

Role of the Multidisciplinary Team In Addressing Sexual Abuse in Sport

Joint Commission on Sports Medicine and Science

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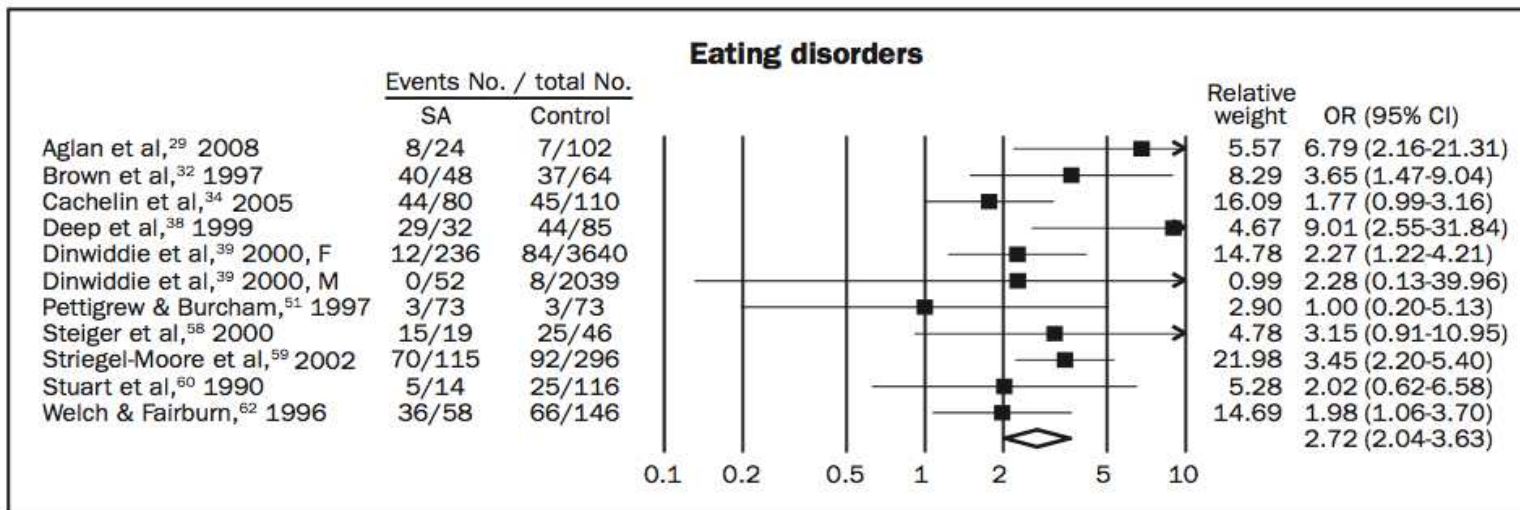
President American College of Sports Medicine (2016-17)



Case

Christine 20 yo WF college swimmer. Referred to me by her therapist with a history of bulimia nervosa and depression. Taking sertraline and abilify. Reports a history of childhood sexual abuse (father); restraining order. Eating disorder behaviors started in high school and include dietary restriction, rare bingeing and self-induced vomiting. Also seeing a sports dietitian, but not regularly. She reports suicidal ideation without intent. Past history of self harm, but none currently. She drinks alcohol with occasional binge drinking, no other substances. Recently raped by a male acquaintance after a party. Was intoxicated at the time. Did not report.

Odds of Developing an Eating Disorder After Sexual Assault



History of rape increases the OR for lifetime incidence of eating disorder to **21.69**

