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CASES

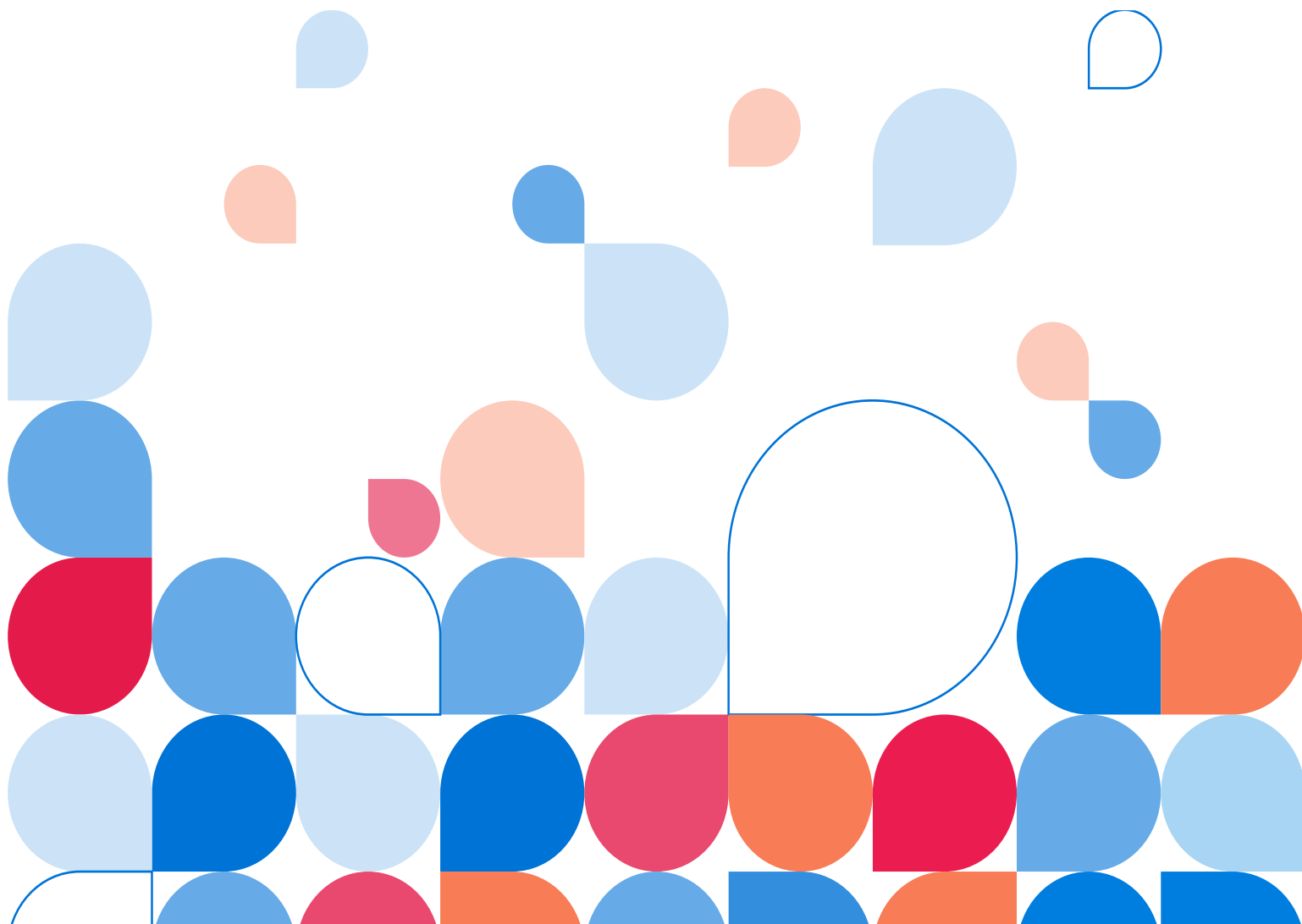
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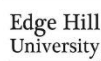


Child Abuse in Sport: European Statistics

UK National Report

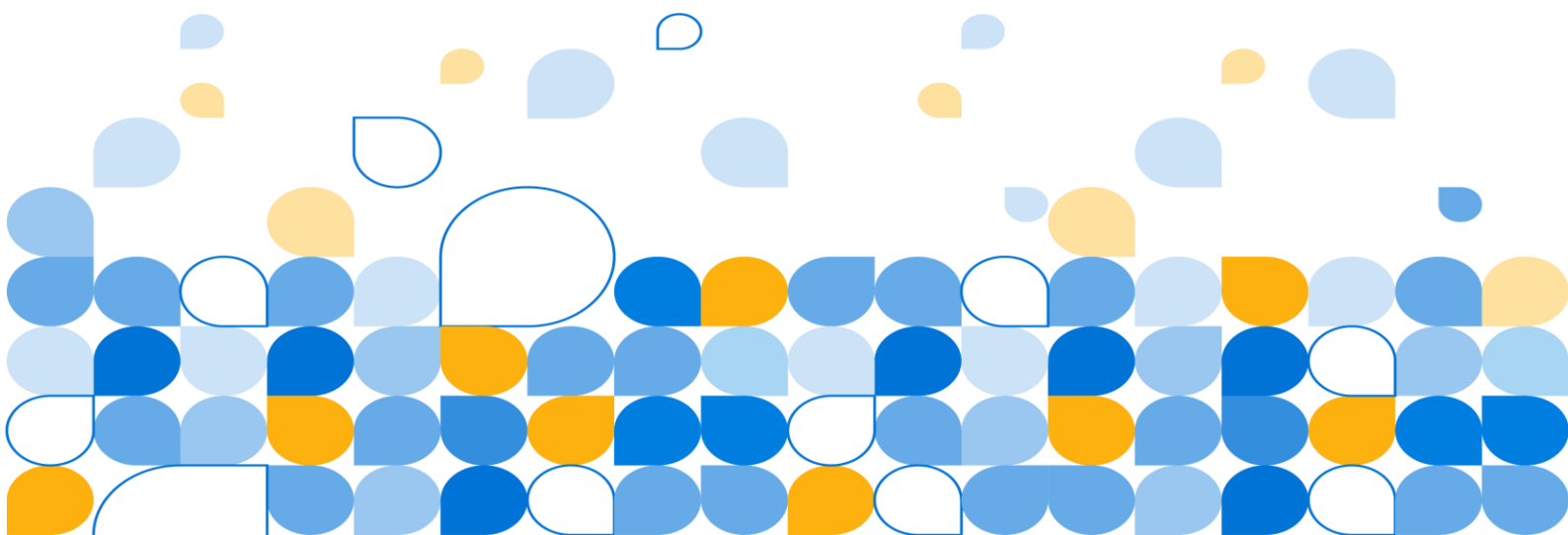
The prevalence of interpersonal violence against children
(IVAC) inside and outside sport in the UK





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Based on: Hartill, M., Rulofs, B., Lang, M., Vertommen, T., Allroggen, M., Cirera, E., Diketmueller, R., Kampen, J., Kohl, A., Martin, M., Nanu, I., Neeten, M., Sage, D., Stativa, E. (2021). *CASES: Child abuse in sport: European Statistics – Project Report*. Ormskirk, UK: Edge Hill University.



