

## **Experience and Construction of Mental Health Among English Female Football Match**

### **Officials**

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### **Abstract**

Research into the mental health of female sport match officials is scarce, despite verbal and physical abuse being commonplace. Twelve female match officials officiating male and female matches took part in semi-structured interviews investigating experiences and understanding of their mental health. Deductive thematic analysis identified four overarching themes: male and female football environments; abuse, sexism and homophobia in football; formal and informal support networks; and mental health knowledge and experience: Accessing services. Results revealed toxic, abusive, male dominated environments that included sexist and derogatory language, negatively affecting their mental health. Female match officials, struggled to ascertain mechanisms for support and identified that the educational courses and local organisations did not provide mental health information or training, with match officials often experiencing poor mental health during and after matches. Increased engagement with mental health literacy and policy change from governing bodies is required, given the unique challenges female match officials face.

*Keywords:* Mental health; mental health literacy; sports match officials; female referees.

### **Introduction**

In recent years, a great deal of scientific research has focused on the mental health of athletes in elite sport (see: Reardon et al., 2019). Systematic reviews and meta-analyses have shown that both current and retired athletes are at risk of various mental health symptoms and disorders (Gouttebarga et al., 2019), and that females are twice as likely as males to experience poor mental health (Gorczyński, Coyle, & Gibson 2017; Rice et al., 2019). Here, mental health is defined as a state of wellbeing where individuals recognize their own abilities, cope with daily stressors of life, work productively, and are able to make contributions to their communities (World Health Organization, 2018). Mental health is not merely the absence of mental disorders, which are defined as conditions that may be occasional or long-lasting, and affect the way people think, feel, and behave, with consequences that may impact social relationships, occupational functioning, and functioning in daily life. For diagnosis, mental health symptoms and disorders must meet specific criteria for duration, frequency, and severity.

Mental health is therefore a resource and part of an individual's overall health. Viewed from an ecological perspective, mental health can be examined and understood from multiple perspectives, including genes, culture, the environment, or their various interactions (Uher & Zwickler, 2017). Such a perspective, of inclusivity of multiple perspectives, allows for unique opportunities to understand mental health, what may impact one's mental health, and also facilitate the development of new therapeutic strategies. An ecological perspective, rooted in bio-psycho-social models, allows for the examination of mental health and mental health symptoms and disorders in ways that are viewed holistically across the lifespan, that encompass the multiple dimensions of an individual's life, including one's biological factors (e.g., genes, brain anatomy and physiology), intra-individual factors (e.g., knowledge, attitudes, self-efficacy), inter-individual factors (e.g., size and depth of social networks),

organizational factors (e.g., culture, physical environment), and political factors (e.g., rules, regulations) (McLaren & Hawe, 2005; Schinke et al., 2018; Stambulova & Wylleman, 2014; Wylleman, Reints, & De Knop, 2013).

Qualitative research into the subject of mental health in sport has shown that athletes lack knowledge of mental health symptoms and disorders, and where to turn to for support, also expressing stigmatizing views toward mental health and help seeking for poor mental health (Coyle, Gorchynski, & Gibson, 2017). Put simply, elite athletes have demonstrated a lack of mental health literacy, which is defined as the “knowledge and beliefs about mental disorders which aid their recognition, management, and prevention” (Jorm et al., 1997, p. 182). Mental health literacy encompasses three main components: 1) knowledge of mental health symptoms and disorders, strategies for self-care, as well as interventions to address poor mental health; 2) strategies to address stigma, be it public or self-stigma; and 3) intentions to seek support (Gorchynski, Gibson, Thelwell, et al., 2019). Recent mental health literature in sport has shown that mental health literacy plays an important role in helping individuals seek support, permitting mental health to be maintained (Gorchynski, 2019; Gorchynski, Gibson, Clarke, et al., in press b). The attention devoted to mental health in elite sport has nearly solely focused on athletes, with rare mention of other key individuals involved in sport, like coaches (see: Gorchynski et al., 2019; Gorchynski, Gibson, Clarke, et al., in press b). To date, the mental health of match officials, of either sex, has not been studied (Gorchynski & Webb, 2020).

Sport match officials play an integral role in sport, where they help to ensure that the rules of the game are understood by players, coaches, and spectators and that they are executed fairly (Cleland, O’Gorman, & Webb, 2018). By virtue of their responsibilities, and the consequences of their actions, referees face a considerable amount of stress (Anshel & Weinberg, 1995). A significant contributory factor for these levels of stress is the abuse to

which match officials are subjected to across the world, which can be a result of player, coach or spectator frustration (Warner, Tingle, & Kellett, 2013; Webb, 2020a). Although abuse is a cause of stress, there can also be a variety of other causes, often dependent on the level of sport at which a match official is operating. Referees officiating in the top leagues in professional football have different pressures to those who work in mass participation or grassroots football (Webb, Rayner, Cleland et al., in press), such as the pressure created by mass media coverage and television exposure and the consequences of the decisions made by the official during a match (Webb, 2018).

