



Maltreatment in Canada: A Focus on Para-Athletes

Prepared for: The Canadian Paralympic Committee

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In Partnership with AthletesCAN

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Introduction

Sport is highly regarded for the potential physical, psychological and social benefits of participation across the life span and yet, the recent, highly-publicized cases of athlete abuses in Canada and abroad have challenged the popular discourse of sport being inherently good. In the last year alone, Canada has faced several cases of athlete maltreatment in sport across various sports. Maltreatment is an umbrella term that refers to: all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to health, survival, development or dignity in the context of a relationship of responsibility, trust or power (World Health Organization (2010)). Maltreatment includes sexual abuse, physical abuse, psychological abuse, neglect, various types of harassment, bullying and hazing. Previous literature in the fields of psychology, child development, social work, and to a lesser degree, sport, highlight the detrimental long-term effects that maltreatment can have on individuals' health, relationships, performance and productivity, thus signaling the importance of studying maltreatment.

In 2018, the Federal Minister of Science and Sport, the Honourable Kirsty Duncan, addressed the problem of maltreatment and gender-based violence in sport by establishing working groups to advise her on the development of policies, reporting structures, and supports for athletes (<https://www.newswire.ca/news-releases/minister-duncan-announces-stronger-measures-to-eliminate-harassment-abuse-and-discrimination-in-sport-685943081.html>). Since that time, she has also instigated a helpline and new reporting mechanisms, among other important initiatives. A prevalence study, conducted in partnership with AthletesCAN, advances the Minister's efforts to address maltreatment in sport.

The last prevalence study of athletes' experiences of maltreatment in Canada was conducted over 20 years ago by Kirby & Greaves (1996). Since that time, there has been a heightened awareness of sexual violence in various sectors, in part due to the #MeToo movement. There has also been a growing awareness of other forms of maltreatment in sport such as hazing, psychological abuse, and lack of appropriate care of athletes' well-being. The high-profile cases of various forms of maltreatment in sport, nationally and internationally, have drawn increasing scrutiny by stakeholders in sport and members of the public alike. For all of these reasons, the time was right to conduct another prevalence study looking at all forms of maltreatment experienced by athletes. Not only will the results of this study provide an important snapshot of the nature of athletes' experiences but will also provide a baseline against which the impact of future interventions to enhance athletes' experiences can be assessed. Conducting a prevalence study in sport is also important because it demonstrates a commitment to addressing maltreatment thus building trust amongst stakeholders in sport and with members of the public.

The findings from the recent 2019 Prevalence of Maltreatment Experiences amongst Current and Former National Team athletes, including able-bodied and para-athletes, indicated the prevalence of maltreatment in sport in Canada. The overall findings highlighted a high rate of psychological harm, followed by neglect, sexual harm and physical harm (Kerr, Willson, & Stirling, 2019). Previous research in the maltreatment literature shows that certain populations, including persons with a disability, are more vulnerable than others to experiences of various forms of maltreatment (Hibbard; 2007; Sullivan & Knutson, 2000). In fact, it has been estimated that

children with disabilities are 1.5 - 3 times as likely to experience maltreatment compared with their able-bodied counterparts (Hibbard; 2007; Sullivan & Knutson, 2000). More recent research outside of sport highlights the increased vulnerabilities of those with disabilities to various experiences of sexual violence (Hughes, K. et al., 2012; <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54910-eng.htm>). In sport, a recent European prevalence study of athlete maltreatment identified disability as being a risk factor for sexual violence in sport (Vertommen et al., 2016). With this awareness, we acknowledge the importance of understanding the experiences of maltreatment specifically amongst athletes with a disability in Canada. As a result, we separated the data on athletes who identified as having a disability from the broader sample of current and former Canadian National Team members and sought to explore the experiences of maltreatment amongst these para-athletes.

What is Maltreatment?

Maltreatment

- All types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to health, survival, development or dignity in the context of a relationship of responsibility, trust or power (World Health Organization, 2010)
- Acts of commission or omission by a parent or other caregiver (e.g., clergy, coach, teacher) that result in harm, potential for harm, or threat of harm to a child (CDC, 2018; CRC, 2019; Crooks & Wolfe, 2007)

The term maltreatment is used to encompass abuse, which refers to acts of commission, as well as neglect, which refers to acts of omission. Moreover, the term maltreatment refers to harm or the potential for harm within various relationships including the following. Abuse and neglect occur within dependence relationships in which one person (with lesser power) relies upon the other (with greater power) for a sense of security, trust and fulfillment of needs, such as those relationships between a child and parent, teacher or coach and sometimes between an athlete with a disability and a support provider). Harassment also occurs in relationships of imbalanced power in which one person is in a position of ascribed authority over the other (e.g. employer and employee). Finally, bullying or harmful behaviours between peers who differ in power bases is also included under the umbrella of maltreatment (e.g. senior versus junior athlete).