Acknowledgements

The CASES partnership gratefully acknowledges the project funding received from the Erasmus+ programme of the European Union. The partnership is also grateful to Sport England for providing additional funds. We would also like to acknowledge the contribution of staff at IpsosMORI for the thorough service they provided.

The project was led by Edge Hill University in partnership with the University of Wuppertal (Germany, co-lead), the University of Ulm (Germany), the University of Antwerp (Belgium), the University of Vic (Catalonia, Spain), the University of Vienna (Austria), the National Institute for Mother and Child Health “Alessandrescu-Rusescu” (Romania), the German Sport Youth Federation (Germany), World Athletics (Monaco), and Sport England (UK).

We would like to express our gratitude to the safeguarding experts who completed the Delphi questionnaire. The authors would especially like to thank all those individuals who responded to the survey. Your participation has made a significant contribution to knowledge in this area and the design of safe environments for children in sport.

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List of Abbreviations

CASES	Child Abuse in Sport: European Statistics
CPSU	Child Protection in Sport Unit
CSV	Contact sexual violence
EHU	Edge Hill University
IM	IpsosMORI
IV	Interpersonal violence
IVAC	Interpersonal violence against children
IVACS-Q	Interpersonal Violence Against Children in Sport Questionnaire
NCSV	Non-contact sexual violence
NGB	National governing body of sport
NSPCC	National Society for the Prevention of Cruelty to Children
UK	United Kingdom
UNCRC	United Nations Convention on the Rights of the Child
WHO	World Health Organisation

Executive Summary

Context

- This project – known as *Child Abuse in Sport: European Statistics* or CASES – was designed to assess the prevalence of interpersonal violence against children (IVAC) in sport. It was funded by the European Commission's Erasmus+ Collaborative Partnership Programme and led by Edge Hill University.
- The focus of the study was the sport context but to establish a meaningful picture of IV experienced by those who participated in sport as children, the project surveyed respondents' experiences both within *and* outside sport.

Data Collection

- Data was gathered via an online questionnaire designed by the CASES team and distributed by IpsosMORI. The questionnaire contained up to 35 different example experiences of IV inside and outside sport when respondents were children.
- Questions covered all four forms of IV – psychological violence, physical violence, sexual violence, and neglect. Sexual violence was further sub-divided into two categories – contact sexual violence and non-contact sexual violence.
- A total of 1,471 respondents aged 18-30 from across all four constituent countries of the UK participated in the study between 22nd October 2020 and 31st October 2020. Respondents were representative of the UK population in terms of sex, sexual orientation, and ethnicity and all had participated in at least one sport as a child.
- Most respondents had played in a sports club (62%) and competed at lower levels (79%). Those who achieved national and international level represented 7%.

Results

- Most respondents reported having good or very good experiences in sport as children (79%). Only a small proportion (7%) reported their experience of sport as a child had been either poor or very poor.
- 65% of respondents reported experiencing at least one form of IV as a child outside of sport, and 73% in a sports context.

- The prevalence rates for IV reported as a child in sport were:
 - Psychological violence = 66%
 - Physical violence = 44%
 - Neglect = 36 %
 - Non-contact sexual violence = 30%
 - Contact sexual violence = 17%
- Males reported experiencing IV as children in sport significantly more than females for each of the five forms.
- Those who reached higher performance levels of sport as children (i.e. regional level and above) reported experiencing IV more than those competing at lower levels. This was significant for all forms except psychological violence.
- Non-heterosexual respondents were more likely than heterosexual respondents to report experiencing all forms of IV as children in sport but this was only statistically significant for: a) physical violence, and b) non-contact sexual violence.
- Respondents who identified as having a disability were more likely than those without a disability to report experiencing all forms of IV as children in sport. However, this was only statistically significant for: a) neglect, b) physical violence, and c) non-contact sexual violence.
- Respondents who identified as belonging to a minority ethnic group were significantly more likely than those from non-minority groups to report experiencing all forms of IV as children in sport.

1. Introduction

1.1. Interpersonal Violence and Sport in the UK

Disclosures of the sexual abuse of child and adult athletes in sport emerged in the UK in the mid-1990s. By the mid-2000s, child protection and, later, safeguarding procedures had been introduced into sport, making the country one of the first in the world to adopt such measures.

Appropriate and effective policy responses to address interpersonal violence (IV), of which child abuse is one form, depend on an accurate understanding of its prevalence¹. The project *Child Abuse in Sport – European Statistics*, known as CASES, was designed to support this endeavour.

This report presents key preliminary findings relating to the prevalence of IV against children² in the UK to inform those working in the field of organised sport, sport management, sport policy, sport politics, and safeguarding.

NB: All figures in this report have been rounded to the nearest whole.

1.2 The CASES Project

The CASES study aimed to collect scientifically robust evidence on the scale, dynamics, and constellations of IV against children in sport in six European countries³. For the key results from each country, respective national reports are available. A report detailing the overall project findings is also available (see: <https://sites.edgehill.ac.uk/cpss/projects/child-abuse-in-sport-european-statistics-cases/>).

The objective of CASES was to support strategic efforts to prevent IV against children in sport and to develop resources for the sport sector that will support sport organisations to safeguard children. The CASES partnership acknowledges that IV does not only affect children and that studies of adult experiences of IV in sport are also required.

The CASES project was funded by the European Commission's Erasmus+ Collaborative Partnership Programme and led by Edge Hill University (EHU). A full list of academic and sport partners is available in Appendix 1.

¹ Studies of prevalence aim to determine the proportion of a population that experience IV in a specific time period (Pereda et al., 2009).

² For the purposes of this report, children are defined as aged under 18.

³ The UK, Austria, Belgium, Germany, Romania, and Spain.

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2. The National Context

2.1 Policy Context

The UK was one of the first countries globally to establish measures to protect children from IV in sport. In 2001, Sport England and the NSPCC established the Child Protection in Sport Unit⁴ (CPSU). The CPSU helps sports organisations build capacity for safeguarding children in sport, including protecting them from IV (McVeigh & Lang, 2021). The CPSU operates units in England, Wales, and Northern Ireland. An equivalent organisation, Children 1st, runs in Scotland.

Since 2015, other third-sector organisations with expertise in sexual exploitation (NWG Network⁵, Lime Culture⁶) and safeguarding vulnerable adults (Anne Craft Trust⁷) have been funded by Sport England to support sports organisations in safeguarding children. In addition, to further support national governing bodies of sport (NGBs), in 2013 the National Safeguarding Panel⁸ was established to undertake independent investigations into serious complaints of violence in sport.

In 2003, the CPSU established a set of professional safeguarding standards for sports organisations (see CPSU, 2018, 2019). These include protecting children from IV in sport. Funding for NGBs is tied to the effective implementation of these. Consequently, all sports council-funded NGBs have implemented strategies to protect children from IV (McVeigh & Lang, 2021). These include implementing safeguarding policies and procedures for managing allegations of IV and disciplinary procedures for perpetrators. NGBs also have codes of conduct for coaches and athletes and designated national safeguarding officers with links to statutory-sector agencies (Lang & Hartill, 2015; McVeigh & Lang, 2021). Safeguarding training is also required for sports staff and criminal history checks are mandatory for staff with regular contact with children (Lang & Papaefstathiou, 2021).

