Prevention of Sexual Abuse in the Youth Athlete

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Goals:

• Present summary of threats to children in sport
• Introduce a framework defining & categorizing threats
• Provide safeguarding recommendations for sport organizations & team physicians
• Discuss AOASM participation in STEMM Consortium to change culture of sexual abuse
Safeguarding Recommendations for Sport Organizations

- IOC 2016 Consensus Statement
- All athletes right to engage in safe sport, respectful environment, equitable & free from NAV
- Moral, ethical & legal duty to adopt programs & protect the child’s health & well being in sport
- Clearly defining inappropriate & violent behaviors can overcome barriers
- Essential for sports medicine specialists to be educated on the issues of abuse, harassment & bullying in sport
- Be equipped with strategies to intervene when potential cases arise
Defining Violence in Sport

- WHO child maltreatment in sport
- IOC Statement on Youth Athletic Development
  - Harm to child’s health, survival, development & dignity
  - Unwanted or forced attention / conduct
  - Consent: coerced, manipulated, cannot be given
  - Exploitation of responsibility, trust & power:
    - Blurred lines training & relationships
    - Abuse of power

- 2-22% child athletes are victims Brackenridge 2011
- 98% actions performed by individual in power IOC 2016
- Retrospective surveys, after retirement or as adults
Defining Sexual Violence: Forms

- Highly correlated, psychological at the core

- Physical: Excessive training despite exhaustion / injury
  Pressure to return to sport prior to recovery

- Emotional / Psychological:
  Acts of harm child’s mental health, safety & development

- Sexual: Inappropriate behaviors w/in coach-athlete relationship
  Unwanted rubdowns, sexual adv, domination of body

- Neglect & Negligence: Failure to obtain medical treatment
  Ignoring & isolating athlete

- Direct: Clearly unacceptable behavior that harms the athlete
- Indirect: Children who witness abuse of others in sport
Defining Sexual Violence: Forms

- Continuum of exploitation
  - Sexual → Sexual → Sexual
  - Discrimination → Harassment → Abuse

- Suggestive:
  - Voyeurism
  - Exhibitionism
  - Masturbation
  - Pornography

- Harassment:
  - Unwanted attention
  - Jokes
  - Comments
  - Verbal/written threats
  - Invitations
  - Innuendos

- Abuse:
  - Forced physical contact
  - Sexual acts
Normalization of Violence in Sport

- Prevention strategies are challenged due to culture
- Culture of resilience in sports:
  - Physical demands of training
  - Demands of emotional toughness mask sufferings
  - Youth train under pressure before mental capacity to decide
  - Abuse unrecognized & unreported Brackenridge, Bringer, Bishop 2005
- Culture of harassment rooted in discrimination
  - Hierarchy of power
- Culture of silence & lack of awareness
  - #safesport YOG 2018: survey 1254 athletes Mountjoy
  - Lack of agreement in terminology: 71.8% fair play 10% SH & SAT
  - Lack of awareness: 47.5% no/likely 46% surprised
  - Unknown rights: 26% not comfortable reporting
Barriers to Report

- Belief system: Code of silence
  - Most reporting occurs after retirement from sport
  - Fear of reporting: Inherent power dynamics
  - Victim athlete: Display emotional toughness
- “Bystander Effect”
  - Lack of procedure of reporting
  - Lack of physician response
  - Unsure whom to report / trust
  - Abuse viewed as problem of the individual, not organization
- Blaming the victim
  - Public perception blaming aggressor inversely related to degree relationship with victim  Hartill 2009
Barriers to Change: Research

• Studies needed to better qualify & quantify prevalence SAT
  • Prevalence & extent of impact on child athlete unknown
  • Retrospective data
  • Coaches fail to distribute questionnaires
  • Failure to disclose, desire for anonymity
• IRB approval with minors:
  • Parental consent & Athlete assent
  • Sensitive topic
Who is Involved: Lower Level

- Peer athletes / teammates
- Peers: Bullying & hazing vs team building
  - Perpetrator: Express dominance, promote hierarchy
  - Victim: Gain acceptance, create identity
  - Endorsed by parents, coaches, administrators, peers
  - Code of Silence unifies ritual
  - Action: illegal 30% self-mutilating & sexual 43% substance abuse
  - Negative consequences 71% \cite{Marks} End justifies means 86% \cite{Hoover}
  - Psychological harm: depression, anxiety, PSTD, eating disorder, SI, loss of confidence & self-esteem \cite{Marks}
- US HS students: athletes 47% ROTC 46% Band 34%
  - Lack of awareness: 8% labeled action as hazing
  - 25% reported first before age 13 yrs \cite{AllenMadden}
- 30 College student deaths 2000-2009 \cite{Fields}
Who is Involved? Higher Level