These pressures appear in other sports, with match officials in sports such as cricket, rugby union, and rugby league in England, also routinely subjected to abuse (Webb, Rayner, & Thelwell, 2018; Webb, Rayner, & Thelwell, 2019). Outside England, other sports have also exhibited issues related to the abuse of their match officials. Sports such as ice hockey (Dorsch & Paskevich, 2007), rugby union (Jacobs, Tingle, Oja, et al., 2020), and basketball (Schaeperkoetter, 2017) demonstrate wider and ingrained issues related to abuse, irrespective of the country or sport in question, with match officials across sports exposed to both verbal and physical abuse (Webb et al., in press; Webb et al., 2019).

Research concerning football referees has determined that abuse is widespread and crosses country borders (Cleland et al., 2018; Giel & Breuer, 2020; Webb, Cleland, & O’Gorman, 2017; Webb, Dicks, Thelwell, et al., 2020), as well as genders (Min-Chul & Eunah, 2016; Nordstrom, Warner, & Barnes, 2016). Referees in both elite and grassroots football can be subjected to abuse, although it is the manifestation of this abuse that differs. In elite football, referees are verbally abused, although rarely does this verbal abuse become physical abuse (Webb et al., 2020). At grassroots level football, there is the potential for verbal abuse to escalate into physical abuse, where referees often operate in isolation and often leave the playing area alongside players, coaches and spectators (Webb et al., in press).

Regardless of the level of play, be it at the elite or grassroots level, abuse has an effect on referee recruitment and retention (Webb et al., 2019; Webb et al., 2020), and has an impact on their mental health. Abuse is not the only factor that can negatively impact a referee, but other factors, closely tied to how abuse is treated, such as a reduced support systems or a lack of effective league governance can also play a role in having an impact on mental health (Kellett & Shilbury, 2007). Nevertheless, any lack of support, poor governance, or incidents of abuse to which a referee is exposed, have the potential to negatively affect their mental health.

Research into the mental health of football referees is scarce (Webb, 2020b). That which has been conducted has shown high rates of poor mental health, such as symptoms of major depressive disorder and generalized anxiety disorder (El Bakry, 2013; Gouttebauge, Johnson, Rochcongar, et al., 2017). Research to date has examined the subject from a quantitative epidemiological perspective, developing an understanding only on the prevalence of certain symptoms of mental disorders in male football referees. To date, no research has examined the mental health of female referees (Gorczyński & Webb, 2020; Webb, 2020b), despite the rapid growth of the female game in England and other countries around the world and the accompanied growth in number of female players and referees (Clarkson, Culvin, Pope, et al., 2020). Given their absence from research, female referees and their lived experiences of mental health have been largely rendered invisible. A lack of research has produced not only a knowledge deficit about the mental health of this population, but also prevented the ability to construct any evidence based interventions to address poor mental health (Gorczyński & Webb, 2020). As such, the purpose of the present qualitative study was to examine mental health as experienced and understood by female football match officials. Therefore, in order to better understand this under researched subject area, the nature of this

novel research was explorative, addressing three primary research questions which were central to the project:

1. What have been the experiences of mental health in football of female referees since they qualified?
2. To what extent do female referees understand mental health?
3. What affect does performance and the operational environment have upon female referee mental health?

### **Methodology**

The research methods and methodology employed was based on the work of Coyle and colleagues (2017), as used in their exploration of the mental health of elite divers. The research was rooted in interpretivist philosophical assumptions, where reality was considered ever changing and dependent on the multiple meanings attributed to different experiences in life (i.e., ontological relativism) and where knowledge was constructed and based on various interpretations individuals had (i.e., epistemological constructivism). This study sought to better understand how female referees conceptualized and experienced mental health from a personal point of view, where such a point of view may be influenced by others who share similar cultural practices and engage in similar institutions (Hacking, 1999). The outcomes aimed to help illustrate how mental health was experienced, how it was defined, and what about it was considered meaningful.

### **Data collection**

Following ethical clearance from the University Research Ethics Committee, the research team contacted potential participants for this study. Individuals who identified as female and worked as referees within the English football system at varying levels were invited to take part in the study. Potential participants were identified and contacted by either a gatekeeper known through personal contact at regional governing bodies, via e-mail, or in-

person to inform them about the nature of the study and then to invite them to participate in an interview. For referees willing to participate, a mutually convenient time was arranged for a telephone interview to take place between the interviewer and participant, with all telephone interviews conducted by the first author, who was male.