2.2 The Prevalence of IV in UK Sport

Despite these developments, little is known about the prevalence of IV against children in sport in the UK as there have been no studies on this to date. Some studies have investigated related topics, however. A 2011 study of UK higher and further education students (aged 18-22) asked respondents about their experiences of harm when playing organised sport as children (up to age 16) (Alexander et al., 2011). The study defined harm through sets of behaviours across three broad categories: 1) emotional,

⁴ <https://thecpsu.org.uk/>

⁵ <https://www.nwgnetwork.org/>

⁶ <https://limeculture.co.uk/sport/>

⁷ <https://www.anncrafttrust.org/safeguarding-adults-sport-activity/the-safeguarding-adults-in-sport-framework/>

⁸ <https://www.sportresolutions.com/services/national-safeguarding/panel>

including teasing, bullying and humiliating treatment; 2) physical, including training while injured or exhausted, and aggressive and physically violent behaviour; and 3) sexual, including sexual harassment and sexual abuse such as rape and assault. Although not a study of the prevalence of IV and while the sample was not representative, the study provides useful data on certain forms of IV in sport. Table 1 shows the rates of forms of IV reported from the valid 6,124 responses. Males reported experiencing more emotional, physical, and sexual harm than females, and females more sexual harassment. The study did not gather data on neglect in sport.

	Total	Male	Female
Emotional harm	75%	77%	74%
Sexual harassment	29%	17%	34%
Physical harm	24%	26%	23%
Sexual harm	3%	5%	2%

TABLE 1: SELF-REPORTED EXPERIENCE OF VARIOUS TYPES OF HARM IN MAIN OR SECOND SPORT BY GENDER (FROM ALEXANDER ET AL., 2011)

Studies have also investigated official reports of cases of IV against children in UK sport. These suggest sexual violence is the most commonly reported form of IV against children in sport and emotional/psychological⁹ IV the least commonly reported form. A 2011 study of safeguarding reports to NGBs found 19% of cases related to sexual abuse, 21% to physical abuse, and 10% to emotional abuse (Rhind et al., 2014). In these reports, 91% of the alleged perpetrators were male and 92% were adults. In 65% of reported cases the ‘victim’ was male and, in 89% of cases, aged under 18.

Similarly, a study of reports from sport to local authority child protection services in England between 2010 and 2015 found that 47% of the 1,013 reports were for sexual abuse compared with 20% for physical abuse and only 4% for emotional abuse (Hartill & Lang, 2018).

Despite these studies, there has to date been no research aimed at investigating the self-reported prevalence of IV against children in sport in the UK, so evidence is limited.

⁹ Although the term ‘emotional abuse’ is more commonly used in the UK, we use the term ‘psychological abuse’ in this report in recognition that such abuse has impacts beyond the emotions (i.e. cognitive function, memory etc.).

3. Methodology

3.1 Research Question

The central research question for this study was:

What is the prevalence of interpersonal violence against children active in organised sport, inside and outside sport?

3.2 Definitions

In its *World Report on Violence and Health* (Krug et al., 2002), the World Health Organisation (WHO) presents a typology of violence that characterises different types of violence to highlight the links between these. It identifies three categories of violence based around who is committing the act:

- 1) self-directed violence,
- 2) interpersonal violence,
- 3) collective violence.

The CASES project was focused on understanding IV – “violence inflicted by another individual or by a small group of individuals” (Krug et al., 2002, p. 6). Specifically, CASES was interested in IV perpetrated against children inside and outside organised sport. IV against children can be divided into four sub-categories based on the nature of the act:

- 1) Physical violence,
- 2) Psychological violence,
- 3) Sexual violence,
- 4) Violence involving deprivation or neglect.

(Krug et al., 2002)

CASES explored all four of these forms of IV against children. Our understanding of IV aligns with that used in the United Nations Convention on the Rights of the Child (UNCRC), which the UK is a signatory to and has amended its domestic legislation to align with. The UNCRC defines violence as:

...all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

(UN General Assembly, 1989, Article 19(1))

When studying IV in sport, it is important to distinguish between violence that is a normal part of sport and that which is not (i.e. deliberate IV) (Brackenridge et al., 2010). Accordingly, violence occurring within the bounds of the prescribed constitutive rules of sport was not considered in the CASES project.

Organised sport was defined as every recreational or competitive sporting activity that is voluntary, takes place within the context of a club or organisation outside the school curriculum, and involves an element of training or instruction by an adult, including sports camps and organised extra-curricular sporting activities at school. Physical Education lessons and informal physical activity (i.e. football in the park, dog walking) were excluded.

Whilst the focus of the study was the sport context, to establish a meaningful picture of IV experienced by those who participated in sport as children, it was necessary to survey respondents' experiences both within *and* outside sport.

3.3 Respondents

The project involved a convenience sample provided by research agency IpsosMORI (IM). To be included, respondents had to be aged between 18 and 30 years and have engaged in organised sport as a child. Interlocking quotas were set on age (18-24 years old and 25-30 years old) and gender to achieve an equal split across categories.

A total of 1,472 respondents from across all four constituent countries of the UK participated in the study. One of these responses was deleted from analysis (see section 3.7 for more on this). This sample size was based on a power calculation to allow comparison between each gender x age group (n=368) with an expected lowest prevalence of interpersonal violence in sport (contact sexual violence) of 4% (Confidence Interval 95%, alpha= .05: Z= 1.96, d= .02).

3.4 Instrument

Data were gathered using a new questionnaire developed by the CASES team. This was a self-administered online questionnaire for adults that enquired about respondents' experiences of IV as children.

The questionnaire was based on previous research that has documented the scope of (forms of) IV in sport (i.e. Alexander et al., 2001; Ohlert et al., 2017; Parent & Fortier, 2017; Parent et al., 2016; Vertommen et al., 2016) and understandings of how IV manifests in sport from previous research. It was structured around the four forms of IV against children: physical, psychological, and sexual violence, and neglect. Sexual

violence was divided into contact sexual violence (CSV) and non-contact sexual violence (NCSV).

The questionnaire featured 35 questions grouped into the above forms of IV. The number of questions asked about specific behaviours that constituted each form of IV is included in brackets:

1. Psychological violence (9 questions)
2. Physical violence (5 questions)
3. Non-contact sexual violence (9 questions)
4. Contact sexual violence (6 questions)
5. Neglect (6 questions)

The questionnaire also contained a free text box at the end where respondents were invited to add comments. A shortened version of the questions is provided in Table 2.

Category of interpersonal violence	Content of the item
Neglect	1. Inadequate support
	2. Inadequate medical care
	3. Inadequate supervision
	4. Inappropriate equipment
	5. Absence from school
	6. Unsafe conditions
Psychological violence	7. Humiliations
	8. Criticism about appearance
	9. Ignored or excluded
	10. Not praised for efforts (praise withheld)
	11. Verbal aggression/abuse
	12. Unrealistic expectations
	13. Initiation games/rites (non-physical)
	14. Verbal threats about performance
	15. Expulsion from team/club/group
Physical violence	16. Exercise as a punishment
	17. Initiation games/rites
	18. Taking supplements
	19. Playing while injured or at harmful intensity
	20. Physical assault
Non-contact sexual violence (NCSV)	21. Sexual comments
	22. Sexual looks
	23. Sexual images (viewing)
	24. Sexual images (production)
	25. Sexual images (sharing)
	26. Undressing for others
	27. 'Flashed' at (in person)
	28. 'Flashed' at (online)
	29. Sexual games/initiation rites (non-contact)
	30. Kissing

Contact sexual violence (CSV)	31. Sexual touching
	32. Genital contact
	33. Oral sex
	34. Penetration
	35. Sexual games/initiation rites (contact)

TABLE 2: OVERVIEW OF QUESTIONS DESCRIBING EXPERIENCES OF IV

Respondents who indicated they had experienced any type of IV were asked follow-up questions (see Table 3). Where a respondent indicated experiencing more than one item within a type of IV, they were asked to provide details for the ‘most serious experience’¹⁰. The same questions were asked about forms of IV experienced inside and outside sport to provide a comprehensive picture of respondents’ childhood experiences.