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Victim</th>
<th>Sport</th>
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<tbody>
<tr>
<td>Age varies, older</td>
<td>Younger age</td>
<td>Weak employment controls</td>
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<tr>
<td>Male</td>
<td>Smaller size / physique</td>
<td>Lack of parent/athlete contracts</td>
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<tr>
<td>Larger size/physique</td>
<td>Moderate medical problems</td>
<td></td>
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<tr>
<td>Accredited qualifications</td>
<td>Weak relationship w parents</td>
<td></td>
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<tr>
<td>High reputation</td>
<td>Low awareness sexual abuse</td>
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<td>Ignored sexual abuse record</td>
<td>Complete devotion to coach</td>
<td></td>
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<tr>
<td>Trust of parents</td>
<td></td>
<td>Weak code of ethics</td>
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<tr>
<td>Low code of ethics</td>
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- Stage of imminent achievement [Brackenridge & Kirby](#)
- Peak athletic maturation & age of sexual maturity
- Parent uncritical trust of coach: 45% knew qualifications [Brackenridge 1998](#)
- 80% unaware of code of ethics

- Coach to care for child’s well-being, discipline, scheduling & medical care
- Loss of parental involvement is unhealthy for psychological development
- Disabled child 4x more likely: Intellectual impairment most at risk
- LGBTQ+ athletes
Four Stages of Grooming

1. Targeting the victim
   Invitations, special training sessions, rewards
2. Building trust
   Creating dependency on training staff
3. Developing isolation
4. Initiation sexual abuse & securing secrecy
   Preserve anonymity

= Unhealthy practices are normalized & tolerated
- Athlete reluctance to report inappropriate coaching behaviors
- Something you put up with
- Part of the game
Where Sexual Abuse Occurs

- Training & Practice: Time dependent relationship
- Locker room: Unsupervised, private changing area
- Travel: Hotel rooms, car, alcohol or drug use
  - Coach become surrogate parent/guardian
  - Isolation: time & distance from friends & family
- Social media: No break from message
  - 92% adolescents on online daily \(\text{ACMA 2008}\)
  - Inappropriate text messages, photos
  - Grooming
- All sports: Independent of type, clothing, physical touch
Consequences of Abuse

• Psychological effects:
  • Low mood, self-efficacy, anger, anxiety
  • Risk of attempted & completed SI ↑ SA exposures

• Training effects:
  • Reduced motivation, impaired focus, difficulty with skill, drop-out
  • Loss of medal, loss of sponsorship

• Reduced quality of adult life:
  • Personal & social development
  • Mental health

• Physical effects:
  • STI, urogenital & anagenital trauma, undesired pregnancy

• Opportunity cost for sport:
  • legal redress, reputational damage, undermines trust
Prevention Strategies: Safeguards

• International Safeguarding Children in Sport
  • Moves from focusing on single issues to systems approach
  • Promote supportive mechanisms, prevent abuse, exploitation & violence

• Four goals of Safeguards
  1. Help create a safe sporting environment for children wherever they participate regardless of level
  2. Provide a benchmark to assist providers & funders to make informed decisions about child safety in sport
  3. Promote best practices & challenge those that are harmful to children
  4. Provide clarity on safeguarding children to all involved in sport

CHILDREN : 8 Safeguards

- **Cultural sensitivity:** understand acceptable behavior & social norms within community
- **Holistic:** Integrate youth into all aspect of plan
- **Incentives:** Clear reason to participate, prioritize & sustain
- **Leader support:** Needed support develop, drive & initiate change
- **Dynamic:** Continually reviewed, adapted for relevance & effectiveness
- **Resources:** Supported appropriately by personnel, volunteers
- **Engaging stockholders:** Facilitate ownership among parents, coaches, community leaders collaborative
- **Networks:** Developing relationship with related organizations in community
  - Coaches give a verbal commitment
  - Volunteers speak with the youth
  - Conversations with schools, parents support growth

Rhind, Wessels 2009
Olympic Movement Medical Code

- Guide the behaviors of healthcare providers
- Child athlete:
  - Growth, maturation & psychological development
  - Distinct physical, psychologic and social health risk
  - Vulnerable to adult pressures in sport
- Relationships between athlete & healthcare provider outlined
  - Informed consent, confidentiality & privacy
- Best practices model
  - Best interest of child’s health, not pressures of business, media, publicity
  - Athlete health protection: healthy level of training w regard to stage of growth & development

