PEDIATRICS PERSPECTIVES

Confronting Child Maltreatment in Youth Sports

Katherine W. Canty, MD,[a] Angelo P. Giardino, MD, PhD[b]

"We just can't fix a problem we don't understand, and we can't understand the problem unless and until we have all the facts. If we don't do all we can to get these facts the problems we are here to address will persist and we are deluding ourselves if we think other children will be spared the institutionalized tolerance and normalization of abuse that I, and so many, had to endure."[1] On September 15, 2021, these words echoed across the United States Senate chamber as Aly Raisman and three other decorated gymnasts, Simone Biles, McKayla Maroney, and Maggie Nichols, provided poignant testimony before the Judiciary Committee Hearing that highlighted the enormous failures of multiple organizations, including the Federal Bureau of Investigation (FBI), in responding to and investigating allegations of sexual abuse within USA Gymnastics. As revealed in the Inspector General's report and emphasized in Maroney's testimony, the FBI "sat idly by as dozens of girls and women continued to be molested by Larry Nassar."[1] Of Nassar's more than 330 victims, at least 70 young athletes were abused after the Indianapolis FBI became aware of allegations made against Nassar.[1] After the Senate Judiciary Committee Hearing, USA Gymnastics and the United States Olympic & Paralympic Committee reached a $380 million settlement with 500 female athletes who had been abused by Nassar or others within the sport.[2] Through their testimony, Raisman, Biles, Maroney, and Nichols crystallized the need for urgent action across disciplines to safeguard young athletes from abuse, be it physical, sexual, or psychological, as well as bullying and harassment by peers.

THE ECOLOGY OF AND TRENDS IN YOUTH SPORTS

Although high-profile cases of abuse, such as the Nassar case, are reprehensible, the benefits of sports participation in childhood should not be overshadowed, because they are expansive and extend beyond physical and mental health to social skills, as well as to academic and career performance.[3] Through athletics, children are taught valuable lessons in time management, deferred gratification, work ethic, fair play, conflict resolution, and leadership, among other competencies.[3] Additionally, physically active children are more likely to become

[a]Department of Pediatrics, Harbor-UCLA Medical Center, Torrance, California; and [b]Department of Pediatrics, University of Utah School of Medicine, Intermountain Primary Children's Hospital, Salt Lake City, Utah

Dr Canty drafted the initial manuscript and performed revisions, Dr Giardino conceptualized the paper and critically reviewed and revised the manuscript, and both authors approved the final manuscript as submitted and agreed to be accountable for all aspects of the work.

DOI: https://doi.org/10.1542/peds.2021-055816

Accepted for publication Mar 23, 2022

Address correspondence to Katherine Canty, MD, KIDS Hub Clinic, Harbor-UCLA Medical Center, 1000 W Carson St, Torrance, CA 90502. E-mail: kcanty@dhs.lacounty.gov and kwcanty@gmail.com

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

Copyright © 2022 by the American Academy of Pediatrics

FUNDING: No external funding.

CONFLICT OF INTEREST DISCLOSURES: Dr Giardino was a founding member of the board of trustees of the United States Center for SafeSport in March 2017.

To cite: Canty KW, Giardino AP. Confronting Child Maltreatment in Youth Sports. *Pediatrics*. 2022;150(1):e2021055816

Downloaded from http://publications.aap.org/pediatrics/article-pdf/150/1/e2021055816/1326653/peds_2021055816.pdf
by UT Rio Grande Valley, Stanley Fisch

physically active adults, leading to sustained benefits across their lifetimes.[3]

Despite these benefits, burnout and overuse injury are becoming increasingly recognized. There has been a substantial decline in sports participation among children in the United States over the past decade. Between 2008 and 2018, the percentage of children aged 6 to 12 years who regularly participated in organized team sport decreased from 45% to 38%.[4] Campaigns like "Don't Retire, Kid," which aired on ESPN, have drawn attention to the stark reality that most children quit playing sports by adolescence.[4,5] Additionally, one-half of pediatric sports injuries are due to overuse, which may be related to shifts from multisport play to earlier sports specialization.[5] Recently, a few athletes, including Simone Biles, have spoken candidly about the extreme pressures of competing at the elite level to the detriment of their mental health.[1] Although adversity is important in the development of a young athlete, there is a point where performance suffers, particularly in the absence of supportive coaching.