Respondent (‘victim’)	1. Age experience began (onset)
	2. Age experience stopped (cessation)
Experience (or incident)	3. Number of incidents (frequency)
	4. Total period of experience/victimisation (duration)
	5. Type of sport setting (context)
	6. Specific sport setting (location)
‘Perpetrator(s)’	7. Number of individuals involved
	8. Gender of individuals involved
	9. Role/Position of individuals involved
Reporting & support	10. Disclosure and support sought by respondent

TABLE 3: OVERVIEW OF ITEMS RELATING TO RESPONDENTS’ SELF-REPORTED ‘MOST SERIOUS’ EXPERIENCE OF IV AS CHILDREN IN SPORT

General questions were also asked about respondents’ sports participation, such as the sport(s) they did as children, the highest performance level attained, and the type of sport organisation they were affiliated to.

3.5 Pre-testing and Piloting

The questionnaire was developed in English and pre-tested by members of the UK CASES team with 30 male and female adult native English speakers between ages 18-30 from a range of socio-economic backgrounds. This took the form of a ‘say-what-you-think’ type trial, whereby the researchers were more interested in the pre-testers’ understandings of the questions than their responses to them. Respondents read through a printed copy of the questionnaire with a UK researcher nearby and were

¹⁰ In this case, respondents were asked to select “the one experience that had the most impact on you, either physically or psychologically”.

asked to raise any queries or points of interest. As a result of this, several items were amended for clarity, mainly adjusting to lay language. Responses from the pre-test are not included in the results.

This amended version of the questionnaire was then developed into an online questionnaire by IM using their survey software. This was piloted between 28 August – 1 September 2020 with 300 respondents from IM’s Interactive Services panel. The pilot aimed to test for technical errors, check survey length, and to identify any questions with a high number of abandoned or non-substantive answers (i.e. “don’t know” / “prefer not to say”). Following this, further minor adaptations were made to the wording and routing of some questions. More details on questionnaire development are included in the CASES European report (See: <https://sites.edgehill.ac.uk/cpss/projects/child-abuse-in-sport-european-statistics-cases/>).

3.6 Sampling

Sampling was performed by IM, which maintains data on the demographic composition of its national panels. As such, IM was able to ensure the sample was as representative of British society as possible. IM contacted members of their UK Interactive Services panel aged 18-30 via email, screening for respondents who had participated in organised sport when under 18. The email included information on the study and questionnaire content, the project lead’s contact details for queries, a directory of specialist UK counselling services, and a hyperlink to the CASES questionnaire.

3.7 Data Collection and Processing

Respondents who received the email from IM had the choice whether or not to complete the questionnaire. The questionnaire was left open for responses from 22nd October 2020 to 31st October 2020, at which point it was closed as the quota of 1,472 responses had been achieved.

The mean average time taken by respondents to complete the questionnaire was just under 13 minutes. The breakdown of those who completed the questionnaire by age range and sex is shown in Table 4.

Male			Female			In another way / Prefer not to say			Total
Age 18-24	Age 25-30	Total	Age 18-24	Age 25-30	Total	Age 18-24	Age 25-30	Total	
363	367	730	368	368	736	4	2	6	1,472

TABLE 4: BREAKDOWN OF UK RESPONDENTS BY AGE RANGE AND GENDER

When the questionnaire was closed for responses, the data files were cleaned and responses to the free text box reviewed. Based on feedback here that suggested one respondent had filled in answers incorrectly, the responses of this individual were deleted. As such, the total sample analysed comprised responses from 1,471 UK respondents.

3.8 Data Analysis

The statistical software packages SPSS Version 27 and Stata Version 16 were used to analyse the data. Descriptive statistics and chi-square tests were used to describe and detect possible differences in prevalence based on different variables (i.e. male and female participants, between different levels of sport participation etc.).

The threshold for statistical significance was set at the conventional 95% level, with analyses revealing numerous differences between sub-samples that are statistically significant. Here we report only on the differences that we consider relevant based on their statistical significance *and* the content and aim of the CASES project.

3.9 Ethical Considerations

The UK part of the CASES project was approved by Edge Hill University's Institutional Research Ethics Committee in 2020, before data was collected. More details of the ethical issues relating to the study and how these were mitigated are included in the CASES European report (See: <https://sites.edgehill.ac.uk/cpss/projects/child-abuse-in-sport-european-statistics-cases/>).

4. Results

This chapter presents the key findings from the 1,471 valid UK respondents.

4.1 Sample

The following is a snapshot of key demographic information on the UK sample:

- **Sex:** 50% (n=736) of respondents were female and 50% (n=729) were male.
- **Age:** Respondents were aged 18-30. Most (43% or n=634) were aged 26-30, followed by 31% (n=453) aged 22-25.
- **Country of birth:** Most (70 % or n=1,030) were born in England, 5% (n=72) in Scotland, 3% (n=47) in Wales, and 1% (n=14) in Northern Ireland. One-fifth (21% or n=308) were born outside of the UK.
- **Sexual orientation:** 82% (n=1,207) identified as heterosexual, 7% (n=105) as bisexual, 3% (n=48) as gay, and 2 % (n=30) as lesbian.
- **Disability.** 7% (n=109) stated they had a disability. Within the group of people with disabilities, 13% stated they had participated *only* in sports for people with disabilities, 26% had participated in both non-disabled and disabled sports, and 61% had not participated in sport specifically for disabled people.
- **Ethnicity:** 19% (n=286) stated they belonged to a minority ethnic group.

Table 5 shows the full demographic profile of the sample.

	Percent	Respondents
Sex		
Female	50.0	736
Male	49.6	729
Prefer not to say	0.4	6
Age		
18-21	26.1	384
22-25	30.8	453
26-30	43.1	634
Country Born In		
England	70.0	1,030
Northern Ireland	1.0	14
Scotland	4.9	72
Wales	3.2	47
Non-UK	20.9	308
Country Mostly Trained In		
England	74.6	1,098
Northern Ireland	1.0	15
Scotland	5.0	74
Wales	3.5	52

Non-UK	15.9	232
Sexual Orientation		
Heterosexual	82.1	1,207
Lesbian	2.0	30
Gay	3.3	48
Bisexual	7.1	105
Other	1.9	28
Did not answer	3.6	53
Disability		
Disabled	7.4	109
Non-Disabled	87.9	1,293
Did not answer	4.7	69
Minority Status		
Ethnic Minority	19.4	286
Non-Minority	71.4	1,050
Did not answer	9.2	135

TABLE 5: DEMOGRAPHICS OF UK SAMPLE

4.2 Characteristics of Respondents' Participation in Sport

Respondents were asked to indicate up to five sports they had participated in before the age of 18. Those who had not participated in any sport were excluded at this stage. In total, 98% named at least one sport, with 64% stating a second, 43% stating a third, 25% stating a fourth, and 14% stating a fifth (see Table 6).

