

**ABSTRACT**  
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**Invisible Scars:  
The Mental Health Impacts of Interpersonal Violence in Sport**

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Interpersonal violence (IV) (harassment and abuse) is defined by the World Health Organization as “the intentional use of physical force or power against other persons by an individual or small group of individuals. It can occur online, be perpetrated by different actors and take different forms”<sup>1</sup>. There are four types of IV in sport: psychological violence, physical violence, sexual violence and deprivation/ neglect<sup>2</sup>. Identified in the literature are other forms of abuse experienced by athletes including hazing, bullying, and grooming. IV can be perpetrated by peer athletes or other entourage members where there are perceived power differentials<sup>3</sup> and can be experienced in-person, on or off the field of play, and through cyber-mechanisms<sup>2</sup>.

The prevalence of IV in sport ranges from 44-86%<sup>4</sup>. Studies of sexual violence indicated that female athletes and individuals that identify as LGBTQ+ are at higher risk for sexual violence. Athletes at higher risk of experiencing psychological violence includes elite (16+h training/ week), disabled, and LGBTQ+ athletes. Male athletes, team sports participants, LGBTQ+ and elite athletes are at greater risk for experiencing physical violence<sup>4</sup>. IV in sport is prevalent in a variety of forms and contexts. Individual and interpersonal determinants of IV in sport include sexual orientation, gender identity<sup>5</sup>, age<sup>6</sup>, sport level<sup>7</sup>, race/ ethnicity, dis/ability<sup>7</sup>, with greater risk with intersectionality of identities<sup>8</sup>.

The potential outcomes of IV in sport can affect the athlete, members of the entourage, and sport organizations. From the athlete perspective, the scientific literature identifies four broad areas of potential impact of IV in sport: psychological, behavioural, physical, and/or material damage. Mental health symptoms and disorders are both defined as outcomes of IV in sport. Mental health symptoms identified as impacts of experiencing

IV in sport include (but are not limited to) low self-esteem, psychological distress, fear, sadness, guilt, disgust, anger, shame, hopelessness, helplessness, loss of motivation, feelings of failure, trapped, degraded, confusion, humiliation, dissociation, denial self-blame, low self-confidence<sup>4</sup>. Mental health disorders identified in the literature as resulting from exposure to IV in sport include (but are not limited to) depression, anxiety, post-traumatic stress disorder, suicidality, body dissatisfaction, eating disorders/ disordered eating, and substance misuse<sup>4</sup>.

Two studies of elite, international level athletes demonstrated a strong association between current experiences of IV in sport with a high self-reported prevalence of mental health symptoms, illness, and injury<sup>9 10</sup> underscoring the intersection between IV, mental health and physical health.

Evident from the widespread prevalence and pervasive, varied outcomes of IV in sport, members of the athlete health entourage should have competence in trauma- and violence- informed care to facilitate IV prevention, identification, and mental and physical support<sup>11</sup>, as well as to build trust and prevent re-traumatisation<sup>12</sup>.

Indeed, everyone in sport is responsible for creating a safe sport environment to prevent IV and its negative mental health impacts.

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