersonal violence in sport. A graphic representation of the interconnected complexities of abuse in sport (lists are non-exhaustive).

to compete at the highest level. Elite sport organisations' hierarchical structures and administrative procedures can make it challenging for athletes to report IV (see section 4: Contextual determinants of IV in sport).[89–91]

Concerns persist over high IV prevalence estimates among young elite athletes. While Sølvberg *et al* found elite athletes experience less sexual violence than other athletes, some evidence indicates young athletes in recreational-level sport encounter sexual harassment and violent treatment more frequently than elite counterparts,[43 48] emphasising the need to address IV across all competitive levels.[23] Despite lower training intensities, recreational-level athletes can encounter abusive behaviours from peers.[53] Those willing to progress to elite sport can be particularly susceptible to IV through pressure[84] and coach-driven ideologies promoting 'growth through suffering'.[92] The absence of rigorous oversight and standardised safeguards in amateur sports can leave young athletes vulnerable.[21]

While there are examples of balanced early sport specialisation (ESS), it is important to highlight the unique set of risks attributable to ESS as an increasingly popular lifestyle choice.[93] ESS involves committing exclusively to a single sport during physical and psychological maturation for a prolonged period (at least 8 months annually).[94] Parental influence is a primary driver for young athletes taking up a particular sport, while coaches influence decisions related to training intensity leading to ESS.[95 96] Parent and Vaillancourt-Morel[21] demonstrated that ESS is associated with increased self-reported psychological and neglect types of IV. ESS has occurred as early as 4 years old[97] and research links ESS with burnout, social isolation, injury and overlooking talent in late-blooming children.[98 99] This pressure can also contribute to toxic environments where children are less likely to report abusive behaviour for fear of losing specialised training opportunities.[94] Of course, IV does not stop simply because specialised young athletes become adults.[100 101]

Race and ethnicity

Race and ethnicity can impact a person's vulnerability for experiencing abuse inside and outside of sport.[102–107] Gurgis *et al*[108] found that sport participants who self-identified as black athletes reported experiencing verbal microaggressions and systemic violence linked to race, among other race-related discriminatory behaviours generally falling outside current IV/safeguarding efforts in sport. Vertommen *et al*[18] reported that young minority athletes experienced significantly more violence in the context of sport than other athletes, despite Parent *et al*[20] reporting that ethnicity was not a predictor of IV towards young athletes in her work. Moreover, Wilson *et al* reported athletes who identified as racialised experienced significantly higher rates of physical harm than non-racialised athletes, yet significantly lower rates of emotional harm.[109] Greey (2022) found that the intersection of race and gender identity in racialised transwomen made sport locker rooms particularly hostile.[110] Overall, race and ethnicity remain under-represented, inconsistently reported or absent in the relevant literature.

Dis/ability

As Tuakli-Wosornu and Kirby describe, 'rights violations in para and non-disabled sport illustrate both individual and organisational vulnerabilities.'[111] Vertommen *et al*[18] were the first to report that young athletes with disabilities experienced the most psychological abuse among all groups of athletes studied (see table 2).[18] Athletes with disabilities competing at national and

international levels have self-reported experiencing transgressive behaviours more frequently.[22] In contrast, Ohlert *et al*[31] found no significant differences in a study of German athletes based on dis/ability.[31] In addition to the ways athletes in general experience discrimination, para athletes experience further financial and social discrimination,[111 112] suffering the effects of labelling and often experiencing a lack of respect.[112 113] Para athletes can be perpetrators of peer abuse.[114]

Perpetrators of IV

To understand IV against athletes and others, it is critical to examine perpetrators in sport. Relationships and the relational aspect of IV is an essential part of the narrative when identifying risk factors. IV within the coach–athlete relationship has been given primacy in the literature, however, it is widely accepted that anyone can be a perpetrator and/or victim of sport-related IV, including peer athletes, parents/caregivers and members of the athlete health and performance team.[19 115–118] IV can be experienced directly and/or indirectly.[64 72 119] While some studies have identified key characteristics of perpetrators,[17 117 120 121] Vertommen *et al*[19] note how in-depth scientific analyses of characteristics, interpersonal dynamics and applied theories of offending in sport remain largely absent from sport research.[19] Widely reported is the presence of power differentials within abusive relationships or environments.[35 122] Power operates between all people and relationships, but further permeates high-performance environments and their relationships, bringing into question more systemic sporting practices that facilitate IV (see section 4: Contextual determinants of IV in sport).[123 124]

Intersectionality

While each aspect of identity presents its own risk factors for IV, there is potential risk based on the intersecting aspects of identities.[74] As Gurgis *et al*[108] contend, critical safe sport topics to address, such as racism, ableism, sexism, misogyny and heterosexism, can uniquely define (un)safe experiences of sportspeople.[108] Systemic discrimination remains a significant threat to individual welfare, thus, an intersectional approach should be used when striving for safe sport: a reality which might not yet be possible across sports, cultures, or contexts, or experienced equally by those with differing intersecting identities.[105 106 125] Table 5 presents consensus recommendations related to individual/interpersonal determinants of IV in sport.

