

Athlete abuse hurts everyone: vicarious and secondary traumatic stress in sport

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The guilt that I feel, and that my husband feels ... is crippling. (Anonymous mother of a former gymnast abused in sport)

Sport is commonly positioned as an antidote to adverse childhood experiences, including neglect and psychological, physical and sexual abuse.¹ However, a growing number of well-publicised cases firmly establish athlete abuseⁱ as a significant threat to modern sport.²

Entrenched and pervasive, all forms of abuse can have severe consequences, both for athletes who are directly victimised and their sports organisations.² But there may be stakeholders for whom the effects of abuse are less obvious: observers of abuse and the athletic community as a whole. It is important that the sports and exercise medicine (SEM) community conceptualise athlete abuse as *community trauma*; while these events occur in close interpersonal contexts, their impacts span beyond individuals to the entire sports community. Not only do the effects of abuse manifest in individuals' health and well-being, but they also influence relational health among community members, team performance and institutional climate. Therefore, SEM must prioritise primary prevention in data-driven models of athlete abuse management. Not accounting for observer harm risks underestimation of the true toll abuse

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ⁱTerminology varies. For ease, we use the word 'abuse' to summarise all forms of interpersonal violence (or 'non-accidental violence') in sport, including neglect, as well as psychological, physical and sexual harassment and abuse. This decision was made by expert panel consensus, and with reference to three sources: Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse Adopted by the Interagency

Working Group in Luxembourg,⁹ Mercy JA *et al*,¹⁰ Mountjoy M *et al*.¹¹

takes on all stakeholders in sports communities—and on sport itself.

VICARIOUS AND SECONDARY TRAUMA IN SOCIETY AND IN SPORT

Vicarious traumatisation (VT) and secondary traumatic stress (STS) are terms that describe the individual-level physiological and psychological effects of witnessing trauma experienced by another. Often used interchangeably, VT refers to pervasive, permanent alterations in cognitive schemas of self, others, and the world, while STS captures syndromic manifestations of trauma that mimic post-traumatic stress disorder.³ In animal trauma-witness models, the cognitive, emotional and physiological effects of trauma are nearly identical in socially defeated subordinate rats (victims) and their cage-mates (witnesses).⁴ VT/STS also occurs in humans.⁵

Mental health, trauma and frontline healthcare professionals are susceptible to VT/STS.³ The DSM-5 definition of secondary trauma goes beyond conventional direct or witnessed exposure to include vicarious traumas in the form of repeated or extreme exposure to aversive details, or learning about traumatic events occurring to close family, friends and affiliates.⁶ Closeness is a key concept. VT/STS is often intensified in intimate social settings where meaningful experiences are shared by affiliates over time. Because sports communities are tight-knit, VT/STS might be more pervasive within them, as parents, teammates, managers and others may feel a strong connection to those who have been victimised.⁵ Furthermore, these observers' empathy, through either bottom-up neural processing (directly sharing others' emotional states) or top-down processing (intellectually understanding the feelings of others),⁷ may facilitate VT/STS in sport.^{3 5 7}

INTEGRATING AN ONLOOKER-AS-INJURED APPROACH WITHIN SPORT

Organisational drivers of athlete abuse include win-at-all-costs cultures and indoctrinated assumptions of gain from pain.² Onlookers' inactions also play a role.⁸ Time and again, we see that when athletes first disclose abuse, there were others who suspected and/or knew. These observers—best classified as bystanders (*passive* actors physically present during the abuse) and enablers

(*active* actors with direct knowledge of abuse who suppress and/or reject this knowledge)—are complicit,⁸ facilitating athlete abuse unconsciously or more explicitly.

Various theories may explain but not excuse bystander-enablers' behaviour, including identification with the perpetrator, dislike of the victim-survivor, fear of ramifications, vested self-interest, instinctual conflict avoidance and more.⁸ Further, the power-driven, money-driven and prestige-driven milieu of many sport settings can also encourage teammates, coaches, parents and others to *actively* minimise athlete victimisation. Traditionally painted as unsympathetic characters willing to imperil others,⁸ onlookers cannot be assumed to 'carry on' as usual, unharmed. They are also injured—sometimes, to a catastrophic degree.^{3 5}

Psychological costs of VT/STS include feelings of guilt and shame while keeping a secret, the erosion of social trust and relationship/community breakdown. In this way, athlete abuse goes far beyond the primary survivor and does more overall harm than previously considered by sports organisations, which currently rely heavily on downstream reporting-response strategies. Integrating the experiences of those who observe foul-play into abuse prevention and management models demands that primary prevention be prioritised, while secondary and tertiary responses are also supported.

SEM COMMUNITY CALL TO ACTION

Abuse weighs everyone in sport down to varying degrees. Thus, abuse must urgently be positioned as a shared burden for all. An onlooker-as-injured approach justifies the development of primary prevention strategies to deter direct and vicarious/secondary trauma. These could include bystander training to raise awareness of assault (so that observers know it when they see it) and dismantle myths about assault, training to augment psychosocial capacities that promote resilience (support-seeking, emotion regulation), efforts to reduce the stigma of assault, and positive reinforcement programmes to improve organisational culture. Secondary and tertiary prevention to prevent short-term and long-term harm are also important. Given the team-oriented nature of sport, group-level secondary interventions that address early post-trauma symptoms and build resources

and skills to decrease risk may be apt. Tertiary prevention measures that mitigate chronic post-trauma symptoms may take the form of laws holding onlookers and institutions accountable, decreasing the possibility of further abuse. These approaches may better protect the vulnerable, enhance team bonds, challenge toxic power imbalances and unite sports communities to confront this issue head-on.^{2 8} Furthermore, team clinicians who suspect or become aware of athlete abuse have a duty of care to the victim *and* to those with secondary associations and knowledge of the incident, including teammates. As trauma-related clinical tools are brought into SEM settings, SEM clinicians' capacity to confidently assess psychological impact and refer appropriately will increase.

If secondary trauma remains understudied in sport, the extent of damage will remain underappreciated, and potential athletes in peril will continue along the proverbial conveyor belt to outcomes that force survivors *and* their communities to cope with negative health and personal consequences.^{3 5}

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