ABUSE IN YOUTH SPORTS

Sport, unlike other sectors of society, often operates under its own code of ethics rooted in a "win at all costs" mentality that normalizes abusive coaching practices under the guise of competition.[6,7] This includes coaching behaviors such as yelling at, intimating, or humiliating players with the purpose of toughening them and motivating them toward success.[6] Additionally, there are unique features of the sporting environment that leave young athletes particularly vulnerable to abuse, including media attention, inherent trust placed in coaches and athletic staff, recruitment practices, time spent away from caregivers, and distant competition and training camps.[8]

Using data collected through the National Surveys of Children's Exposure to Violence, researchers examined the responses of 13 072 youth 0 to 17 years of age to their Juvenile Victimization Questionnaire and concluded that abuse in youth-serving organizations, which includes sports, was a relatively rare form of abuse (0.8%).[9] However, our ability to ascertain the true prevalence of abuse in youth sport has been challenged by variable definitions of maltreatment, barriers to athlete disclosure resulting in underreporting, and a disproportionate focus among researchers on sexual abuse over physical abuse, psychological abuse, and neglect.[7,8] In a recent review that included a discussion of prevalence studies conducted outside the United States, psychological abuse was described as a predominant form of abuse among athletes.[7] This was demonstrated in a study of 1001 current and former Canadian national team athletes in which nearly 25% of retired athletes reported having experienced repeated psychological maltreatment, whereas 7% and 5% reported experiencing sexual harm and physical abuse, respectively.[7] Yet, despite the increased attention on sexual abuse, several misperceptions remain. As an example, sexual abuse of athletes, as publicized by the popular media, typically involves abuse perpetrated by adults on young females, whereas victimization of male athletes and abuse of athletes by their peers remains underrecognized and underreported. This was highlighted in the 2016 International Olympic Committee consensus statement on harassment and abuse in sport, which revealed that peer athletes, rather than coaches, are the most likely perpetrators of sexual harassment.[10]

Despite the inherent risks to children in youth-serving organizations, such as sports, where there are large aggregates of children and an "authority gradient," only recently has there been a shift from disorganized outrage in response to reports of abuse to coordinated and multiagency prevention through the development of independent organizations including the US Center for SafeSport. Through independent investigation, concealing abuse allegations and conflicts of interest in handling abuse internally can be mitigated.

THE ROLES OF THE PEDIATRICIAN AND THE MEDICAL COMMUNITY

Thus far, there has been little discourse among medical

TABLE 1 General SafeSport Recommendations for Parents/Caregivers

General Recommendations
1. Ask about how coaches and volunteers are screened.
2. Inquire about whether coaches and volunteers have received formal training on abuse prevention.
3. Ask about the policies and procedures in place to address the following:
• Bullying, harassment, and peer sexual assault
• Mandated reporting
• Heat exhaustion and dehydration
• Return to play after injury
• Locker room restrictions
• Away travel and sleeping accommodations
• Private lessons
• Social media use
• Appropriate physical contact
• Disciplinary action

Created by using the United States Center for SafeSport Parent Toolkit.[11–14]

Downloaded from http://publications.aap.org/pediatrics/article-pdf/150/1/e2021055816/1326653/peds_2021055816.pdf
by UT Rio Grande Valley, Stanley Fisch