Importantly, power and its misuse are fundamental to all forms of maltreatment.

About the Study

This study assessed the prevalence of various forms of maltreatment, including psychological, physical and sexual harm and neglect, amongst those who identified as an athlete with a disability. This study was executed through an anonymous online survey developed in partnership with AthletesCAN and distributed by AthletesCAN. Responses included data from 110 Canadian National Team athletes who were either currently competing or had retired in the past 10 years and identified as having a disability. These data were also compared to 891 Canadian athletes who did not identify as having a disability to provide further context.

Given the small sample size of para-athletes, the following data should be interpreted with caution. The findings are best interpreted as shining a light on experiences of maltreatment but drawing definitive conclusions should await further study with a larger sample size.

Results

Rates of Maltreatment

Figure 1 depicts the percentage of para-athletes who reported experiencing neglect, psychological, sexual and physical harm. Psychological harm was the commonly reported experience of harm, followed by neglect and sexual harm. Athletes who identified as having a disability reportedly experienced less neglect, psychological and sexual harm than able-bodied athletes. However, as none of these differences were statistically significant, the conclusions from this comparison are that experiences are similar between able-bodied athletes and para-athletes. Only when the experiences of maltreatment of a larger sample of para-athletes are explored, will we be able to draw conclusions about comparisons.

Psychological harm, the most commonly experienced form of harm (25%) consists of a repeated pattern of behaviours such as being yelled at in a critical manner, receiving humiliating, degrading or condescending comments, and being intentionally ignored. Although psychological harm was reportedly more common in para-athletes (25%) than able-bodied athletes (20%), these differences were not statistically significant.

Neglect, the next most frequently reported form of harm, consists of such experiences as a lack of adequate hydration, food, bathroom use, training facilities, and medical care, and being left alone without care, as some examples. Although neglect was reportedly more common in able-bodied athletes (18%) than para-athletes (16%), these differences were not statistically significant.

Sexual harm, the next most frequently experienced form of harm represents behaviour such as being the recipient of sexist remarks, comments of jokes, being glanced at in a sexual manner, and being touched in a sexual manner. Although the differences in sexually harmful experiences were reportedly more common in able-bodied athletes (5.5%) than athletes with a disability (3%), these differences were not statistically significant.

Interestingly, unlike their able-bodied counterparts, no para-athletes reported experiences of physical harm, such as being directed to engage in excessive physical conditioning as punishment, being punched/hit, or hit with an object. This could potentially be due to the broad design of the survey and the questions asked. The survey did not address issues faced by athletes with a disability specifically, for example, being physically manipulated without permission. A future study exploring specific considerations for para-athletes is needed to further explore experiences of harm.

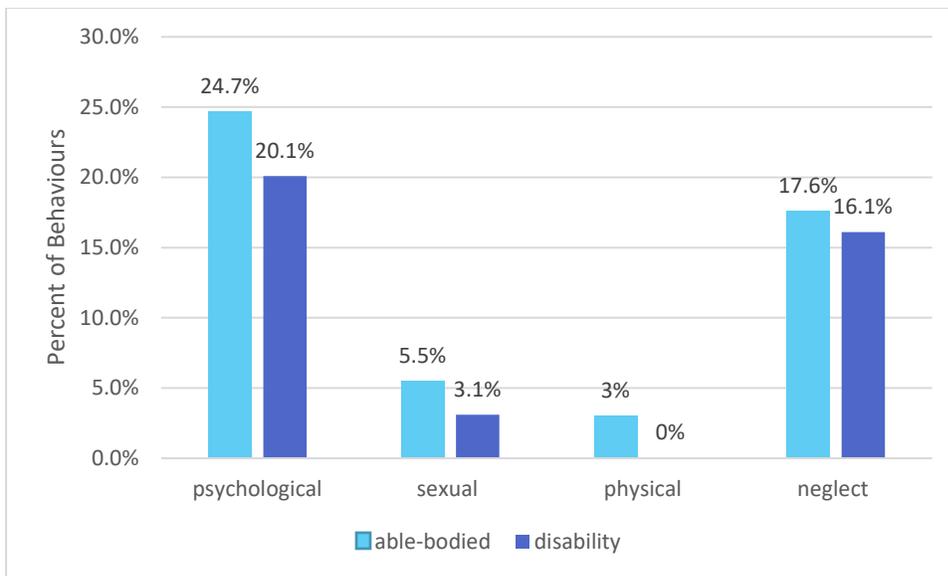


Figure 1. Rates of reported harm in able-bodied athletes and athletes with a disability