Netball was the most popular sport for women (35%) followed by: swimming (29%), football (25%) and dance (23%). For men, football was the most common sport (72%), followed by basketball (19%), cricket (15%), and tennis (15%).

Female			Male		
Sport	Number	Percent	Sport	Number	Percent
Netball	258	35.1	Football	524	71.9
Swimming	211	28.7	Basketball	138	18.9
Football	185	25.1	Cricket	107	14.7
Dance	167	22.7	Tennis	106	14.5
Badminton	107	14.5	Rugby Union	102	14.0
Hockey (field)	106	14.4	Swimming	100	13.7
Tennis	98	13.3	Badminton	86	11.8
Rounders	89	12.1	Rugby League	58	8.0
Gymnastics	87	11.8	Table Tennis	49	6.7
Basketball	82	11.1	Athletics	39	5.3
			Hockey (field)	39	5.3

TABLE 6: SPORTS PARTICIPATION FOR MALES AND FEMALES

When asked to rate their overall experience in sport as a child, the large majority (79%) stated it had been either “very good” (39%) or “good” (40%). Only 7% stated their experience of sport as a child had been either “poor” (5%) or “very poor” (2%), while more than one in 10 (14%) said it had been “neutral” (see Figure 1).

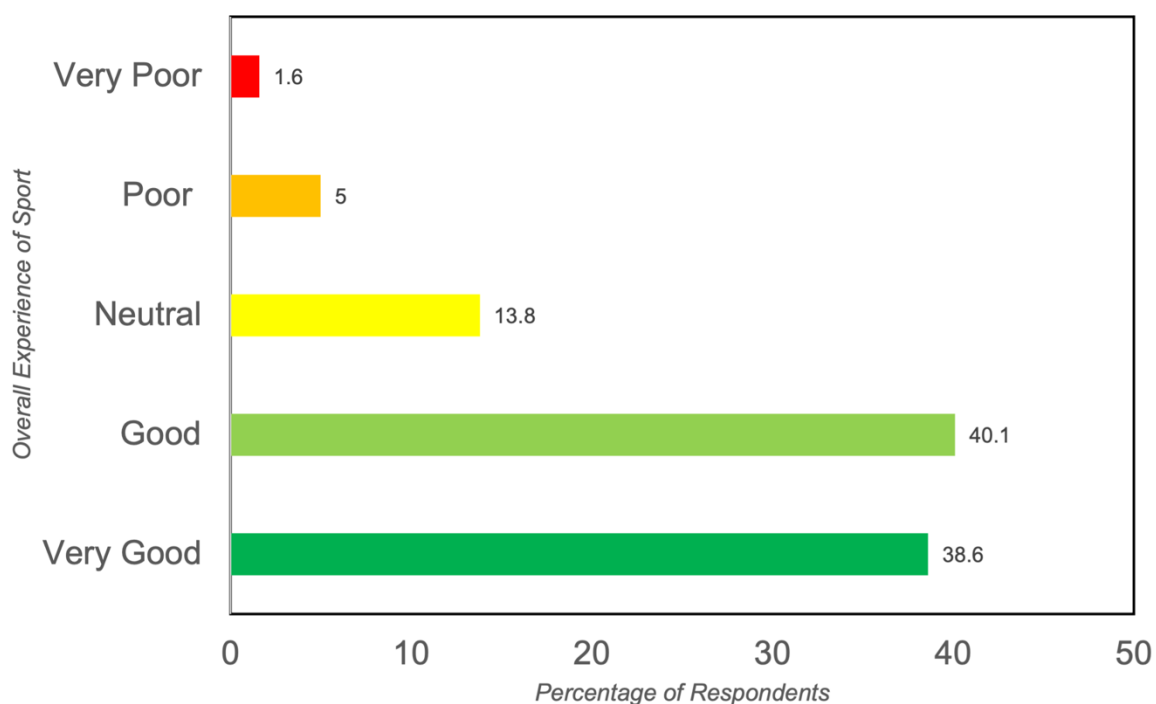


FIGURE 1: OVERALL EXPERIENCE OF SPORT AS A CHILD

Respondents reported a range of locations for their participation in sport. Most had played in a sports club (62%), with 49% playing in extra-curricular school sports, 23% at a fitness centre, 18% in a private setting, 14% in a sports camp, 13% in a non-sports club, and 8% in a training centre for elite athletes.

Respondents were also asked for their highest level of participation in sport as a child. In total, most (79%) participated at lower levels – 40% at recreational level and 39% at local/club level. Those who achieved national and international level represented 7% of the UK sample (see Figure 2).

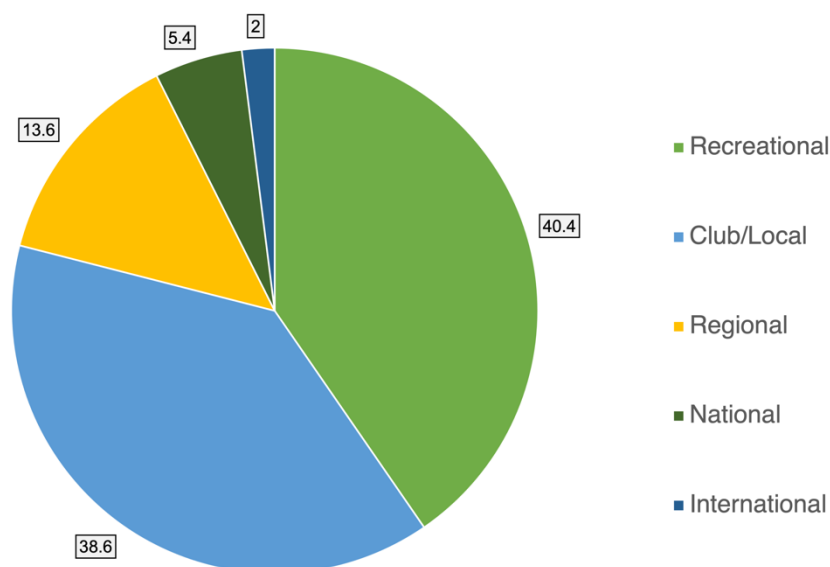


FIGURE 2: HIGHEST LEVEL OF PARTICIPATION IN SPORT

4.3 Prevalence of IV

This section presents the findings on the prevalence of IV against children both *within* and *outside* sport. The category “inside sport” assesses experiences of IV against children that occurred within the context of sport as defined in section 3.2 and independent of experiences of IV experienced as a child outside this context. The category “outside sport” assesses experiences of IV against children that occurred outside of sport, even if a respondent indicated they also experienced IV as a child within the sport context. As such, these categories overlap and respondents may appear in both categories if they reported experiencing IV as a child in both contexts.

4.4 Overall Prevalence of IV Against Children in the UK

In total, 65% of respondents reported experiencing at least one form of IV as a child outside of sport. Meanwhile, 73 % of respondents reported experiencing at least one form of IV as a child in a sports context.

The most common behaviour experienced as a child overall was being humiliated or made to feel small (57%), with the least common being both the production of sexual images and videos and being instructed or forced to participate in initiation ceremonies involving sexual initiation rites (both 11%).