Telephone interviews were utilized due to the participants' multiple geographic locations and to permit flexibility in interview scheduling given the participants' busy schedules (Holt, 2010; Sparkes & Smith, 2014). However, it is recognized that when conducting interviews over the telephone, some intricacies associated with physical interaction can be lost (Sparkes & Smith, 2014), meaning that strategies to ensure that participants were accurately heard and their points considered, were important. In order to address this, the interviewer ensured that rapport was established with the participants, such as providing participants with an overview of the research project, the interviewer's experiences and an opportunity to ask any questions about the project and the interview process (DiCicco-Bloom & Crabtree, 2006). Before the interview commenced, the respondents were reminded of their ethical rights, such as maintaining their confidentiality and their right to withdraw from the interview at any point (Bowen, 2008).

In total, 12 female referees participated in the study, who had varying levels of refereeing experience. The participants officiated in the highest league (FA Women's Super League) down to local level youth and adult football. The participants ranged from level 3 to level 7 in the English officiating pathway (see Table 1 for full referee promotion pathway in England), with relevant participant demographic information presented in Table 2. No incentives or payments were provided to the participants. All individuals provided verbal informed consent before their semi-structured interviews. Interviews were conducted over the telephone in 2019 by one interviewer (the lead author), ranging from 45 minutes to 1 hour 16 minutes, with an average time of 56 minutes. The interviewer followed a semi-structured

interview guide that listed relevant topics and prompts pertaining to the purpose of the study.

The interview guide for the current study was based on previous research in mental health literacy in elite sport (Coyle, et al., 2017; Reardon et al., 2019).

Table 1

*Refereeing Levels in England*

Referee Level	Title of Level	Example League/competition
International List	FIFA List	International Fixtures/Tournaments
1	National List	Premier League and Football League
2a	Panel Select List	Conference Premier
2b	Panel List	Conference North and South
3	Contributory League	Contributory Leagues
4	Supply League	Supply Leagues
5	Senior County	County Leagues
6	County	County Leagues
7	Junior	Amateur Leagues
Y	Youth (14 or 15 years of age)	N/A
T	Trainee	N/A

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D	Developer (Workforce: Tutor, N/A Observer, Mentor, Coach)
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During each interview, participants were asked to discuss topics concerning: (a) demographic information, including their own mental health, working life as a referee within the English Football Association, and their background and training in football; (b) their knowledge of mental health symptoms and disorders, knowledge of threats to mental health and how and where any knowledge was developed, perception of stigma related to mental disorders, and support networks; and (c) any ways in which poor mental health had affected them and how they maintained their mental health, as well as any barriers to help they may have encountered. All interviews were audio recorded and subsequently transcribed verbatim.

Table 2

*Demographic and Background Details of Referee Participants*

Pseudonym	Time Refereeing	Referee Level	Background Information on Referee Involvement
Sarah	3 years	Level 6	Family all involved in football. Dad was a referee. Played football for a girls' team and wanted to referee. Referees male and female football.
Laura	6 years	Level 5	Family involved in football and has been refereeing since the age of 9 years. Referees male and female football.
Ellie	9 years	Level 5	Started refereeing for a bet after watching Match of the Day and disagreeing with a decision. Did not plan to referee for so long. Usually referees male rather than female football.
Sharon	7 years	Level 4	Started refereeing as part of a Duke of Edinburgh award and was the only girl on the course. Enjoyed it and progressed quite quickly. Predominantly referees female football.
Jasmine	2 years	Level 7	Encouraged by dad's friend who is a referee. Started as assistant referee

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Lois	14 years	Level 3	with him initially. Never played football and wanted to be involved in matches. Referees youth football. Got into refereeing by accident. Saw it as a way of spending time with dad and brother, and did not like getting left at home when the two of them went to football. Predominantly referees female football now.
Katie	1 year	Level 8	Has been involved in junior football as a manger and a coach and undertaken informal refereeing because of managing and coaching a team. Mostly referees female football.
Imogen	6 years	Level 7	Started refereeing when her son started playing and none of the dads wanted to referee. Only referees youth football.
Gemma	1 year	Level 7	Played football since childhood. Ex-partner was a referee. Spent time going to games and watching him, who gave her an insight into what refereeing was like. Referees male and female football.
Jenny	8 years	Level 4	Started refereeing at 14 years because she needed some money. Referring allowed her to get money and play football. Mostly referees male football, but some female football, too.
Fiona	2 years	Level 7	Played football and there were no teams in the local area. Saw an advert from the County FA on social media advertising referee courses. Mainly referees youth football.
Caroline	5 years	Level 3	Had bad injuries whilst playing. Went into coaching but did not like it. Met somebody at the hospital whilst injured who was a referee and he encouraged her to referee. Now mostly referees female football.

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### **Data Analysis and Trustworthiness**

Following the interviews and the transcription process, in order to ensure confidentiality, each participant was allocated a pseudonym. Specifically, the primary questions pertaining to mental health literacy acted as main themes, with quotations, that addressed the main themes, acting as initial codes. Where necessary, similar initial codes were grouped to form subthemes. A reflexive approach was used with the transcripts to ensure a consistent coding process where all codes, and their interconnectedness, were identified appropriately. Lastly, a thematic map was created to illustrate all themes and subthemes and their interconnectedness (Braun, Clarke, & Weate, 2016).