Support for Basic Needs

Athletes reported their experiences with not being provided with adequate support for basic needs (e.g. foods, fluids, sleep, shelter, bathroom use, etc.) and being left alone with no care. Figure 2 depicts a comparison between athletes who identified as having a disability and able-bodied athletes. Athletes with a disability indicated a much higher rate of inadequate support of basic needs compared to able-bodied athletes, however, the two groups were equitable in the reporting rates of being left alone with no care.

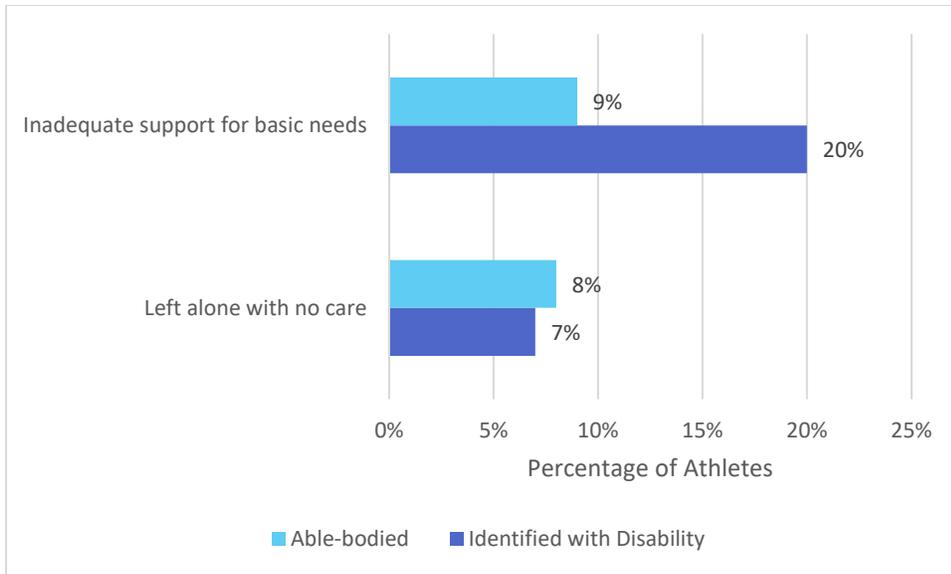


Figure 2. Comparison of athletes and their support in basic needs

Discrimination

Athletes identified a variety of ways in which they had experienced discrimination in sport. Figure 3 depicts the percentage of para-athletes who reportedly experienced various forms of discrimination. Discrimination based on disability was the highest, at 29%, followed by gender at 10%, age at 10%, and appearance at 6%.

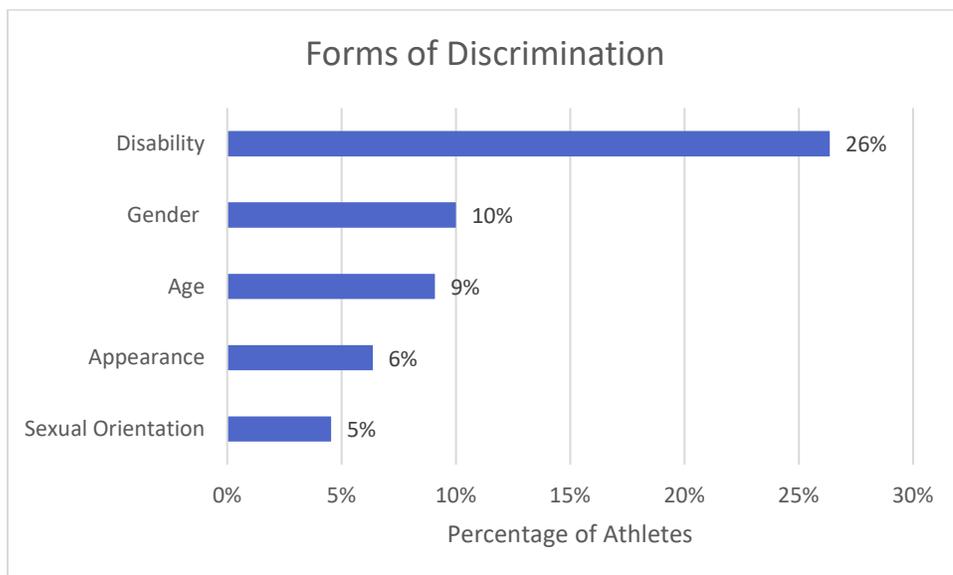


Figure 3. Type of discrimination experienced by athletes

Athletes who responded yes to any of the forms of discrimination above were asked to identify the perpetrator of harm. Figure 4 displays the various perpetrators reported. The most frequently identified was the sport administrator (22%), high performance directors (21%) and coaches (20%). Peers (17%) and strangers (16%) were also frequently identified.