TABLE 2 SafeSport Recommendations for Parents/Caregivers by Age and Abuse Type

	Preschool Age	Lower School Age	Middle School Age	High School Age
Physical abuse	1. Talk to your child about safe and appropriate discipline and set clear expectations for how others can/should discipline them. ● "In our house, we do not use our bodies to fight or for discipline. So, like at home, it is not okay for a coach to hit, kick, or hurt their players."	1. Continue to review your family's rules for discipline and examples of discipline that cross the line to abuse.	1. Continue to check in with your child after practices and games. Be attuned to their attitude and whether they continue to look forward to practice/games.	1. Reiterate that your child should not put their health or safety at risk to earn their teammates' or coach's praise/approval; this includes being made to play/practice while injured.
	2. Encourage your child to identify adults who they consider safe and who, in addition to you, they can go to if a coach or peer does something that hurts them or makes them feel unsafe.	2. Check in with your child after practices and games by asking questions that prompt dialogue. ● Rather than asking "How was practice?" instead say, "Tell me all about practice." ● "Tell me more" is a good way to facilitate open-ended communication.	2. Get to know your child's teammates and inquire about the coach/player dynamic.	
			3. Emphasize the value of hard work while also being clear that your child should not compromise their safety to earn their teammates' or coach's praise.	
Sexual abuse	1. Introduce your child to the differences between privacy and secrecy and good and bad secrets.	1. Do not shy away from discussing sexual topics, rather use them to remind your child that nobody should talk to them or touch them sexually.	1. Help your child identify additional "safe adults" who they can confide in if there is something that they feel uncomfortable telling you about.	1. Keep open communication with your child, their teammates, and the parents of their teammates.
	2. Teach your child the correct medical terminology for their genitalia.	2. Teach your child early about using electronics safely and wisely.	2. Monitor your child's social media use. ● Refer to recommended resources.[13,14]	2. Talk to your child about how to navigate situations where they may be exposed to alcohol and drugs or feel unsafe or uncomfortable.
	3. Be clear about who may assist your child with activities like undressing and toileting. ● "Sometimes I may help you change into your pajamas, but your coach should not be taking off your clothes." ● "Now that you know how to use the potty on your own, you do not need a grown up to go inside the stall with you."	3. Be proactive when it comes to team travel and transportation. Ask about who will be chaperoning, how many children and adults will be present, and what the sleeping arrangements will be.	3. Be explicit about how your child's coach can communicate with them outside of practice/games (ie, any communication should include a parent/caregiver).	3. Continue to emphasize appropriate social media use and communication with coaches and other staff.
Emotional abuse	1. Model how you want people to communicate with your child at home. ● "It is okay to feel mad or sad and it is healthy to talk about how you feel, but when we express our emotions, it is important that we do not put other people down."	1. Explain to your child that a coach may correct or criticize a behavior, but a coach should not criticize your child personally.	1. Take a stand against bullying and be clear that this behavior will not be tolerated in your household. ● If you overhear cruel teasing directed toward other players or teams, use that as an opportunity to emphasize the importance of treating others with respect and of sportsmanship.	1. Although athletics are competitive and emotionally charged, remind your child that it is not okay for another person to verbally assault them.
	2. Teach your child about the power of words by using examples of helpful (which are encouraging) and hurting	2. Make time to observe a practice and the ways that the coaches and players interact with one another.		2. Ask your child about emotionally abusive coaching behaviors.

Downloaded from http://publications.aap.org/pediatrics/article-pdf/150/1/e2021055816/1326653/peds_2021055816.pdf
by UT Rio Grande Valley, Stanley Fisch

TABLE 2 Continued

	Preschool Age	Lower School Age	Middle School Age	High School Age
	(which are discouraging) words and counsel against name-calling.			
				3. Continue to build your child's self-esteem at home.

Created by using the United States Center for SafeSport Parent Toolkit.[11–14]

professionals within the United States about recognizing and responding to abuse, harassment, and bullying in youth sports. As pediatricians, we are uniquely positioned to advocate for safe sport during our encounters with patients and their families. At an individual level, we have an opportunity to provide anticipatory guidance to caregivers regarding sports participation and safe sport practices during well-child examinations. Specifically, we should be counseling caregivers to inquire about how coaches and volunteers are screened, whether there is formal abuse-prevention training within their child's sports organization and to educate themselves on the program's code of conduct and policies pertaining to travel, approved communication between coaches and athletes, and maintaining a safe locker room, among others.[3,11,12] Parents should be encouraged to observe practice. If a coach or team uses closed practice policies, then parents should ask about alternatives to allow for a designated person, such as a single parent, to monitor practices as well as coach and athlete behaviors. Caregivers should also be informed of mechanisms for reporting abuse concerns if they suspect abuse or their child discloses maltreatment. The United States Center for Safe Sport has developed a parent toolkit that provides concrete recommendations, which have been summarized and modified in Tables 1 and 2.[12]

Screening for maltreatment should also be incorporated into the preparticipation sports physical. Patients should be asked about abuse by coaching staff, bullying; hazing, and harassment by their peers; pressures to perform when injured; burnout; and familiarity with processes of disclosing abuse and maltreatment.