A deductive approach to gain an understanding of the lived experiences of female football referees was adopted (Braun & Clark, 2006). The approach allowed for an exploration of mental health literacy, especially how female football referees understood various mental health symptoms and disorders, their perspectives on public and self-stigma, and whether they had intentions of seeking support. A rigorous deductive qualitative methodology and analysis was used to address the exploratory purpose of the study (Gilgun, 2019), as it permitted the examination of the perspectives of the participants in their natural settings and to interpret phenomena through the meaning they attributed to them (Denzin & Lincoln, 2011).

As outlined by Lincoln & Guba (1985), several strategies were used to ensure this study was conducted in a rigorous and trustworthy manner. Credibility of data capture was ensured by confirming responses with participants. Participants had responses read back to them throughout the interviews. Confirmability was established through the help of the other members of the research team, where all members participated actively in the analysis and coding process (Braun et al., 2016). Specifically, all members participated in debriefing sessions to ensure all major themes and sub-themes were identified. To ensure dependability,

the study followed a written protocol that guided data collection and analysis. Themes were reviewed against the coded data and the entire dataset and revised to ensure that the data were correctly characterized. At this point in the analysis process, two colleagues independently reviewed the identified themes to check whether they were consistent with the data set. Following these discussions, the themes were finalized, and their names altered to more accurately reflect the content of the theme. Lastly, methods and results pertaining to this study were presented in a detailed manner to allow transferability (Braun et al., 2016).

### **Results**

Thematic analysis provided four overarching higher order themes: Male and female football environments; Abuse, sexism and homophobia in football; Formal and informal support networks; and mental health knowledge and experience: Accessing services. The key features of each of the themes are demonstrated below, with illustrative quotations provided from participants. Table 2 provides demographic information for the referees in order to provide further contextualisation and detail to the accompanying quotations for each match official.

#### **Male and Female Football Environments**

The match officials all highlighted particular issues in terms of operating as a female match official. From barriers to progression, comments about female match officials in football, to difficulties in the operational environment, the female match official respondents identified concerns regarding their treatment compared to male match officials. Katie believed that there are too many older male match officials that are making matters more difficult for female match officials, potentially impacting negatively on their mental health, “one thing I’ve noticed is that it tends to be a bit of an old boy’s network...the women’s and girl’s game seems to be a retiring ground for referees who are physically not able to keep up with the men’s game”. This perception of the female game being less demanding than the male game,

and the fact that Katie identified that male referees move towards the female game when they are less physically able, also potentially blocks development pathways for female match officials who want to progress in the female game.

The differences between the male and female games also extend to the progression of female match officials within what female match officials still recognize as a more male orientated sport. These barriers for female match officials included development opportunities, with Caroline stating that female match officials have to work harder than male match officials in order to progress when they officiate matches, just to gain the favour of the players, coaches and spectators, “there are barriers for female referees. Even when we’re refereeing we’re a minority and we’re having to deal with 10 times more things than male referees...” The concerns raised by Caroline place undue stress on female referees, and this pressure and the fact that female referees view themselves as a ‘minority’ will also have mental health implications. Issues with progression, development and performance when compared to male match officials, mean that it is more difficult for female match officials to progress.

There are some unique challenges for female match officials, including their development and progression and the fact that they view themselves as a ‘minority’ group within football. All of these concerns point towards an operational environment which is more negative than positive, with the potential to impact upon the mental health of these female referees. In terms of this negative environment, comments and actions from players, club officials and other stakeholders can also have a negative impact on the mental health of female referees, and

### **Abuse, Sexism and Homophobia in Football**

The abuse towards female match officials can be detrimental to their mental health. Comments related to the competence of female match officials, because of their sex were widespread within our sample, with almost all of the respondents identifying specific

incidents and comments to which they have been subjected. For example, Ellie recounted a difficult incident that she had in the 2018-2019 season with a male player:

I had one major incident this year with a male player that laid into me for being a female in a man's game...it went to a disciplinary hearing and all the rest of it and the FA have dealt with it, but it did put me off. It was the first time in a long time I actually said to my husband, 'I ain't gonna do this no more, it's not worth it'...

Caroline elaborated upon some of the comments and abuse to which she has been subjected as a female match official and how these comments affected her mental health: "...comments to do with our gender and the way we look compared to our refereeing ability really isn't good for our mental health...I'm not very good at dealing with it".

Jenny agreed that for some female match officials the language that is used towards them could be detrimental to their mental health and dissuade them from continuing to officiate: "...sometimes the language people use towards you as a referee, that's kind of off putting... sometimes instead of just calling you 'ref' they call you 'darling' or 'sweetheart' and that could really annoy some referees and put them off". In addition to verbal comments, some of the actions towards female match officials can diminish their feelings of value and self-esteem within the game. Sharon recounted specific experiences that have undermined her authority even before the match has started:

...when I've turned up to a match before, twice this has happened, and I've been like 'oh I'm the official here' and they've sent me to the kitchen at the changing rooms. They say, 'you must be like staff', and I'm like, 'no I'm actually the referee here' and they are like 'oh' and they take me away.