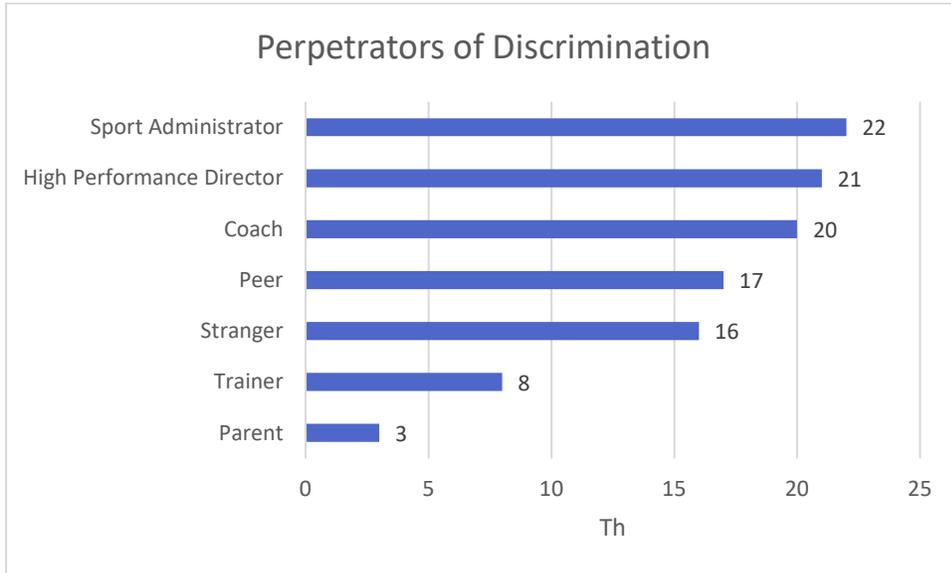


Figure 4. Frequency athletes identified each perpetrator

Athlete Well-being

Figure 5 indicates the differences in averages of athlete satisfaction, well-being, self-harm, disordered eating behaviours, and feeling supported for seeking mental health between para- and able-bodied athletes. Athletes who identified as having a disability reported having higher athlete satisfaction, lower well-being, higher rates of self-harm and disordered eating behaviours, and lower rates of organizational support for seeking help for mental health. While these differences appear to be significant, the large difference in population size between the two groups of athletes leads to low statistical power; as a result, these results should be interpreted with caution. Rather than focusing on comparisons between the two groups, it is important to note the low overall well-being reports, high self-harm and eating disorder findings, and low organizational support for seeking mental health help, amongst para-athletes.