Section 4: Contextual determinants of IV in sport

'*No instance of abuse can be divorced from its socio-cultural context*[126]'

The sociocultural environment influences individual action. Below, three groups of structural variables are considered: (1) organisational factors: what individual sport organisations are directly responsible for; (2) sectoral conditions: common operating logics and regulations across the wider sport sector but not specific to individual organisations; and (3) societal systems: social norms and values underpinning society's institutions (see figure 4). These variables interact reciprocally with those on other socioecological levels, particularly temporal.

Table 5 Consensus recommendations* related to individual and interpersonal determinants of interpersonal violence in sport

Target audience					
Athletes	Entourage	Sport organisations	State/government and civil society	Researchers	Consensus recommendation
	●	●			International Federations and National Olympic Committees should: (1) encourage trauma-informed and violence-informed care/practice through training members of the entourage, and (2) encourage translation of this knowledge and practice to member National Federations for implementation at the grass-roots level of sport in their countries.
		●		●	Researchers should cocreate with survivors to develop innovative approaches to research methodologies to address experiences of IV in diverse and/or under-represented populations (eg, including but not limited to LGBTQ+, racialised, children, women, para, trans, differences of sex development, entourage).
				●	Researchers should study IV of youth athletes on the high-performance talent pathway.
				●	Researchers should understand and identify the intersection of discriminations and their links to IV in sport. In addition, they should quantify the associated outcomes of intersectional discriminations.
				●	Researchers should broaden the scope of research on perpetrators and victims of IV and specifically focus research questions to advance our understanding of perpetrator methodologies.
		●	●	●	Universal safeguarding codes and an international surveillance system with platforms for reporting, case management, sanctions and recompense should be developed, implemented and evaluated.

*Five target groups within the sports ecosystem are addressed: (1) athletes; (2) athletes' entourage (inclusive of both the athlete support team: coach, manager, family/caregivers, officials, safeguarding officer, etc; and the athlete health and performance team: all members of the athlete 'health' team: sports medicine, sports psychology/psychiatry, sports nutrition, sports physiology, physiotherapy, etc); (3) sport organisations (inclusive of local clubs, National Olympic Committees (NOCs)/Continental and National Federations, IOC/International Paralympic Committee (IPC), International Federations/multisport event organisers); (4) state/government and civil society (inclusive of countries/municipalities, non-sport organisations, media and general sports spectators/followers); (5) researchers who focus on sports are a separate, stand-alone group of people that integrate with all others.
IOC, International Olympic Committee; IV, interpersonal violence; LGBTQ+, lesbian, gay, bisexual, transgender and queer+.

Organisational factors

The literature generally divides organisational factors into: (1) unhealthy organisational climates in general and (2) lack of safeguarding policies and practices in particular.

Unhealthy organisational climates in sport are typified by a culture of control and coercion,[81 127–131] fear,[132] mistrust,[133 134] secrecy[135] and a code of silence[132 136–138] among other aspects. These toxic environments are associated with traditional authoritarian coaching techniques[48 81 138–146] which reaffirm power imbalances between athletes and coaches/officials and discourage challenges to the authority of coaches.[147] In such climates, athletes and others tend to tolerate unacceptable practices,[148 149] avoid raising concerns due to potential disadvantages (deselection, isolation, reprisal, etc)[130 131 133 150 151] and are disempowered.[143 152 153] Chillingly, a former national-level coach convicted of IV said, 'You can do it because you are doing it with the permission of the parents. It is too easy.'[144] Qualitative research with victim-survivor testimony and independent reviews of sport governing bodies point out that built environments such as residential training centres[130] can elevate risk by physically isolating athletes from their support networks[154–156] and potential monitoring.[157] Cisnormative spaces such as locker rooms may also expose some individuals to discriminatory experiences.[110 158]

A more discrete organisational failure in safeguarding is a lack of safe sport measures.[51 58 130 133 135 144 150 154 159–174] Behind the unpreparedness can lie organisational resistance and inaction[175] that stem from deep discomfort and disconnect with the topic of IV,[171 176] a dearth of attention to equity, diversity, and inclusion,[134] and lack of leadership.[167] For example, organisations remain unwilling to acknowledge their safeguarding issues due to potential reputational damage and resultant financial losses,[177] or merely adopt a box-ticking approach.[178] Further, safeguarding work remains low priority,[161] under-resourced[162 167] and unfairly reliant on volunteers.[130 161 171 179] Because of the 'demanding, emotional, sensitive, difficult and unheralded'[172] nature of the work, often viewed as 'not commercially productive'[130] no matter how much goodwill exists, organisational safeguarding capacity fails under these conditions.[171]

Sectoral conditions

Sectoral conditions generally derive from the very nature of sport (its pursuit of high performance and its relatively autonomous position in society).