Chen. Mayo Clin Proc. 2010

Likelihood of IPV in Females with Eating Disorders

Bulimia nervosa: Lifetime IPV 15.4 – 40%

Anorexia nervosa: Lifetime IPV 18.8%

Binge Eating DO: Lifetime IPV 18.8%

Other eating DO: Lifetime IPV 60.4%

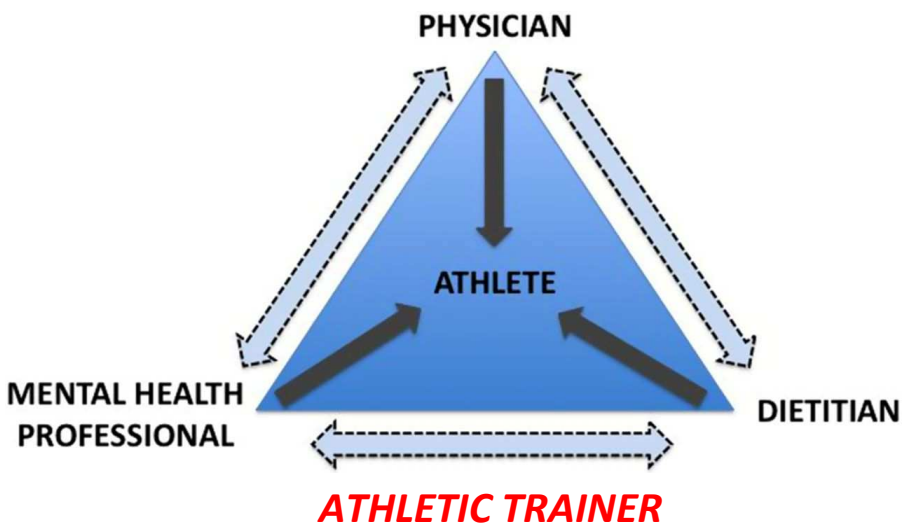


Take Away:

- Screen women with a history of sexual assault for eating disorders
- Screen women with eating disorders for a history of sexual assault

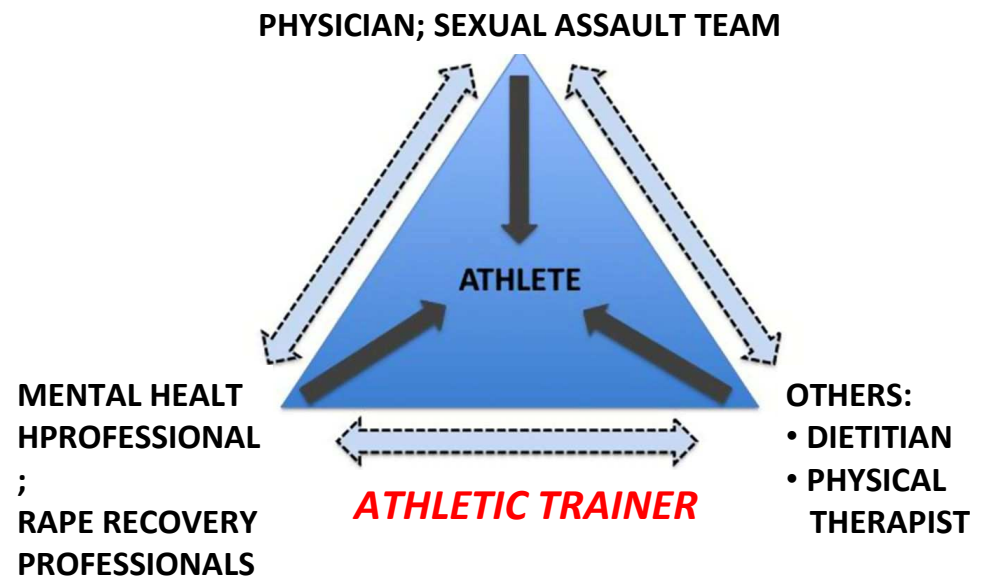
Bundock. J of Psychiatric Research. 2013

Multidisciplinary Care of Athletes with Eating Disorders



Joy. BJSM. 2015

Multidisciplinary Care of Athletes after Sexual Assault



**Complexity of sexual assault
requires a coordinated
approach to address medical,
psychological and legal
consequences**



Safeguarding athletes from harassment and abuse in sport

IOC Toolkit for IFs and NOCs

1. Development of policies and procedures

2. Prevention mechanisms

3. Management of reports of harassment and abuse

Sports Medicine Team

Team Physician

Athletic Trainer

Physical Therapist

Mental Health Professional

Registered Dietitian

Exercise Physiologist

Strength & Conditioning Coach



Trauma-Informed Care

Trauma-informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

www.traumainformedcareproject.org

Trauma-informed care means treating a whole person, taking into account past trauma and the resulting coping mechanisms when attempting to understand behaviors and treat the patient.

Withers. Psychology Today 2017

A program, organization, or system that is trauma-informed: ... Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization.