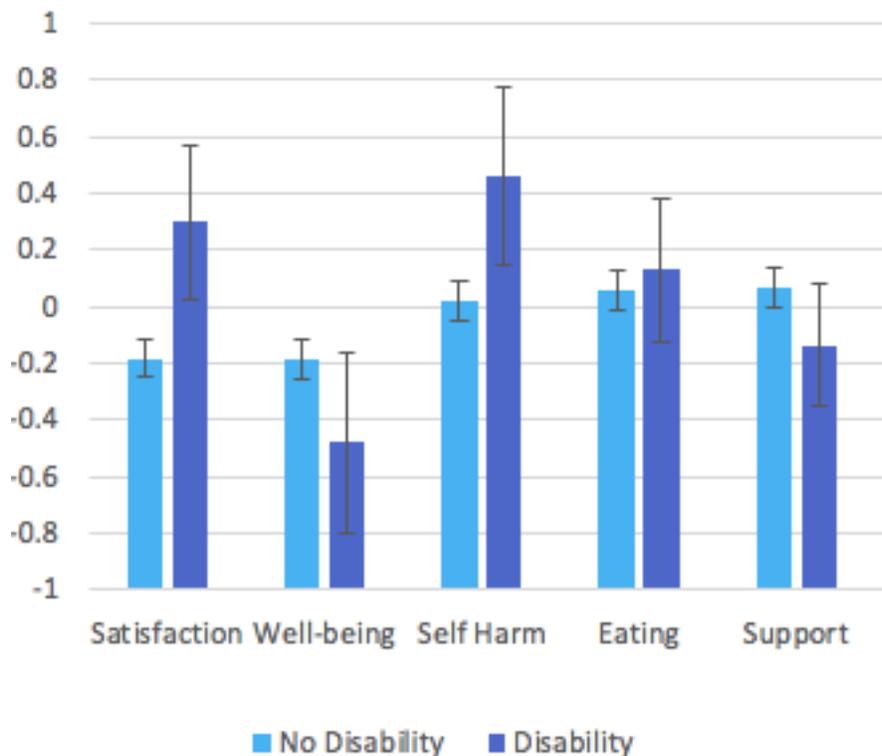


Figure 5. Means for athlete satisfaction, well-being, and mental health indicators

Qualitative Findings

The final portion of the survey asked athletes if they had any further comments they wished to contribute regarding athlete maltreatment in Canada, and any suggestions they had to advance safe sport. Athletes who identified with a disability echoed an overwhelming demand for an independent third-party organization for reporting and investigations. One athlete elaborated on this:

There needs to be a separate unbiased organization/individual who athletes can talk to about concerns/complaints without worrying about it getting back to their sports organizations and it impacting their sporting career. OR there needs to be a method to anonymously report unacceptable behaviours/practices without having to worry about the repercussions to your athletic career.

Athletes also discussed an increase in education for all stakeholders. One athlete shared their desire for this subject to be discussed more openly:

I think this is something that should be talked about/addressed yearly (at the beginning of a new contractual term), or any time someone new joins the team. I think this should be a topic that is treated proactively instead of reactively. I think a lot of people feel scared

and lost when they experience harassment or abuse so having that open discussion directly at the beginning opens the door to a safer environment should an event occur.

Athletes also discussed concerns of the current funding structure which was summarized by this athlete:

As long as the pressure and bottom line of money for medals exists, challenges around safety in sport will remain because the pressure to perform and the impacts of other people on other athletes to perform will continue.

An issue that was addressed specifically amongst this population was the concern about ableism in the community. Particularly, that there is discrimination that occurs and that training adjustments need to be more disability-specific. This was summarized by one athlete:

I think the parasport community has to do a better job of tackling internalized ableism. So much in that community is about training as hard as able-bodied athletes (despite using a small muscle group, which overtrains easily), certain disabilities are routinely mocked, anyone whose disability contributes to inconsistent performance (fatigue/pain-based) is told that it's all their fault, they need to get stronger mentally, etc. A lot of my injuries were the result of training in a way that was not recommended for someone with my disability. Because it's a small community, toxic people who don't want their spot on the national team threatened can have a huge impact bullying up-and-coming athletes, and this is never addressed.

Limitations

The analyses of maltreatment of para-athletes was limited by the small numbers of respondents. As a result, any comparisons between the small group of para-athletes and large group of able-bodied athletes should be interpreted with caution. Additionally, as the initial survey was designed to acquire a surface level look at experiences of maltreatment across all athletes, the questions were written in a general way; as a result, questions pertaining specifically to potentially harmful behaviours for para-athletes were absent. Clearly, it will be important to repeat this study with a specific focus on the experiences and needs of para-athletes.

Conclusion

Based on these data, 20% of the para-athletes in this study reportedly experienced psychological harm on a repeated basis, often through mis-guided training methods that included excessive yelling, demeaning or humiliating comments, or being intentionally ignored as a motivational strategy. Additionally, 16% of the sample reported neglect, most often through repeatedly lack of attention to basic needs such as adequate food, water, bathroom use, and medical care. Importantly, 26% of the para-athletes in this study reported experiences of discrimination based on their disability. Their qualitative comments supported these findings

with several references to problems of internalized bias and discrimination that affected their sport experiences in negative ways. Athletes with a disability indicated having higher athlete satisfaction but higher rates of self-harm and disordered eating, and lower rates of well-being compared to their able-bodied counterparts. They also recommended further education on safe sport throughout the sport community, as well as a change in focus from medals and performance to well-being, tackling ableism, and implementing an independent mechanism for reporting and investigating concerns. Future studies with a specific focus on experiences of maltreatment amongst para-athletes and a larger group of respondents will help us understand the unique experiences of para-athletes and thus enable the development of effective prevention and intervention strategies.

END OF REPORT