The naïve social belief in the 'essential goodness of sport',[176] or the Great Sport Myth in Coakley's[180] words, hinders sportspeople from acknowledging and providing against negative dimensions of sport,[131 144 176] and enables perpetrators at all competitive levels to hide under the '…cloak of respectability and credibility that [comes] through their association'.[144 181] Entrenched and difficult to uproot, the 'sport ethic'[182 183] institutes vulnerability through 'win at all costs' ideologies,[134 184] such as 'accepting risk and play[ing] through pain', 'sacrificing health and wellbeing for success'[145 185] and 'refusing to accept limits', which normalise harmful practices[52 81 143 146 165 186] and sideline human rights and safeguarding principles.[8 184]

These sport-specific ideologies are reflected in, and reinforced by, sport-specific regulations such as performance-based funding and hiring/retention systems.[81 133 149 154 187] Designed for medal success, performance-based funding has the effect of setting priority (performance over well-being) and exerting pressure on recipient organisations[130] and coaches[81] to employ domineering strategies over athletes.[87] Such conditional support consolidates power distortions in coaches/officials and leaves athletes commodified and at their discretion.[8 81 130]

As above, ESS is a unique feature of the sport sector that requires early talent identification and development,[176 188] and is driven by both individual choices (eg, parents/caregivers, coaches; see section Individual and interpersonal determinants of IV in sport) and sectoral demands. ESS can come at the price of child and young athletes' welfare, including intensified training,[176] disrupted education[189] and/or limited life experiences beyond sport,[130] which can infringe on their rights to education[176] and ability to challenge problematic practices.[130] Due to the brevity of elite sport careers, 'the success of the industry depends on a constant pipeline of aspiring and talented child athletes',[176] which at the extreme incentivises international transfers and trafficking of minors in certain sports. Sustained within this pipeline is racial capitalism: 'the largest numbers are from West Africa with an estimated 15 000 children each year'.[176]

Similar to individual/interpersonal-level analyses, sector-specific research surfaces masculinist ideals[76 183 190] and sport's system of binary sex classifications as a threat to the dignity and well-being of athletes.[110 128 191]

Many sectoral conditions derive from what is known as 'sporting exceptionalism'.[192] This self-regulating, self-policing philosophy and governing model often positions sport as 'a cultural and political island'[126] separate from society and beyond the universal scope of child protection regulations and state/government due processes.[165] The absence of player representation (eg, unions, committees) and the limited presence of athletes in decision-making processes concerning their rights[134 154 163] reduce athletes' power to help protect their welfare[193] and impede the impetus to report IV.[159]

Societal and temporal systems

Historical and geopolitical forces that oppress, exploit and disadvantage some, while empowering others,[194] shape the social world in which sport is embedded.[195] IV can be understood as a product of normative social power inequities.

Research demonstrates equity-deserving groups are more likely to experience IV in sport (table 2).[2 23 151 196] Accordingly, racism,[197] sexism,[34 198–200] homophobia,[36 51 201] heteronormativity,[191 202] ableism,[112 151] sizeism (weight stigma)[81 129 130 203] and other biases perpetuate unequal exposure to IV in sport. These prejudices can create a unique and distressing duality for equity-deserving groups, who are rendered both *hyper* visible as perpetual 'others,' and *in*visible as typecast figures denied full humanity.[69 105 112] Insidious types[204 205] and compounded psychological pain of IV[206] reside within these societal systems.

Theories of IV/child maltreatment in sport must be informed by knowledge of how a society thinks about children and childhood.[207–209] Coach–athlete relationship, in its dominant configuration, is a product of wider discourses of adult–child relation. In cultures with a prominent disciplinary discourse—arguably a universal position—the abuse of children in sport may be rationalised through, for example, English public school notions of 'spare the rod, spoil the child',[92] or Confucianist ideas of 'whipping with love'.[140 165 210]

Similarly, dominant notions of gender shape what is (not) appropriate for sportspeople at sectoral and organisational levels, and how IV is defined.[205] Patriarchal ideology produces hierarchical norms that subordinate girls/women, but harm all.[163 211] For example, hegemonic masculinity feminises victimhood, obstructing recognition and disclosure of IV by boys/men[58 135 144 212 213] despite its clear prevalence.[214]

Table 6 Consensus recommendations* related to contextual determinants of interpersonal violence in sport