Team Physician: Duty of Care

- Focus on health of athlete: Physical, psychologic & social
- Be aware potential sexual abuse, esp younger & vulnerable
- Ensure prevention strategies & protective policy statements create & support safe & mutually respective environment
- Code of conduct / practice: Explicit pt boundaries identified
- Clear guidelines for physician & health care team:
  - Provider’s role & responsibilities
  - Appropriate professional boundaries
  - Accurate & timely records of physician/athlete encounters
- Educational & training programs:
  - Coaches, administrative staff, volunteers, parents, athletes
  - Boundaries w/in relationships
  - Acknowledge appropriate physical contact, dependent children
  - Materials made available to all involved
Team Physician: Approach to Disclosure

- Athlete shame, guilt & fear in culture of bystander effect
- Listen carefully, calmly, empathetically w psychological support
- Acknowledge courage in speaking of abuse
- Assure the athlete is not to blame, not at fault
- Do not speak poorly of the perpetrator
- Encourage disclosure w/out leading. Avoid specific questions.
- Duty to report: Legal statutes & organizational authorities
  - Mandated reporter to CPS for those <16 yr old
  - Duty exceeds confidentiality
  - US Center for SafeSport: System for reporting & investigating concerns
- Share support mechanisms
  - Make a referral to therapist, relevant health expert
  - Activate Mental Health Emergency Action Plan as indicated
Team Strategies: Coach, Athlete, Administrator

• Shared responsibility & ownership
  • Coach education & mentorship development should be a priority
  • Pivotal role: peak performance, lifelong participation & personal development

• Systematic recruitment & background screening

• Confidential entrance / exit interviews: clear guidelines & consequences
  • VERBAL handshake & signing contract
  • Swift punishment for infractions

• Antiviolence team presentations & educational programs
  • Promote team building & environment of respect

• Maintaining open lines of communication: Avoid secrecy

• Develop zero tolerance toward violence

• NCAA StepUp! Bystander Intervention Program: online training
AOASM in STEMM

- Society’s consortium on sexual harassment in STEMM
  Nationalacademies.org/SexualHarassmentCollaborative
  - Study committee of distinguished scientists, engineers, physicians & experts in SH research, legal studies & psychology

  - SH results in significant & costly loss of talent in STEMM
  - SH & Silence limits career opportunities for targets & bystanders
  - System-wide changes to culture & climate in higher education are needed to prevent & address sexual harassment (SH)
  - Provide a roadmap for institutions of higher education to make changes
Action Collaborative on Preventing Sexual Harassment in Higher Education

• National Academies & 40 colleges, universities & research institutions
• Targeted collective action: ↑SH awareness & consequences
• Shared approach to address & prevent SH:
  • Evidence-based policies & strategies
  • Research agenda, gather & apply research results across institutions
  • Develop & implement efforts to reduce & prevent SH
• Promote culture of civility & respect
  • Support & protect targets of SH
  • Investigate SH events fairly & timely w due process
  • Appropriately punish those found to have committed SH
  • Regularly inform campus community policy, claims & disciplines
  • Move beyond basic legal compliance to preventative measures
Committee Roadmap to Guide Societies

• Create diverse, inclusive, and respectful environments
• Address the most common form of SH: gender harassment
• Move beyond legal compliance to address culture and climate
• Improve transparency & accountability
• Diffuse the hierarchical & dependent relationship between trainees & faculty
• Provide support for the target
• Strive for strong and diverse leadership
• Measure progress & Incentivize change
• Encourage involvement of professional societies & other organizations
• Initiate legislative action
• Address failures to enforce Title VII’s prohibition on sex discrimination
• Increase federal agency action & collaboration
• Conduct necessary research
• Make entire academic community responsible for reducing & preventing SH
Summary & Questions

• Children are in a position of vulnerability & deserve to receive due protection
• Normalization of violence toward athletes is an important risk factor for victimization of sexual abuse among children
• Educational programs & networking throughout sports organizations are required to break down the wall of silence around acts of violence delivered to children in sport
• Recognition of abuse is crucial, prevention of abuse is essential
• We must practice a zero tolerance policy for child maltreatment in sport
• Prevention strategies for sexual violence in sports echo the framework of preventing sexual harassment in academia