4.5 Prevalence of IV Against Children in Sport in the UK

In total, almost three-quarters (73%) of respondents reported experiencing at least one form of IV as a child in sport, compared with 27% who reported no experience of IV as a child in sport.

The total number of different experiences of IVAC in sport ranged from zero (i.e. 27% of respondents did not report experiencing any IV as a child in sport) to a maximum of 35 (0.2% of respondents reported experiencing all 35 types of IV included in the questionnaire as a child in a sports context) (see Table 7).

	Percent	Cases
No experience of IV in sport	27	392
Experience of one type of IV in sport	23	347
Experience of two types of IV in sport	15	226
Experience of three types of IV in sport	12	178
Experience of four types of IV in sport	10	145
Experience of five types of IV in sport	12	183

TABLE 7: DIFFERENT EXPERIENCES OF TYPES OF IV IN UK SPORT

Psychological violence was the most commonly reported type of IV experienced as a child in sport, with a majority of respondents (66%) reporting this. Physical violence was the second most common type, reported by almost half (44%) of respondents. More than one-third reported experiencing neglect (36%) as a child in sport, and only slightly fewer (30%) reported experiencing non-contact sexual violence. The least commonly reported type of IV against a child in sport was contact sexual violence although this was still experienced by almost one-fifth (17%) of respondents (see Figure 3).

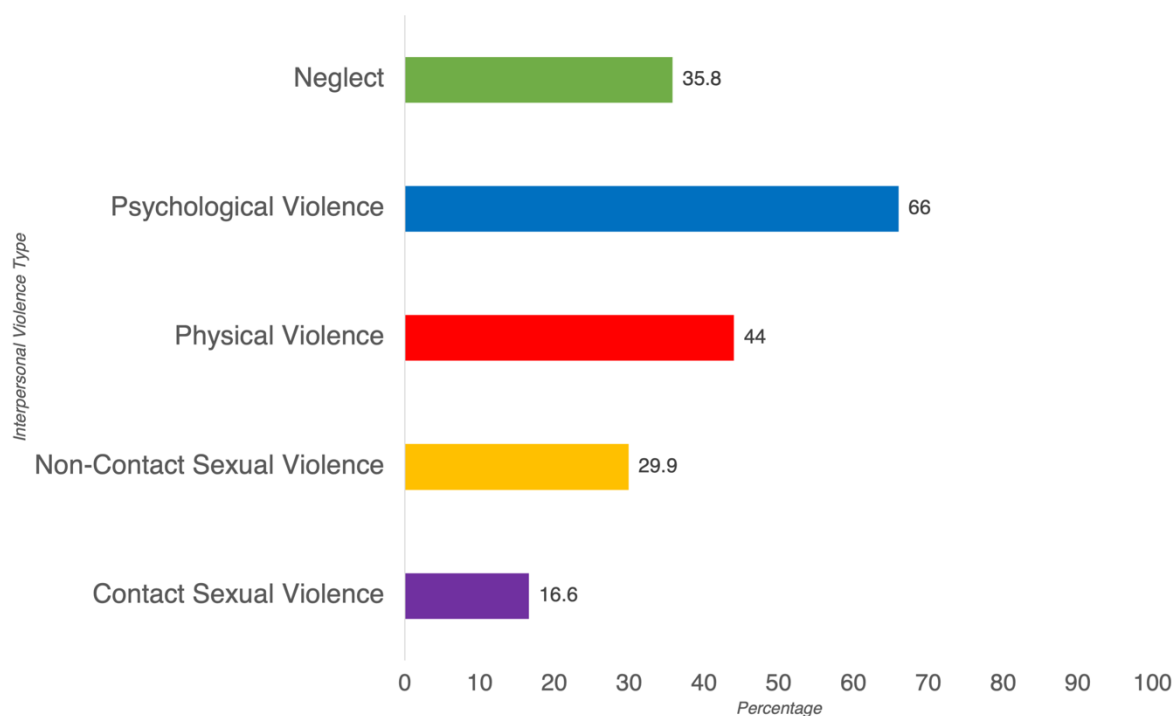


FIGURE 3: PREVALENCE OF IV AGAINST CHILDREN IN SPORT IN UK SPORT

4.6 Sex Differences and IV Against Children in UK Sport

In total, 79% of men and 68% of women reported at least one experience of any type of IV as a child in sport. In addition, males reported experiencing IV as children in sport more than females for each of the five forms of IV. Table 8 shows differences in the prevalence of the five forms of IV by sex. Importantly, chi-square tests found that the difference between boys and girls was statistically significant for all five forms (highlighted in yellow).

	Female		Male		Chi-square	P
	%	Cases	%	Cases		
Neglect	28	208	44	318	37.5	.000***
Psychological	62	455	70	512	11.6	.001***
Physical	31	229	57	416	100.1	.000***
NCSV	22	163	38	275	42.4	.000***
CSV	8	62	25	182	72.2	.000***

TABLE 8: SEX DIFFERENCES IN PREVALENCE OF IV AGAINST CHILDREN IN UK SPORT

4.7 Highest Participation Level & IV Against Children in UK Sport

Respondents who participated in higher levels of sport as children (i.e. at regional level and above) reported experiencing IV more than those competing at lower levels (see Table 9). Chi-square tests found that the difference between rates of IV at the different participation levels was statistically significant for four of the five forms of IV (highlighted in yellow); psychological violence was the only form where the differences were not statistically significant.

	Recreational and Club Level		Regional Level and Above		Chi-square	P
	%	Cases	%	Cases		
Neglect	34	392	43	134	9.9	0.002***
Psychological	65	756	70	215	2.2	0.136
Physical	41	481	54	166	15.1	.000***
NCSV	28	326	37	114	9.1	0.003***
CSV	145	173	23	71	11.5	0.001***

TABLE 9: PARTICIPATION LEVEL AND IV AGAINST CHILDREN IN UK SPORT

4.8 Sexual Orientation and IV Against Children in UK Sport

Non-heterosexual respondents (i.e. lesbian, gay, bisexual, and other) were more likely than heterosexual respondents to report experiencing all forms of IV as a child in sport (see Table 10). However, chi-square tests found that this was only statistically significant for: a) physical violence, and b) non-contact sexual violence (highlighted in yellow). No significant differences were found for neglect, psychological violence, and contact sexual violence.

	Heterosexual		Non-Heterosexual		Chi-square	P
	%	Cases	%	Cases		
Neglect	34.9	421	40.8	86	2.7	.100
Psychological	65.1	786	70.1	148	2.0	.156
Physical	42.9	518	51.2	109	5.6	.018*
NCSV	27.6	333	39.3	83	11.9	0.001***
CSV	15.4	186	18.5	39	1.3	0.260

TABLE 10: SEXUAL ORIENTATION AND IV AGAINST CHILDREN IN UK SPORT

4.9 Disability and IV Against Children in UK Sport

Respondents who identified as having a disability were more likely than those without a disability to report experiencing all forms of IV as a child in sport (see Table 11). However, chi-square tests found that this was only statistically significant for: a) neglect, b) physical violence, and c) non-contact sexual violence (highlighted in yellow). No significant differences were found for psychological violence or contact sexual violence.