Target audience					
Athletes	Entourage	Sport organisations	State/government and civil society	Researchers	Consensus recommendation
			●		Media production and engagement can either reaffirm or challenge taken-for-granted norms and practices that can harm and dehumanise athletes. Media producers should be responsible and ethical in their reporting.
		●	●		State, civil society and sport organisations should improve collaboration, recognising the distinct but complementary roles and responsibilities of the different actors to address interpersonal violence in and through sport, and the need for local contextualised approaches to prevention and response.
		●	●		State, civil society and sport organisations should recognise sport as a social and cultural institution which, like others, is often a site for IV and collaborate to develop strategies to address this while realising the protective, preventative and therapeutic potential of sports participation.
		●	●		State, civil society and sport organisations should ensure that their policies, personnel, practices and procedures advocate for and proactively support the realisation of children's rights, and human rights, and well-being in and through sport.
		●			Sport organisations must ensure that prevention and response initiatives are: (1) pitched at the level(s) where issues originate to address the multiscale determinants at work, and (2) collaboratively developed with state and civil society.
	●	●			Sport organisations must recognise that performance-oriented or profit-oriented programmes have inherent risks of IV and therefore prepare measures to mitigate those risks.
	●	●			Sport organisations must ensure that athletes in their sport are aware of their rights under relevant national and/or international legislation, treaties and policies.
			●	●	Researchers should evaluate the risks of harm from online environments on athletes and the entourage as the online world continues to expand its influence in society. Safeguarding policies and practices should specifically reference online environments in prevention and response initiatives.

*Five target groups within the sports ecosystem are addressed: (1) athletes; (2) athletes' entourage (inclusive of both the athlete support team: coach, manager, family/caregivers, officials, safeguarding officer, etc; and the athlete health and performance team: all members of the athlete 'health' team: sports medicine, sports psychology/psychiatry, sports nutrition, sports physiology, physiotherapy, etc); (3) sport organisations (inclusive of local clubs, National Olympic Committees (NOCs)/Continental and National Federations, IOC/International Paralympic Committee (IPC), International Federations/multisport event organisers); (4) state/government and civil society (inclusive of countries/municipalities, non-sport organisations, media and general sports spectators/followers); (5) researchers who focus on sports are a separate, stand-alone group of people that integrate with all others.
IOC, International Olympic Committee; IV, interpersonal violence.

Masculinist narratives, therefore, can promote 'rape culture' but also shape victim/survivor responses. Boys/men who are victims may respond '…by pushing the hyper-masculinist norms of male-sport even further, for example, engaging in excessive alcohol consumption or violence'.[135] Such narratives may endorse or promote myths about IV that influence organisational responses to victims/survivors.

The escalating political significance of international sporting success and the resultant 'global sporting arms race'[215] formed the backdrop against which performance-based funding and ESS developed and intensified.[124 176] Commercialisation, therefore, facilitates and maximises athlete dehumanisation,[216] expressed as commodification[32 195] and macabre glorification.[175 217]

Spectators' behavior, mass media, and associated consumer uptake can represent and reinforce harmful sport ideologies.[146] Social media is an extended channel[218 219] through which misogyny, racism and threats of violence are 'weaponised',[124 199 219 220] coach and other perpetrators gain the trust of victims[221] and gender(ed) harassment arises among peers.[23 222] Media/online violence can cause psychological harm to sportspeople[124] and maintain gendered, racial, faith-based and other hierarchies.[199 200 218 219] Much is yet to be known about a fast-growing hybrid space, where online and offline realities merge. Table 6 presents consensus recommendations related to contextual determinants of IV in sport.

The variables in Section 3: Individual and interpersonal determinants of IV in sport and Section 4: Contextual determinants of IV in sport are distinct yet interconnected, interacting across socioecological levels to either facilitate or hinder IV in sport. For example, dominant performance ideologies at the organisational and sectoral levels significantly influence coaching practices, caregiver/family expectations and athletes' behaviours within sport at the individual/interpersonal level.[143] Historical and generational shifts in normative social values (temporal level) can also impact mutual expectations, tolerance and acceptance of behaviours (individual/interpersonal level). The nature of performance ideologies, coaching practices, caregiver/family expectations, athletes' behaviours within sport and sociocultural movements and global trends is therefore reciprocally dynamic.[68–71 105–107 223] IV in sport is complex and demands multiscale, multilayered and multidisciplinary solutions.

Section 5: Towards solutions for IV in sport

Select studies that address preventing and/or responding to IV in sport are reviewed below, focusing on gaps. The reviewed articles (n=52) were pitched at either athlete level (49%; ie, all, children/youth and girls/women) or organisational level (51%).