Moreover, Sharon narrated a further experience which involved homophobic abuse and sexual harassment during a men's fixture. This abuse was directed at Sharon from both players and spectators following a decision that she gave during the match, "I've had homophobic abuse towards me in a men's game...I gave a free kick and the other team started saying that I was shagging the other team and then in the next two minutes I was being called a lesbian from the stands...".

The treatment of female match officials by other stakeholders within the game, such as players, coaches and spectators can also contribute toward negative experiences and reduced mental health. For example, Jenny recounts that she has consistently had individuals stating that she should not be a referee because she is female, and has been questioned on her achievements because of her gender, “I’ve always had people telling me I shouldn’t be a referee just because I’m female... I would get appointments and they would be like, ‘you’re only getting that because you’re female’. I don’t know if that’s a passing joke, but it gets to you”. Respondents also reported comments from male players, made exclusively because they are a female match official, as something that they regularly have to contend with. Jenny explained that she had received unwanted attention from male players before and after matches, something she believed would not occur if she was a male match official, “sometimes before or after a game, when they know you’re a referee they’ll message you on social media trying to get you out for a drink or something...they definitely wouldn’t do that if I was a male...”

Given the abuse, language and experiences to which female match officials can be subjected, the maintenance of good mental health becomes even more important. Moreover, the support networks that these referees can access also take on heightened importance, in order to retain any female match officials that have been recruited and to provide a supportive and facilitative environment that promotes good mental health.

### **Formal and Informal Support Networks**

This operational environment is clearly challenging and as such formal and informal support networks take on increased importance. The variability of any support is a concern for female match officials, but it is the perceived isolation that female match officials experienced that was also something commented upon. Imogen, when discussing the support from the Referees Association, also identified the fact that officiating for females can be challenging,

particularly when abuse occurs, “they do training sessions and stuff [the Referees Association] ...but it’s a lonely occupation. You turn up somewhere, quite often it’s a single football pitch, you’re the only referee there, there is nobody else around ...” The feeling of isolation is something which is echoed by Gemma, who also recognized that being a match official is very different from being involved in one of the teams that you are officiating, “it’s a lonely place. When you’re part of a team you’ve got a minimum of 15 people there with you that are on the same side as you. If you’re going out to a game without assistants, then it’s you on your own”.

Reducing these feelings of isolation is important for female match official mental health. Any negative behaviour, including abusive language towards female match officials, means that maintaining good mental health becomes more difficult, but also that the support networks and effective management of performance gain more importance. These support networks can be formal and organized by the governing body (the FA or County FA or Referee Association) or they can be informal (organized by the match officials themselves), but in order to maintain good mental health, support for match officials is an important aspect of the environment. Both formal and informal support networks can assist with the promotion of good mental health for female match officials. The support from friends and family can be essential for match officials to make sense of their experiences and also to enable good mental health. However, not all female match officials have the support of family at home, and this means that they tend to obsess over their performance and the consequences of the decisions that they have made during a match. Sharon discussed how she reviews her matches and performances, “I think about the game for ages...it does take a while to forget because I’ll go to my next game thinking, ‘oh this is what happened last game’ ...if it’s a serious incident then I probably won’t forget it for a while”.

This review and reflection of performances can be positive. However, it is also how well supported these match officials are that can impact upon their ability to deal with any negative incidents or issues that arise. Despite the requirement for effective support, Katie described having no member of the FA or County FA coming to watch her officiate in order to provide support and guidance, “I don’t think anybody came to watch me referee, not formally... I’ve had informal feedback because I’ve sought it myself”. Katie describes proactively seeking out support and feedback. Other female match officials also described that they sought out groups or even formed support groups for themselves, given the lack of attention from governing bodies. Caroline set up a network due to the lack of female support that she had available, although this was quite a recent development, “I’ve created a group chat and we’ve started to meet, but that’s only at the end of this season... there was literally no support for us. There is a Referee Association, but maybe once or twice a year we’d have meetings”.

Other female match officials have had a more positive experience when first qualifying in terms of the support available. Imogen explained that there were development groups and opportunities during the first two years after she qualified as a match official. This group provided additional information on managers within the league in which she operated and helped her to make sense of some issues and situations to which she had been exposed:

When I first qualified there was a development group which you belong to in the first two years and they have special meetings where you learn how to manage managers, and you could always ring the development guy and talk to them...we’ve put together a girls group on WhatsApp for the County FA. On the WhatsApp group there are about 15 or 20 of us, I think.

This ad-hoc informal support system has provided a group for female match officials in this particular area of the country. However, the formalized support networks around female match officials, particularly important to protect and maintain good mental health, are

evidently lacking and when they are accessible, they are reliant on the proactive nature of a particular, individual match official.