	Disabled		Non-Disabled		Chi-square	P
	%	Cases	%	Cases		
Neglect	43	47	33	432	4.2	.040*
Psychological	68	74	65	844	0.3	.581
Physical	52	57	43	549	4.0	.047*
NCSV	41	45	28	364	8.4	.004***
CSV	20	22	16	200	1.7	.195

TABLE 11: DISABILITY AND IV AGAINST CHILDREN IN UK SPORT

4.10 Minority Ethnic Status and IV Against Children in UK Sport

Respondents who identified as coming from an ethnic minority group were more likely than non-minority groups to report experiencing all forms of IV in sport as a child (see Table 12). Chi-square tests found these differences were highly statistically significant for all types of IV reported (highlighted in yellow).

	Minority		Non-Minority		Chi-square	P
	%	Cases	%	Cases		
Neglect	50	143	31	322	37.0	.000***
Psychological	77	220	63	666	18.3	.000***
Physical	62	177	39	411	47.2	.000***
NCSV	46	130	25	264	44.6	.000***
CSV	36	93	11	120	74.6	.000***

TABLE 12: MINORITY ETHNIC STATUS AND IV AGAINST CHILDREN IN UK SPORT

5. Discussion

This section discusses the key findings from the UK data and their implications for future research, policy, and practice. Further, more detailed analysis will appear in future peer-reviewed publications.

5.1 Responding to IV against Children in UK Sport

While UK sport has undergone significant shifts in policy development, prevention initiatives, practitioner training, and coaching practice aimed at protecting (child) participants from IV in recent decades, this has not generally been underpinned by empirical data on the prevalence of IV against children in sport in the UK as such data has, until now, not been available.

Appropriate and effective responses to address all forms of IV depend on accurate understandings of prevalence; if a study identifies that a particular form of IV is a significant issue, then it is clear that prevention and management initiatives are needed around this, allowing for efficient distribution of funds and efforts (Lang et al., 2021; Vertommen & Parent, 2021). Additionally, once a baseline figure for the prevalence of IV is established, this can be monitored to determine whether the scale of the problem is increasing or decreasing and can give insights into the extent to which a particular intervention is effective (Lang et al., 2021; Vertommen & Parent, 2021). As such, the findings presented here represent an important data set for sport policymakers, educators, practitioners, and welfare professionals.

The CASES study identified the prevalence of IV experienced by respondents as children in organised sport. However, it is important to recognise that the vast majority of UK respondents – almost 80% – reported positive experiences in sport. This supports findings from previous research (Alexander et al., 2011; Collins et al., 2012; McCarthy & Jones, 2007) and suggests that children value and enjoy involvement in sport despite it being a locus for IV. Given the well-established benefits of sport (Collins et al., 2012; Eime et al., 2013; United Nations Children’s Fund, 2004), it is clear that sport therefore still has significant potential as a vehicle for children’s and societal health, social, education, and development.

Nevertheless, scholarly work from several countries has identified IV against children and adults in sport (Mergaert et al., 2016; Kerr et al., 2019; Olhert et al., 2017; Parent et al., 2016; Vertommen et al., 2016). The CASES project not only confirms this is the case in the UK (and several other countries) but provides evidence of the widespread nature of IV against children in sport. Worryingly, UK participants were more likely to report experiencing at least one form of IV as children inside sport than outside sport (73.3% versus 65.3%, respectively), suggesting sport is a significant site for IV against children. This figure is also significantly higher than that in previous research (73% in the UK versus 38% in the Netherlands and Belgium; see, Vertommen et al., 2016).

Given UK statutory guidance mandates that safeguarding children is everyone's responsibility (Cabinet Secretary for Education and Skills, 2018; Department for Education, 2018; Northern Ireland Assembly, 2015), everyone involved with children, whether within or outside of sport, needs to be cognisant of this and consider the sports context in welfare provisions.

Within UK sport, the most common form of IV reportedly experienced by respondents as children in sport was psychological violence (66%). This mirrors previous research (Alexander et al., 2011; Vertommen et al., 2016). Conversely, this form of IV against children is one of the least well understood in sport (Mergaert et al., 2016). The second most prevalent form of IVAC reported in sport was physical violence (44%). The high rates of psychological and physical violence reported against children in UK sport should prompt concerted action from sport policymakers to prioritise policy, education, research and interventions that focus on this form of IVAC.

Psychological and physical IVAC are under-researched and are often overlooked in sport, branded a 'normal' part of sport and important to developing successful, mentally and physically tough athletes (Alexander et al., 2011; Lang, 2021; McPherson et al., 2017; Stafford et al., 2015). Importantly, there is a significant mismatch between self-reported rates of IV in sport, such as those identified in this study, and officially reported rates of IV against children in sport (see, Hartill & Lang, 2018; Rhind et al., 2014): psychological and physical forms of IV against children are much less likely to be reported to official safeguarding channels (i.e.: NGBs, Local Authorities) than sexual forms, while self-report studies of prevalence rates such as the CASES study indicate psychological and physical forms of IV are substantially more common than sexual forms. This suggests the vast majority of psychological and physical abuse goes unrecognised by those in sport. This needs to change and sport must do more to prioritise developments relating to these forms of IV against children, including raising awareness and encouraging reporting from all stakeholders. In addition, given that research indicates abusive coaching practices, such as many of the behaviours that constitute psychological and physical IV, are often 'inherited', based on behaviours coaches experienced as athletes themselves (McMahon et al., 2021), concerted efforts should be made to focus on educating this group to understand how psychological and physical IV manifest in sport and to advise on best coaching practice.

Neglect is the most under-studied of all the forms of IVAC in sport. Indeed, the CASES project is the first to investigate the prevalence of neglect in sport. More than one-third of participants reported experiencing neglect as children in sport (35.8%). This indicates neglect is a substantial issue for sport and, as such, sport stakeholders should be aware of its potential occurrence in this context and develop policies and procedures to mitigate this risk.

Contact and non-contact sexual violence were the least commonly reported forms of IVAC in sport in this study. Nevertheless, the number of respondents who reported experiencing these forms was substantial (30% for non contact sexual violence and 17% for contact sexual violence). Given sexual violence has so far been a focus of much policy development in safeguarding children in sport in the UK (Brackenridge et al., 2010; Lang, 2021; McVeigh & Lang, 2021) and is the most researched form of IVAC in sport, this is of great concern. Clearly, there remains much work to be done to safeguard child athletes from these contact and non-contact sexual IV in sport and all sport stakeholders must continue to drive developments in this area.

The results of this study simultaneously indicate the extent to which IVAC is normalised in sport and the slow rate at which children's rights have been adopted in sport (David, 2005; Lang, in press). As such, it is vital that sports stakeholders do more to raise awareness of and implement children's rights in sport, including but by no means limited to enacting children's rights to protection and participation (see Lang, in press). In addition, adopting a pluralistic approach to IV against children in sport, such as by considering the prevention and management of IV against children in all activities in all areas and at all levels of sport, is crucial to ensure all forms of IV against children are addressed and cultural norms around normalised abusive behaviours are challenged.

5.2 Groups Most Likely to Report IV in Sport as Children

The CASES study also provided useful insights into who is more likely to report experiencing forms of IV as children in sport. In line with previous research (Alexander et al., 2011; Vertommen et al., 2016), respondents who competed at higher levels of sport, disabled respondents, ethnic minority respondents, and non-heterosexual respondents were more likely to report experiencing certain forms of IVAC.