Athlete populations

Athlete-focused interventions

Despite existing national and international IV policies and reporting mechanisms, awareness that these policies exist and are safe to access is low among athletes.[40 193] For example, research highlights child and youth athletes' lack of practical knowledge

regarding where to report IV, as well as the perception that individuals in power 'lack accountability to protect athletes' from it.[224]

While few youth-specific initiatives have been evaluated, qualitative studies show current national and international safeguarding infrastructures in youth sport have limited influence and are frequently under-resourced and underused.[202 224] Youth voices are rarely incorporated into initiative designs due to a range of barriers.[225] Notably, though reviewed manuscripts focused on child and youth athletes, these concerns apply to all athletes.

Gender-specific interventions

Studies on preventing sexual violence against girls/women collectively highlight the need for a multilevel approach, encompassing attitudinal and cultural shifts, as well as structural and social adjustments.[160 162 193] Dedicated roles within sport institutions could pressure action at organisational levels.[162] At the same time, sport organisations need capacity building and external support from the specialist violence response sector to develop and implement effective safeguarding roles and initiatives.[160] Interpersonal-level programmes designed to prevent IV in sport among men/boys have encompassed bystander intervention and advocacy programmes that could be applied more widely across all athlete groups.[226–232] Expanding the research focus beyond the male perpetrator-female victim paradigm and the gender binary is also crucial.

Athletes experiencing higher levels of IV

Few studies have examined IV prevention among athlete groups that may experience higher levels of IV, for example, racially/culturally and linguistically diverse, para, indigenous and SOGIESV athletes. Safeguarding models specific to children with disabilities have relied on qualitative data representing athletes' voices.[233] These could be important potential templates for developing safeguarding initiatives moving forward; however, they have not been evaluated for effectiveness and should be bolstered with future research. Notably, there is an absence of studies focused specifically on men/boys, who may also benefit from individualised approaches that reduce stigma and normalise IV reporting.

Sport organisations

The reviewed literature highlights organisational safeguarding initiatives, many already in practice, such as required trainings and policies,[234] codes of conduct,[167] education, training,[129 167] policy implementation[161 235] and addressing power dynamics and coaching practices related to IV risks.[83] Some initiatives prioritise athlete inclusion.[35]

Some studies described specific safeguarding initiatives,[143 160 161 236 237] and only two were evaluated for effectiveness: hazing prevention[236] and the implementation of the 'International Safeguards'.[134] Though falling outside this review, the most substantive investigation into the effectiveness of safeguarding in sport seems to be Brackenridge *et al*'s 2006 study of British football.[238]

In the reviewed studies, some sports federations and clubs actively denied the existence of IV directed towards athletes and claimed there was little need for safeguarding policies and practices.[150 202] For example, a recent study of 10 large Swedish sports federations found federations have '…taken few or no measures against sexual abuse'.[150] Despite unanimous acknowledgement of child sexual abuse in sport as 'absolutely unacceptable' by participating federations,[239] the majority were described as perpetuating a 'culture of silence' around the issue[150] partly to evade past scandals that crippled other sports programmes. In another study, only 50% of 8571 German sport clubs considered sexual violence prevention a relevant topic.[202]

Directions for solutions-focused research and practice

There is a dearth of solutions-focused research in the existing literature. In our review, only 52 citations focused on safeguarding, the majority of which were descriptive, focused only on problem definition or designed only to identify risk factors. Articles proposing safeguarding strategies, while promising, had not been empirically assessed for effectiveness or were examined in studies with sampling or methodological limitations (eg, small convenience samples, case studies). Increased varieties of research, including those that are more methodologically empirical, can draw further, more specific attention to solutions-focused research.

Only five of the reviewed studies were designed to evaluate the efficacy or effectiveness of a specific safeguarding strategy or policy. Moreover, interventions focused predominantly on sexual violence, omitting other types of IV (see table 1). This highlights underinvestment over the past 15+ years in empirically based research designed to create broad IV prevention and response strategies in sport. Despite this, many organisations currently use some form of IV prevention and response strategy, safeguarding approach and/or policy they believe is effective. The development of a range of effective, evidence-informed safeguarding strategies is crucial.

None of the reviewed articles focused primarily on promoting IV disclosure or reporting in sport. This contrasts with the numerous articles addressing this topic in university settings.[240 241] There is a need for research designed to foster IV disclosure and reporting in sport. At the same time, scholarship addressing 'upstream' systems, such as psychologically safe environments where it is safe to risk coming forward without fear of negative consequences, must also expand. The sports context interacts with disclosure and reporting systems; both must be healthy and athlete centred.