Katie demonstrates that the support available can be difficult to find, "...I go to the local Referee Association meetings...it took me a little while to find out who they were and where they were because it didn't come as part of the course package to be a referee". Match officials want to be able to access support systems, through their local Referee Association meetings and training provided by the County FA and the national FA, but as Katie identified above, the existence of training and the promotion of these opportunities can be difficult to access in the current environment. Mentoring can be utilized to assist with these support issues, however Imogen believed that the mentoring system is not working particularly effectively and was not supportive for her when she started refereeing, "It is a worry. There is supposed to be some sort of mentor system when you first set up, but I never met my mentor, I never heard from him at all...".

Despite the concerns raised regarding the mentoring system, Gemma believed that County FAs were trying to attract more female match officials and also to support those female match officials by providing female only courses and female only progression routes, "a lot of County FAs are doing all-female courses...we've not long had an email about female promotion, so now you could go down the female route and get promoted that way". The introduction of female only courses and pathways provides female match officials with a clear direction and an environment which is designed to make them feel more secure. This alongside the female only matches that can be officiated, provide a platform for female match officials. However, inconsistencies in the formalized support network and concerns around ongoing support, such as mentoring, can place an added burden upon female match officials. This means that being able to access mental health support becomes essential if female match officials feel that they require this support network.

**Mental Health Knowledge and Experience: Accessing Services**

Match officials identified that the existence of information and training was fragmented, despite the increased coverage of mental health in society. Sharon said: "...there's so much around mental health at the moment, but there doesn't seem to be anything being done [in football]. It's spoken about, but then there's nothing actually set in place with people who need it". This lack of provision or direction toward mental health support for match officials means that those who require support and seek help might not get the support which they require. For example, Jasmine identified that she needs to seek support, particularly when she has what she perceives as a negative experience during or after a match, "I struggle if I have a bad game, I get really anxious in my next game. There are times I really struggle to give a decision, or if I've had my decisions questioned by a spectator, player or manager, that does make me anxious".

Participants described their knowledge and understanding of mental health, as well as how any such understanding had been developed. Participants had a limited understanding of what mental health was. For example, Fiona identified mental health as, "...related to your mindset...mental health is illnesses that you can't really see, but they could be just as bad as physical health, but I think they're a lot harder to treat because you can't see them". Whereas Gemma said, "physically you can't see it [mental health], therefore it's harder to understand it...whereas it's quite easy to understand the fact if you're injured [physically] that you can't do sport today or play football". This (lack of) understanding of mental health symptoms and disorders was clear when match officials discussed the subject, although Jasmine also identified that she had grown up with mental health symptoms, and that refereeing was both positive and negative in terms of dealing with the issues connected to her mental health:

I always had mental health difficulties all the way through school, so obviously it's [refereeing] an added pressure, I always had anxiety and depression. For some people, if they had a bad game, they might just be absolutely fine, it does take me some time to think about it, reflect

and move on from it. I do get quite depressed if something goes wrong, or if I've been abused. It's difficult to deal with. Any knowledge of mental health came through previous life experiences rather than any formalized training.

Imogen identified that there was limited knowledge or coverage of any mental health support or provision in her local Referee Association, noting, "...it's not something that's never been discussed in the refs association or whether there is any support for you or anything". Despite this lack of coverage of mental health literacy training in some Referee Associations and County FAs, there is evidence that other Referee Associations and County FAs are beginning to consider training and information that supports mental health for match officials. However, Jenny exemplified the discrepancies between different organizations following her move into another County FA: "...the county I'm in now, they're thinking more about mental health and how they need people that referees could talk to and to cope with some of the situations that they've had". Caroline believed that any increased mental health knowledge amongst match officials had primarily been due to ex-players and match officials commenting on any mental health symptoms and disorders that they might have experienced during their careers, rather than any formal information or training delivered by governing bodies or associations. She said: "I would say it's slowly getting better. I think that's purely from ex-professional referees and players stepping out and saying, 'I've had to deal with mental health'".

The elevation of the topic of mental health and therefore, the increased prominence attached to the subject is encouraging. However, there are concerns regarding the limited understanding of mental health literacy and the historically variable mental health literacy, education and training provided by the different organizations.

### **Discussion**

The purpose of the present qualitative study was to examine mental health as experienced and understood by female football match officials, specifically addressing three research questions regarding the experiences of mental health in football of female referees since they qualified, the extent of understanding of mental health and the effect of performance and the operational environment upon good female referee mental health. The findings from this study showed that female football match officials experienced poor mental health in the course of their jobs, specifically from incidents of harassment and abuse of a sexual nature. Individuals stated that treatment, based on their sex, limited their ability to advance as match officials. In certain instances, participants described limited opportunities for female match officials to continue. Participants identified poor and fragmented organizational structures that limited opportunities to report harassment and abuse or receive support for poor mental health. The participants identified the creation of informal networks as a way of addressing mental health symptoms and disorders. With regards to knowledge of mental health symptoms and disorders, participants could not always define specifically what they were experiencing. Absent from the discussions with the match officials was a clear understanding of what mental health was and how it differed from mental health symptoms and disorders.