As a larger medical community, we must work with our colleagues within and outside of medicine to identify knowledge gaps and create formalized partnerships. As Aly Raisman astutely highlighted, "we just can't fix a problem we don't understand."[1] Thus, there is a need for additional research into the epidemiology of maltreatment in youth sports within the United States to develop targeted and evidence-based prevention initiatives. At the forefront, we must make external barriers for perpetration very high.

Now that there is congressional attention, let us unite in our desires to promote physical activity while ensuring that our young athletes are protected from exploitation and abuse.

REFERENCES

1. Committee on the Judiciary. Dereliction of duty: examining the inspector general's report on the FBI's handling of the Larry Nassar onvestigation. Available at: https://www.judiciary.senate.gov/meetings/dereliction-of-duty-examining-the-inspector-generals-report-on-the-fbis-handling-of-the-larry-nassar-investigation Accessed April 6, 2022
2. The New York Times. Macur J. Nassar abuse survivors reach a $380 million settlement. Available at: https://www.nytimes.com/2021/12/13/sports/olympics/nassar-abuse-gymnasts-settlement.html. Accessed March 8, 2022
3. Logan K, Cuff S; Council on Sports Medicine and Fitness. Organized sports for children, preadolescents, and adolescents [published online ahead of print May 20, 2019]. *Pediatrics*. doi: 10.1542/peds.2019-0997
4. Project Play, The Aspen Institute. Survey: kids quit most sports by age 11. Available at: https://www.aspenprojectplay.org/national-youth-sport-survey/kids-quit-most-sports-by-age-11. Accessed August 27, 2021
5. Brenner JS; Council on Sports Medicine and Fitness. Sports specialization and intensive training in young athletes. *Pediatrics*. 2016;138(3):e20162148
6. Stirling AE, Bridges EJ, Cruz EL, Mountjoy ML; Canadian Academy of Sport and Exercise Medicine. Canadian Academy of Sport and Exercise Medicine position paper: abuse, harassment, and bullying in sport. *Clin J Sport Med*. 2011;21(5):385–391
7. Kerr G, Kidd B, Donnelly P. One step forward, two steps back: the struggle for child protection in Canadian sport. *Soc Sci*. 2020;9(5):68
8. Fortier K, Parent S, Lessard G. Child maltreatment in sport: smashing the wall of silence: a narrative review of physical, sexual, psychological abuses and neglect. *Br J Sports Med*. 2020;54(1):4–7
9. Shattuck A, Finkelhor D, Turner H, Hamby S. Children exposed to abuse in youth-serving organizations: results from national sample surveys. *JAMA Pediatr*. 2016;170(2):e154493
10. Mountjoy M, Brackenridge C, Arrington M, et al. International Olympic Committee consensus statement: harassment and abuse (non-accidental violence) in sport. *Br J Sports Med*. 2016;50(17):1019–1029

Downloaded from http://publications.aap.org/pediatrics/article-pdf/150/1/e2021055816/1326653/peds_2021055816.pdf
by UT Rio Grande Valley, Stanley Fisch

11. LaBotz M. Healthychildren.org. Creating a safe environment to prevent abuse in youth sports: a parent checklist. Available at: https://www.healthychildren.org/English/healthy-living/sports/Pages/Creating-a-Safe-Environment-to-Prevent-Abuse-in-Youth-Sports-A-Parent-Checklist.aspx. Accessed January 18, 2022
12. US Center for SafeSport. Parent toolkit. Available at: https://uscenterforsafesport.org/wp-content/uploads/2020/05/Parent-Toolkit_Complete-1.pdf. Accessed January 22, 2022
13. Healthychildren.org. Kids & tech: tips for parents in the digital age. Available at: https://www.healthychildren.org/English/family-life/Media/Pages/Tips-for-Parents-Digital-Age.aspx. Accessed March 4, 2022
14. Chassiakos YR. Healthychildren.org. Talking about sexting with your children. Available at: https://www.healthychildren.org/English/family-life/Media/Pages/The-New-Problem-of-Sexting.aspx. Accessed March 4, 2022

Downloaded from http://publications.aap.org/pediatrics/article-pdf/150/1/e2021055816/1326653/peds_2021055816.pdf
by UT Rio Grande Valley, Stanley Fisch