Few solutions-focused research incorporates multiple stakeholder perspectives, including child and youth athletes. Given the benefits of 'triangulating' perspectives and experiences from diverse stakeholder groups in safeguarding initiatives' design, this is a crucial gap.[83 242–244] Although there is recognition of the value of children's voices in sport, barriers such as heavy adult involvement in sport administration hinder their incorporation.[225] Organisational culture change and using new methods, such as digital technologies, may help facilitate children's voices effectively and mitigate abuse. It is also essential to ensure that marginalised groups, for example, culturally diverse, para, indigenous, gender and sexually diverse individuals, have their voices heard.[233]

As above, some sports federations and clubs have not fully acknowledged, adequately supported or responded to IV in sport.[150 175 202] This highlights the need for all country's sport federations to prioritise participants' safeguarding and well-being. Table 7 presents consensus recommendations related to solutions for IV and safeguarding in sport.

Limitations

This consensus statement was systematically planned and executed but has several limitations. First, because the goal of

Table 7 Consensus recommendations* related to solutions for interpersonal violence and safeguarding in sport

Target audience					
Athletes	Entourage	Sport organisations	State/government and civil society	Researchers	Consensus recommendation
		●	●		State/government and (inter)national sport organisations should acknowledge and take responsibility for addressing athlete safeguarding concerns; particularly for athlete groups experiencing higher levels of IV.
		●	●		In collaboration with state/government, (inter)national sport organisations should implement a full range of athlete safeguarding prevention and response policies and practices. Initially, 'evidence-informed' approaches should be relied on, until sufficient 'evidence-based' policy and practice strategies are available to enhance athlete safeguarding.
	●			●	Researchers should incorporate multiple stakeholder perspectives in safeguarding research (eg, athletes, parents, coaches), whenever possible, and particularly when addressing approaches specific to child, adolescent and/or athlete groups experiencing higher levels of IV.
		●	●	●	State/government and (inter)national sport organisations should invest sufficient resources for the implementation and ongoing evaluation of IV prevention and response initiatives, as well as participating in research intended to foster athlete safeguarding.
		●		●	Sport organisations should work with researchers to translate study findings into practice as a means of increasing the number of safeguarding prevention and response strategies available to sports organisations to enhance athlete safeguarding.
		●		●	Sport organisations should collaborate with researchers to evaluate the effectiveness of existing sport safeguarding prevention and response strategies (eg, education programmes, safeguarding policies, reporting pathways), particularly those widely in use.
				●	Research should evaluate the effectiveness of IV disclosure and reporting pathways to enhance athlete safeguarding.
				●	Researchers should prioritise conducting studies on athlete safeguarding with a focus both on evaluating current sport safeguarding strategies and developing new strategies designed to meet specific athlete safeguarding prevention and response needs. This will ensure that sports programmes know what strategies work, for whom and in what context.
				●	Athlete safeguarding research should incorporate theory-driven research designs that help determine the effectiveness of safeguarding prevention and response strategies in the sport context. This should entail the use of research designs that can help determine causality between safeguarding interventions and safety outcomes (eg, randomised controlled trials, within-study comparisons, qualitative impact analyses).
				●	Researchers should adopt evidence-based safeguarding prevention and response strategies (eg, bystander intervention, trauma-informed care, safeguarding education) from other sectors (eg, youth-serving organisations, psychology, healthcare), and assess their effectiveness in the sport context. This would help increase the number of evidence-based safeguarding strategies available for implementation by sports organisations.

*Five target groups within the sports ecosystem are addressed: (1) athletes; (2) athletes' entourage (inclusive of both the athlete support team: coach, manager, family/caregivers, officials, safeguarding officer, etc; and the athlete health and performance team: all members of the athlete 'health' team: sports medicine, sports psychology/psychiatry, sports nutrition, sports physiology, physiotherapy, etc); (3) sport organisations (inclusive of local clubs, National Olympic Committees (NOCs)/Continental and National Federations, IOC/International Paralympic Committee (IPC), International Federations/multisport event organisers); (4) state/government and civil society (inclusive of countries/municipalities, non-sport organisations, media and general sports spectators/followers); (5) researchers who focus on sports are a separate, stand-alone group of people that integrate with all others.
IOC, International Olympic Committee; IV, interpersonal violence.

ScRs is to map an evidence base, and methods can be adjusted according to time constraints, included empirical studies were not critically appraised. Additionally, a search update was not run across all databases beyond December 2022; however, forward citation chaining and a Google Scholar search were conducted in July 2023 which allowed for the inclusion of 15 recent manuscripts on this topic. Due to project scope and scheduling limitations, the grey literature included in this consensus was limited to reports and statements to which coauthors had knowledge and/or access. Some data extractors were not also reviewers at the title/abstract and full text levels, and vice versa.