Overall, the competitive athletic environment female match officials found themselves in was toxic, complete with abusive and sexist incidents that threatened their mental health on a regular basis. Match officials spoke of encounters with players, coaches, spectators, as well as other referees, both in person and through social media, that undermined their ability to fulfil their duties and responsibilities which had a direct impact on their self-esteem and their self-concept, and ultimately their mental health. These findings are in keeping with those of Swim and colleagues (2001), who found that female participants in their study were subjected to impactful sexist incidents on a weekly basis, related to traditional gender role stereotypes

and prejudice, demeaning and degrading comments and sexual objectification. These episodes impacted upon psychological well-being and increased feelings of depression, whilst simultaneously decreasing their self-esteem.

Some match officials lacked the knowledge of how to address not only the abuse and harassment they encountered in their working lives, but also what to do about it or how to seek support for it. Unfortunately, such experiences resulted in profound stress, and feeling depressed, anxious, and frustrated. A lack of knowledge of mental health symptoms and disorders, coupled with encounters with individuals who hold stigmatizing views of mental health, be it other match officials or overseeing organizational officials for match officials, resulted in few participants establishing intentions to seek support for their own poor mental health in a meaningful way, or addressing it in their profession in a systemic manner.

An abusive environment, as described by the female match officials in this study, is enshrined in a masculine perspective of football. The interactions that the female match officials described, suggested a male dominance and a male orientated outlook which was not designed or organized for female participation. The environment could be labelled as promoting a 'lack of fit' for female referees, facilitating gender discrimination and employment decisions favouring males over females (Heilman & Caleo, 2018). This should not come as a surprise, given that sport match official related literature has tended to focus on male participants, aside from some notable examples (Forbes, Edwards, & Fleming, 2015; Kim & Hong, 2016), whereas mental health research has also exclusively been concerned with men (El Bakry, 2013; Gouttebarga et al., 2017). The operational environment in which match officials function can have a significant impact upon their enjoyment and intention to discontinue (Giel & Breuer, 2020; Ridinger, 2015; Webb et al., 2020), with abusive working environments likely to contribute significantly to individuals considering whether to leave their chosen sport (Cleland et al., 2018; Webb et al., 2019). Therefore, as a result of these

abusive environments and the experiences of match officials, the understanding of mental health and provision of mental health services for female match officials is important, although it is also clearly in its infancy.

However, the findings suggest that female match officials have identified that they are not yet a part of the administrative structure at local, regional or national level. Despite the growth in the female game (Clarkson et al., 2020), the match officials illustrated that their experiences of players and coaches, as well as the clubs at which they officiate, was that female match officials were a threat to male dominance in football, with female match officials viewed as women in positions of power, asserting influence over men during a match. In short, these female match officials might be seen to challenge the established hierarchies of football.

With regards to literature pertaining to the mental health of athletes, comparisons can be drawn to findings in the current study (Coyle et al., 2017; Reardon et al., 2019). Specifically, athletes have exhibited poor mental health literacy, little knowledge of mental health symptoms and disorders, and few intentions to seek meaningful strategies to improve poor mental health. Overall, participants in this study could not clearly define what mental health was, or how it differed from mental health symptoms and disorders. Here, depictions of mental health, and mental health symptoms and disorders, were spoken about in vague terms, often in ways that could not clearly articulate that mental health was a resource and that mental health symptoms and disorders were factors that affected one's ability to think, feel, and behave. From an ecological perspective of mental health, some participants were able to illustrate that inter-individual factors, organizational factors, and political factors impacted how they feel, and also what they did about those feelings. As is true amongst athletes, a number of participants from the study also pointed to seeing help seeking behaviours for poor mental health as a weakness, something that would threaten their overall advancement in their

career (Gulliver et al., 2015), which for female referees operating in a male dominated environment presented a further barrier to seeking support. As such, this resulted in a number of participants not seeking professional help. Public and self-stigma have been identified as the biggest barriers in professional sport to seeking treatment (Reardon et al., 2019). Again, similar to athletes, participants also found themselves dealing with abuse and the psychological consequences that stem from that abuse (Mountjoy et al., 2016). As noted in the IOC consensus statement on harassment and abuse in sport (Mountjoy et al., 2016), athletes have a right to engage in 'safe sport'. Yet, this right is not extended to match officials, or, specifically, match officials who are female. Mountjoy and colleagues (2016) illustrate that abuse and harassment can occur to all athletes, at any time, with female, elite level, disabled, and those who self-identify as a sexual minority being at greatest risk. Their consensus statement points out that issues revolving around abuse and harassment are not addressed because they are seen as having potential reputational damage with long reaching consequences to the team or sport organization. Aspects of ignorance, neglect, and collusion also limit any response to abuse and harassment raised by athletes. The findings from the current study illustrate that female match officials face abuse and harassment. Such abuse and harassment is rooted in a sexual nature. It is, therefore, no surprise their mental health is threatened, and they have expressed a desire for exiting the profession. Although comments were raised that some initiatives were aimed at addressing abuse and harassment of officials, such initiatives lacked inertia and organizational support to meaningfully see a modification in the working lives of the interviewed officials in this study. Without organizational interventions, the abuse and harassment female match officials continuously face will not change, and neither will the impact on their mental health. As stated by the American Medical Society for Sports Medicine Position Statement on Sexual Violence in Sport, addressing