Substance Abuse and Mental Health Services Administration
(SAMHSA)

Guiding Principles of Trauma-informed Care (in Sport)

- **Safety** — throughout the organization staff and athletes feel physically and psychologically safe
- **Trustworthiness and transparency** — organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust among staff, athletes, and parents
- **Peer support and mutual self-help** — key to the development of trust and empowerment
- **Collaboration and mutuality** — partnering, leveling of power differentials, shared decision making, recognition that many have a role to play in trauma-informed care
- **Empowerment, voice and choice** — strength finding, building resilience, providing choice
- **Cultural, historical and gender issues** — avoidance of gender stereotypes and biases; leverages cultural (race, ethnicity, sport) values and connections

Role of the Physician

- Sexual abuse survivors make up a sizable percentage (estimated at 13%-26%) of primary care practices *(Chen. Mayo Clin Proc. 2010)*
- Four R's
 1. **Rrealize** the prevalence of traumatic events and the widespread impact of trauma;
 2. **Recognize** the signs and symptoms of trauma;
 3. **Respond** by integrating knowledge about trauma into policies, procedures, and practices; and
 4. Seek to actively **Resist Re-traumatization.** *(SAMHSA)*

Role of the Mental Health Professional

- Seamless access to mental health professionals
- Clearly defined access to specialized mental health services that address sexual harassment and abuse

Psychological Trauma: Theory, Research, Practice, and Policy
2014, Vol. 6, No. 4, 300–307

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1942-9681/14/\$12.00 <http://dx.doi.org/10.1037/a0036747>

A Consensus Statement on Trauma Mental Health: The New Haven Competency Conference Process and Major Findings

Joan M. Cook
Yale School of Medicine and National Center for PTSD

Elana Newman
The University of Tulsa

Psychological Trauma: Theory, Research, Practice and Policy. 2014

New Haven Competency Conference

Goal: identify the knowledge, skills, and attitudes that clinicians must have from a “competency” perspective when working with both traumatized children and adults

- Cross-cutting trauma-focused competencies
- Scientific knowledge about trauma
- Psychological trauma-focused assessment
- Trauma-focused psychological intervention
- Trauma-focused prevention
- Trauma-informed relational and systems



Demonstrate a willingness to ask about trauma exposure and reactions with all clients, in both trauma- and non-trauma-focused presentations.

Demonstrate the ability to conduct comprehensive assessment of trauma exposure and trauma impact based on the most available evidence base.

Role of the Dietitian

- Likely to interact with the athlete affected by eating disorder
- Academy of Nutrition and Dietetics: Scope of Practice for the Registered Dietitian
 - RD's scope of practice is determined by state statute and the RD's individual scope of practice is based on education, training, credentialing, and demonstrated and documented competence in practice.
 - Includes: nutrition assessment, diagnosis, intervention, monitoring and evaluation



Journal of the Academy of Nutrition and Dietetics. 2013

Role of the Physical Therapist

- Likely to interact with the athlete with chronic or persistent pain (that may be unexplained), nagging injury, pelvic floor dysfunction
- APTA provides an online CME Course: Guidelines for Recognizing and Providing care for Survivors of Domestic Abuse



Role of the Strength & Conditioning Coach, Exercise Physiologist

- Likely to observe the athlete with declines in performance, skipped workouts, mood disturbance, change in attitude about sport, change in interpersonal interactions with teammates, coaching staff and others
- Key message: Realize, Recognize and Respond
 - Reach out to team physician regarding suspected abuse



Role of the Athletic Trainer

- Eyes and ears of the sports medicine team
- Often have the closest relationship with the athlete
- Opportunity to recognize a multitude of changes in the athlete that may result from sexual trauma – mental, physical, behavioral
- Key message: Realize, Recognize and Respond
 - Reach out to team physician regarding suspected abuse
- NATA Statement on Handling Sexual Abuse (ATC behavior and reporting)
- NATA White Paper: What the Athletic Trainer Should Know About Sexual Abuse/Assault Signs, Symptoms, and the Duty to Report



Summary

- History of rape increases the odds for lifetime incidence of eating disorder by **21 fold**
- **Up to 60% of women with an eating disorder have a lifetime history of intimate partner violence (IPV)**
- Trauma-informed care is best practice for understanding, recognizing, and responding to the effects of trauma
- Everyone on the sports medicine team serves a role in recognizing and responding to sexual abuse and harassment

Recommendations

- Screen athletes with eating disorders for sexual abuse and harassment
- Given the prevalence of IPV, the sports medicine team should adopt and implement trauma-informed care
- Every member of the sports medicine team should be educated on recognition of potential sexual abuse, and should know their role in responding (based on scope of practice)