DISCUSSION

This paper and its conceptual model recognise the potential for systemic change (plasticity) in sports contexts. Adopting such an approach relies on multilevel change (figure 4) and is inherently optimistic: the paper asserts that applying the evolving knowledge presented here can help safeguard sport.[5] While the presented data confirm Brackenridge's words, 'sport is not a sacred space',[4 245 246] various studies also affirm that the overarching values of sport are positive and can uplift and unite people across time and space.[109 247–249] Sport's immense global reach necessitates a reflection on the incongruity between the virtues of sport and the 'venom' of abuse. Most do not go into sport expecting to experience IV. Instead, they often seek the camaraderie, joy of effort, celebration of the human spirit, teamwork, sense of belonging and associated virtues that the ethos of sport provides.[109 247–249] IV has no legitimate place in sport. It is counter to and undermines sport's desirable attributes.

Five overarching recommendations for all within sport's ecosystem emerge from this review (figure 5):

1. Address safe sport as everybody's responsibility.
2. Recognise that safe sport is for all within the sports ecosystem.
3. Encourage awareness, adoption and implementation of current scientific knowledge on safeguarding in sport.

Figure 5 Overarching consensus recommendations. Addressed to all within the sports ecosystem, these five overarching consensus recommendations were presented as voting statements during the Delphi process and reached 80% agreement among expert panel members.

4. Encourage sport that is athlete centred, emphasising mutual care and respect.
5. Outreach to unheard voices and integrate global perspectives into safe sport.

Addressed to all within the sports ecosystem, these five consensus recommendations were presented as voting statements during the Delphi process and reached 80% agreement among expert panel members. To apply these recommendations, five theory-based and actionable guidelines are provided next.

1. *Prioritise relational health*

Across the intersecting aspects of the sports ecosystem (between organisations and athletes, among entourage members, etc), healthy relationships that are safe, stable and nurturing[250] must exist. Where relationships in sport cause sustained damage and distress, sport fails its participants and falls short of its potential. In contrast, facilitating relational health supports an ethic of care within sport and boosts sport's galvanising role in society.[251 252]

In practice, relational health requires trust and communication to be built between sportspeople and organisations. At individual/interpersonal levels, this is intuitive (eg, between coach, parent/caregiver and athlete[83 253]), and although IV experiences are highly subjective/personal,[254] research suggests that a felt distinction between healthier and unhealthier relationships can be discerned.[255–257] Relational health can be extended to sectoral and societal levels. For example, national sports organisations could come together to develop common safe sport codes informed by current scientific knowledge, cultural context(s) and extensive multistakeholder consultations within and outside sport. This could be accompanied by handbooks, classification tools and procedural guidelines to promote a unified approach to IV prevention and response, benefiting participating sports organisations equally and measurably—emphasising safe sport as everybody's responsibility.

2. *Integrate safeguarding with the values of sport*

Safe sporting environments and high-performance sporting success can go hand in hand. As Mallett and Lara-Bercial's[258] study on serially winning coaches highlights, sport philosophies focused on conscientiousness, higher purpose and personal growth can also emphasise traditional values of (elite) sport such as achievement.[258] In this way, 'safe sport can harmonise well' with (elite) sports culture, including performance-related goals and continuous improvement seeking.[184] This strengths-based approach (rather than a deficit correction approach) has been shown to optimise performance and well-being in non-sport contexts.[259] While it must be acknowledged that performance-oriented sporting values can be misused (see table 6), by responsibly and thoughtfully leveraging sport's positive elements, safeguarding efforts may find better uptake and effectiveness among sportspeople. To do this, explicitly include safe sport in the concept of sporting success, underpin safeguarding measures with an empowering climate and positive reinforcement, regularly ask for athletes' feedback and find ways to both measure and increase mutual care and respect within sport settings.[260 261] Responsible sport must be values based,[262] as well as athlete centred and child centred[263 264]—emphasising their unheard voices. Expanding sport's central concept of 'winning' to include well-being can also emphasise personal growth and life experiences beyond sport.[265]

3. *Implement trauma- and violence-informed care and practice*

In trauma- and violence-informed care and practice (TVIC/P), for comprehensive prevention, identification, assessment and recovery from trauma, interdisciplinary and professional engagement (eg, between policymakers, coaches/managers, entourage members, sport organisations, etc) is prioritised to reinforce trust and ensure appropriate follow-up and treatment for those requiring mental health services or social support. Six evidence-based principles underpin a trauma-informed approach (safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; cultural, historical and gender issues), reinforcing athlete-centredness and athlete voice.[266] A violence-informed approach acknowledges the structural features of violence that reside within the socio-ecological context (figure 4[267]). This is particularly important in

sport settings, where harmful ideologies, behaviours and expectations are often internalised by athletes and others—making them more difficult to uproot.[8 82 127 131 268] Notably, measuring TVIC/P is increasingly feasible; existing measures would need to be adapted for sport.[267]