sexual violence, be it abuse or harassment, requires the collaborative efforts of national and international stakeholders who operate within and outside of sport (Koontz et al., 2020).

As has been noted by Gorczynski and colleagues (in press a), for meaningful change to occur within sport with respect to mental health, an ecological approach must be followed, where the mental health of all athletes, coaches, staff, match officials, and spectators is taken into consideration. Only an organizational approach, one rooted in mental health literacy, with contextual and cultural awareness of the organizational goals in mind can address the systemic challenges that may be threatening the mental health of all athletes, coaches, staff, match officials, and spectators of a league. Here, careful attention needs to be paid to abuse and harassment and the consequences they are having on a variety of individuals. Overall, an organizational 4-step approach may need to be taken to not only understand the current state of mental health symptoms and disorders amongst match officials, but what to do about it specifically (O'Boyle, 2017). Here, leagues and organizations would need to address: 1) the current state of mental health symptoms and disorders and mental health literacy experienced by match officials (analysis); 2) identify the league's or organization's objectives regarding mental health for match officials (vision); 3) the strategy the league or organization would like to pursue to achieve their vision (action); and 4) the league's or organization's ability to achieve their vision (control). In a sense, a thorough understanding and assessment of organizational strengths, weaknesses, opportunities, and threats (SWOT) is required (O'Boyle, 2017). Through such an analysis, personal, cultural, and environmental factors related to mental health and mental health symptoms and disorders can be identified, where mental health literacy interventions can then be constructed to address unique challenges associated within the organization.

However, it is important to remember that the present study involved 12 female match officials from across England, all operating at varying levels of the game. Despite the deep

and insightful data generated through the lived experiences of the participants, these match officials cannot and do not represent the landscape in all areas of England, and they do not necessarily represent the views of all match officials in different County FAs and Referee Associations.

An online survey could have been employed to elicit increased numbers of responses from female match officials across England. This would have provided coverage of more regions and County FAs, although it would not necessarily have provided the depth of data which the interviews delivered. Therefore, a subsequent study could employ a mixed method approach to increase female match official respondent numbers through an online survey, and following analysis of the survey, employ interview or focus groups to provide personal, in depth knowledge and experiences. Moreover, this study had focused research questions, specifically related to female match official's understanding of mental health in England. This topic could be expanded to cover more ground, and it would also be important to consider these topics in other countries to ascertain whether there are trends that extend transnationally, as female football continues to grow in countries across the world (Clarkson et al., 2020).

### **Conclusion**

This study has sought to examine the mental health as experienced and understood by female football match officials in England, considering their knowledge and understanding of mental health, the effect of the operational environment upon female match official mental health and the extent female match officials can maintain good mental health. This is the first study to examine the mental health of sports match officials, the mental health of female match officials, and the strategies that might be employed in future work and interventions.

Findings have identified the requirement for increased engagement with mental health literacy from those in positions of governance. The results evidenced that there is a need for a better understanding of mental health literacy amongst female football match officials in

England. Currently it is clear that there are gaps in knowledge regarding general mental health symptoms and mental health literacy. It is also clear that there are barriers to understanding and intentions to seek support, such as an ongoing stigma towards female match officials that was still evident in English football. Moreover, the issues associated to this ongoing stigma, such as the impact of abuse upon individual's mental health and could potentially be damaging, if match officials do not feel confident to access the support that does exist due to the associated stigma. All of these matters can create a negative performance environment for female match officials, as well as players, coaches and spectators, and makes maintaining good mental health all the more difficult.

Therefore, the findings of this study suggest that policy change is required. Governing bodies as well as regional and local referee organizations should refocus the provision of mental health literacy and support services for female match officials, who undoubtedly face significant and unique challenges as a group within football. It is recognized that the FA has started to acknowledge that referees require mental health support (The FA, 2020a) and that the number of female match officials in the game is continuing to grow (The FA, 2020b), and it is this recognition of the increasing number of female referees in football today that necessitate the development of the support networks and training materials identified here. However, if this growth is to continue, the number of female match officials should match the increasing number of players, and this makes recruitment and retention of female match officials arguably more important than ever.

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