Specifically, respondents who had achieved higher performance levels of sport as children (i.e. who competed at regional level and above) reported experiencing IV more than those competing at lower levels, especially in relation to physical violence, sexual non-contact violence, sexual contact violence, and neglect. Similarly, respondents who identified as having a disability were more likely than those without a disability to report experiencing all forms of IV as children in sport, especially neglect, physical violence, and non-contact sexual violence. Meanwhile, respondents who identified as belonging to an ethnic minority group were significantly more likely than those from non-minority groups to report experiencing all forms of IV as children in sport. Finally, non-heterosexual respondents were also more likely than heterosexual respondents to report experiencing all forms of IV as children in sport, especially physical violence and non-contact sexual violence.

This may suggest these groups are more at risk of experiencing IV in sport as children although more detailed analysis is needed to confirm this. Indeed, more research is

required to fully understand the characteristics of those who report experiencing IV as children in sport and the reasons for this. Nevertheless, our findings suggest sport stakeholders may need to pay special attention to these groups and specific policy and intervention may be warranted to safeguard these groups.

Finally, males reported experiencing all forms of IV as children in sport significantly more than females in our study. This was somewhat unexpected. Most past research indicates women/girls are more likely to report experiencing IV in sport at rates that are statistically significant, especially when it comes to sexual forms of IVAC. For example, multiple studies have found that women/girls are more likely than men/boys to report experiencing sexual IVAC in sport *and* that these differences are statistically significant (Alexander et al., 2011¹¹; Ohlert et al., 2018; Parent et al., 2016; Vertommen et al., 2016). Meanwhile regarding other forms of IV, only one study suggests men were more likely to report experiencing any forms of IV as children in sport, in this case physical IV (Vertommen et al., 2016). On the other hand, some previous research from sport has found no statistically significant differences between girls and boys for most forms of abuse (i.e. Bermon et al., 2021; Fasting et al., 2015). Our findings therefore stand out as distinct from past research. This will be explored in more detail in future analyses and peer-reviewed publications.

Some scholars (Hartill, 2005, 2009; Parent and Bannon, 2012) have argued there are significant reasons why males may not acknowledge abusive experiences as such. It may be that recent high-profile disclosures of child sexual abuse by male athletes and former athletes in the UK, most notably the disclosures by many former male footballers, have encouraged other men to recognise their past experiences in sport as constituting IVAC, although this does not neatly explain the higher prevalence rates reported by men for non-sexual forms of IV experienced as children in sport. As such, closer inspection of the data is needed before meaningful interpretation can be made of this finding and recommendations made. Nonetheless, this and past research is unequivocal: IV in sport affects boys/men as well as girls/women and all sport stakeholders need to be cognisant of this.

Importantly, all the findings discussed here are based only on analyses of the data at a general level. As is always the case with such studies, the devil is in the detail and there may be important insights about prevalence rates, specific types of behaviours within categories of IV, or about the 'most vulnerable' groups that are only uncovered through more detailed analyses. In previous work (Alexander et al., 2011), for example, men were more likely to report experiencing sexual harm overall than women as children in sport, but item-level analysis showed substantial differences in the types

¹¹ This study found men were more likely than women to report experiencing emotional, physical and sexual harm as children in sport but the differences were not statistically significant. Meanwhile, women were more likely to report experiencing sexual harassment in sport as children and the differences were statistically significant (Alexander et al., 2011).

of behaviours males and females reported; boys were much more likely to report someone exposing themselves to them (a form sexual IVAC) whereas girls were more likely to report being forced to kiss someone or being touched sexually against their will (also forms of sexual IVAC). These types of differences may well be important for policy development but would be lost if only the overall prevalence rate for each type of IV alone according to the sex of respondents is considered. As such, the data described in this report must be treated with caution and, as with all evidenced-based practice, interventions and policy developments would best be put on hold until more detailed analyses have been conducted and published in peer-reviewed articles.

5.3 Strengths and Limitations of the Study

As with all research, our study had certain limitations. These are discussed in more depth in the CASES European project report (see: <https://sites.edgehill.ac.uk/cpss/projects/child-abuse-in-sport-european-statistics-cases/>) but may be summarised as follows:

- The data relate to a specific time period: given the age range of respondents and the data collection period, the experiences recorded by the survey occurred across a 30-year period between 1990-2020. As such, some of the findings may relate to experiences that occurred in the period before the substantive changes to safeguarding children in sport described in section 2.1 had taken place.
- The data is based on young adults' retrospective views: respondents may have forgotten about certain experiences. However, as respondents were relatively close in age to children, it may be more likely they can recall their experiences.
- Using the IpsosMORI panel to collect data means that, by definition, the questionnaire only reached people with internet access. Indeed, recruitment into a market research agency's panel in the first place is self-selective and likely to be biased towards particular demographic groups. Nevertheless, the sample was large and demographically broadly representative of British society.
- The sample was self-selecting rather than random: respondents chose to take part and thus those with more negative experiences may have been more likely to complete the questionnaire. Equally, however, those with more positive experiences may have been more motivated to respond.

6. Conclusion

This report has provided a preliminary analysis of the UK data from the CASES project. Similar reports are available for the other countries in the CASES project¹² and a more detailed report presenting comparative data from across all countries is also available (see: <https://sites.edgehill.ac.uk/cpss/projects/child-abuse-in-sport-european-statistics-cases/>).

More in-depth analyses are ongoing and will be reported soon in academic journals. These will include more thorough discussion of the estimated prevalence of each of the four forms of IV against children, of significant differences in prevalence estimates according to sport level and among different demographic groups, and a severity categorisation based on the perceived seriousness and frequency of IV experiences in sport. These analyses will shed more light on the risk factors for IVAC in sport relating to the athlete, perpetrator and sport context.

Nevertheless, the findings reported here provide a useful starting point for sport stakeholders to begin to consider ways of enhancing safeguarding for children in sport. Previous work suggests the distinct socio-cultural context of sport presents particular opportunities for IV to occur against children (Kerr et al., 2020; Hartill, 2016; Lang, 2010ab, 2021; McPherson et al., 2017; Stafford et al., 2015). The results from this study reinforce this point and suggest sport is a key setting for all forms of IV against children. This cannot be allowed to continue. Sport must adapt and better integrate the principles of children's rights and all involved in sport must do more to ensure children's (and indeed, all athletes') welfare lies at the centre of sporting practice.

¹² These were: Austria, Germany, Romania, Spain, and the Netherlands.

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Appendices

UK CASES Project Team

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Dr Melanie Lang	UK national project lead and steering group member
Dr Daniel Sage	Statistics Expert Group member

Full CASES Project Team

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Dr Melanie Lang	Edge Hill University, UK	UK national project lead and steering group member
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Ioana Nanu	National Institute for Mother and Child Health "Alessandrescu-Rusescu", Romania	Researcher
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Dr Jarl Kampen	University of Antwerp, Belgium	Statistics Expert Group member
Dr Daniel Sage	Edge Hill University	Statistics Expert Group member
Paolo Emilio Adami	World Athletics	World Athletics lead
Elena Lamby	Deutsche Sportjugend	Deutsche Sportjugend lead

This report is embargoed until 26/11/2021.

Jayne Molyneux	Sport England	Sport England lead
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