4. *Embed principles of implementation science*

Implementation science is the scientific study of processes and methodologies that promote the uptake of evidence-informed and based interventions into real-world practice and policy. Suited to deliver multilayered understandings of socially constructed experiences, implementation science models use standardised measurement tools to gauge organisational context, readiness for change, acceptability, feasibility and intervention fidelity. Early engagement of athletes, entourages and organisations would be a prerequisite to successful intervention uptake. This is particularly valuable when navigating culture change as a potential barrier (eg, organisational resistance, inaction and denial),[150 175 202] and media/online spaces as a potential intervention site.[124 220 269] Implementation science principles centre athletes' voices, incorporate current scientific knowledge, follow principles of human rights-based and values-based research practices and increase the likelihood of effectiveness. Implementation science is appropriate for complex disciplines like sport due to its comprehensive coverage of all socioecological layers. Adhering to implementation science reporting guidelines enables broader dissemination and comparisons, facilitating implementation across diverse sports and countries, and integrating unheard voices and global perspectives into safe sport.

5. *Measure effectiveness*

Once evidence-informed safeguarding interventions are implemented in real-world sport practice and policy, it is essential to integrate contextually appropriate effectiveness and evaluation methodologies. While evaluation and improvement are inherent in implementation science methodology, sport-specific approaches are also necessary.[270] This is because sport's culture of silence, routine processes of control, coercion, and manipulation, and other unique features, can undermine personal dignity, autonomy and identity, enable or disguise IV and debilitate safeguarding measures.[8 9 150 193] Brackenridge *et al*'s[271] 'Activation States' methodology was specifically designed to capture culture change and inform the evaluation of safeguarding initiatives within sport.[272 273] Bandura's sociocognitive theory underpins Owusu-Sekyere *et al*'s (2021) sport-specific safeguarding culture model.[273] Hartill and Lang[179] conducted one of the few studies representing and investigating the perspectives of those implementing safeguarding in sport policy, highlighting implementation and effectiveness challenges across multiple sports.[179] Reviewing such studies may help effectiveness and evaluation methodologies harmonise with sport culture, particularly given the push to introduce safeguarding roles in more countries and sports (eg, sports ombudsmen, safeguarding officers).

Addressed to all within the sports ecosystem, these five consensus guidelines were presented as voting statements during the Delphi process and reached 80% agreement among expert panel members.

Finally, effective safeguarding research, policy and practice rely on the qualitative features of responsible sport described above: camaraderie, teamwork and associated virtues. As concerned sportspeople across sport's ecosystem more readily recognise their own felt sense of safe sport, individually, within groups and as part of sport organisations, and as healthy relationships are proactively cultivated between organisations, groups and individuals working together, safeguarding can be enhanced. This degree of relational health and wealth, multiscale, multilayered and multidisciplinary, may be what is needed to ensure everybody in sport thrives.

Advice for clinicians

As members of the health and performance team, SEM clinicians can play a critical role in sport safeguarding. Three themes emerging from this review can enhance clinical practice:

- *Trauma- and violence-informed care*

  Foster a safe, supportive environment by recognising the widespread prevalence and impact of trauma. Build rapport while empowering athletes' voices by using open-ended questions, like 'How are things going with the tournament?' or 'Can you tell me about the team meeting?' This promotes transparency, collaboration and trust.[274 275]

- *Multidisciplinary approach*

  Treatment and recovery teams should include SEM clinicians, mental health professionals and social workers as needed for the case. Clinicians should avoid investigative roles and focus on reflective listening (eg, 'I'm sorry that happened to you'), referring patients to appropriate specialists. This may include staff within statutory protection agencies and/or staff within the clinician's environment with similar designated responsibilities. In many cases, clinicians are mandated reporters; ensure athletes and families understand this and know the local reporting procedures. Clinicians involved in medicolegal work should note that health and legal systems often differ in their approaches to IV, including terminology.[252 274–277]

- *Socioecological perspective*

  Take a holistic view of athletes, considering their relationships and environments. Ask about important people in their lives and look for signs of healthy or unhealthy relationships. A broader assessment of contextual variables and social factors can be integrated into even time-sensitive clinical encounters.[250 275 278]

CONCLUSION

The topic of IV and safeguarding in sport has evolved in the academic and grey literature. Widespread recognition of and attention to this matter by all within sport's ecosystem supports the rationale for a timely and updated consensus statement on the topic. By formally proposing an overarching term—IV—and an updated conceptual model of IV in sport with corresponding consensus recommendations and guidelines, this statement brings more inclusive clarity to the problem, the contributing influences and the diversity of practical, accessible and sustainable solutions that will positively impact global sport.

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