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# Child Abuse & Neglect

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## Severe interpersonal violence against children in sport: Associated mental health problems and quality of life in adulthood

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### ABSTRACT

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

### 1. Introduction

Traditionally, research into childhood trauma has primarily focused on the family setting, revealing that children are most at risk of experiencing violence in their own homes. The last few decades saw new studies describing other settings in which childhood

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violence takes place (e.g., the Church, school, youth services). Recently, the disclosure of several high-profile cases of child sexual abuse in elite sport around the globe have drawn renewed public attention to the sport setting as a conducive context for violence against children. Indeed, the hierarchical structure of sports, the bodily contact, the male-dominated gender ratio, the authoritarian leadership, and existing reward structures can create an receptive climate in which violence against and among athletes can arise and persist (Kirby, Greaves, & Hankivsky, 2000).

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

The association between child maltreatment and adult mental health issues has been extensively documented in numerous epidemiological studies (Edwards, Holden, Felitti, & Anda, 2003; Felitti et al., 1998; Kessler et al., 2010; Li, D'Arcy, & Meng, 2016). Among other recent publications, studies on the long-term impact of child sexual abuse showed higher rates of depression (Maniglio, 2010) and anxiety (Maniglio, 2013), while for non-sexual child maltreatment associations with a range of adult mental disorders, drug use, and suicide attempts have been demonstrated (Norman et al., 2012), suggesting that child maltreatment is an unspecific risk factor for mental health disturbance in adulthood and impacts underlying liability levels to internalizing and externalizing psychopathology (Keyes et al., 2012). Moreover, children experiencing different types of violence have been found to present higher levels of symptomatology than peers having experienced a single type (Alvarez-Lister, Pereda, Abad, & Guilera, 2014; Felitti et al., 1998; Finkelhor, Ormrod, & Turner, 2007). Notably, while the terms 'maltreatment' and 'abuse' most often refer to adult behaviors towards children, peer victimization should not be overlooked. Lereya and colleagues (Lereya, Copeland, Costello, & Wolke, 2015), for instance, showed that depression, anxiety, and self-harm are among the long-term effects of peer victimization (e.g., bullying), with effects being more serious than observed following maltreatment by adults.

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

As to the sport context, qualitative interviews with female athletes having experienced sexual harassment revealed that most respondents reported negative consequences such as poorer sport performance or dropout, lower self-esteem, and increased anxiety (Fasting, Brackenridge, & Walseth, 2002). Investigating traumatic correlates of child sexual abuse in 90 male and female athletes, Leahy and colleagues (Leahy, Pretty, & Tenenbaum, 2008) found that childhood abuse (in- or outside sport) was associated with posttraumatic symptomatology. A large-scale general population study investigating the association between violence against children in sport and later wellbeing was, however, lacking.

### 1.1. Aims of the study

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

## 2. Material and method

### 2.1. Participants and procedure

Dutch and Belgian adults, aged between 18 and 50 years, were prescreened on having participated in organized sport before the age of 18. Sampling and data collection were performed by the market research company GfK ([www.gfk.com](http://www.gfk.com)) in the Netherlands and in Flanders (the northern, Dutch-speaking part of Belgium). For more detailed information about the sampling and response processes, we refer to our IV prevalence study (Vertommen et al., 2016). The briefing letter contained information on the survey, a link to the study's background information website, a directory of counseling services, and a hyperlink to the actual questionnaires. The retrospective accounts of IV against children in sport and the data on current psychological problems and QOL were all collected using the web-based survey. To avoid interference, the wellbeing questionnaires were presented prior to the questions on negative experiences in sport. Respondents could only proceed with the survey after agreeing with the informed consent request and could pause or terminate the survey at any stage. Full demographic details of the 4043 respondents included can be found in Table 1.

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