

An Embodied Approach to Working with Trauma using Sport and Movement

By Dr Kathy Adcock, D.Clin Psy
Clinical Psychologist

2024 Churchill Fellow

the
CHURCHILL
fellowship



More people
More active
More often



Copyright © 2025 by Dr Kathy Adcock. The moral right of the author has been asserted.

The views and opinions expressed in this report and its content are those of the author and not of the Churchill Fellowship or its partners, which have no responsibility or liability for any part of the report.

Find Dr. Kathy Adcock on [LinkedIn](#)

Report design by Louise Cowley, Creative Director.

Louise is a multi-award-winning Creative Director working with national and international partners to create brands and flagship campaigns for some of the world's best-recognised charities, NGOs and social good organisations.

See more at www.louise-cowley.com

Dr Kathy Adcock

To begin, I would like to contextualise my interest in this subject and the position I am writing from in this report.

I am a doctor of clinical psychology, having worked in the NHS and third sectors since 2005, specialising in child and adolescent mental health. Within this specialty, I have predominantly worked in, or led specialist multiagency teams for children who are care-experienced, or who have experienced maltreatment, neglect or complex relational trauma, including refugee and asylum-seeking children.

Outside of work, I have trained as an amateur boxer, and am an England Boxing Level 1 coach. My experiences in amateur boxing, as a boxer and coach, strongly inform my thinking about culture and practices within sport at recreational and competitive levels.

Having quickly realised boxing's therapeutic potential to improve mental health, and its power to reach young people who are not well served by clinic-based talking therapies, I used this to found, and lead **In Your Corner**.

In Your Corner is a therapeutic service for young people aged 12-19, that combines non-contact boxing with evidence-based ideas from clinical psychology, delivered flexibly, to improve emotional wellbeing.

In Your Corner work in boxing gyms and community contexts across Inner London and have worked with over 500 young people to date. I led In Your Corner as CEO and Clinical Lead until April 2025, at which point I handed the organisation over to new leadership, to continue their excellent work.

I am an award-winning social entrepreneur and fellow of the School for Social Entrepreneurs. From this position, I believe it's essential to consider the structures, contexts, and funding arrangements that facilitate effective and sustainable change, and I write considering these factors.

I have lived experience of relational trauma, neurodivergence, and mental health difficulties, which influence how I live every day, and drive my passion for this work.



Image: Dr. Kathy Adcock, In Your Corner, London © In Your Corner

Bringing this together, my clinical specialisms are:

- Developing and delivering embodied and movement-based approaches to mental health intervention, particularly focusing on complex and relational trauma.
- Complex relational trauma and PTSD in children and young people, focusing on maltreatment, neglect and conflict trauma.

Acknowledgments

Thanks to the Churchill Fellowship and ukactive who funded this Fellowship. For me, the heart of trauma work is relationships. So, to begin these acknowledgements I would like to share a story that was the highlight of my Fellowship travels.

I was visiting the iconic Gleason's boxing gym in Brooklyn, and I saw a young man wearing a competition squad vest from a South London boxing club. From across the floor, I wondered what a London boxer was doing training in New York, and wondered whether to say hello.

The boxer shouted out

"I know you! I know you!"

and I realised it was Fari, who graduated from In Your Corner when he was 13 years old, in 2019. Here's what we both took from the experience: I hadn't seen Fari for 6 years, but like all young people I have worked with, I always hoped he'd gone on to have good experiences in boxing and life. I was so proud to hear that he's now a competitive amateur boxer. But more importantly, he's still a thoughtful person, full of energy and warmth. It was a wonderful moment of

connection where I couldn't believe our paths had crossed. This moment reminded me that trauma-informed sport really matters and the connections made and foundations built together can grow and flourish into the future.

2019



Image: Kathy & Fari, LCB, London © In Your Corner

"It felt amazing to bump into each other. It felt really nice to see Kathy. It was a shock, but I recognised her straight away. I don't remember much of being 13 but [working together] was a great experience. I'd tell my younger self: Definitely enjoy it and nothing bad came of it." – Fari

2025



Image: Kathy & Fari, Gleasons, New York © Dr. Kathy Adcock

I have provided a full list of all the people who generously gave me their time as part of this Fellowship and provided me a warm welcome, knowledge and inspiration throughout (see [Appendix](#)).

However, I would like to offer additional thanks to a few people, in particular, who were so generous to me:

- Lee Torres and Jamyle Cannon at The Bloc for full inspiration. I loved every second of my visit.
- Megan Bartlett from the Center for Justice and Healing through Sport for supporting me to make such incredible connections in the USA, and for being so thoughtful about implementing model-driven work.
- Chris Barfield at Urban Dove for inspiring me with his leadership in the school and his huge appetite for applying the NM-Sport model.
- Dahlia Khair from Yaa Samar! Dance Theatre, who had such brilliant ideas about movement and narrative.
- Dr Reuben Miller, for having so much rizz when he presented at the 36th Annual International Boston Trauma Conference that I nearly fell off my chair, and for really helping me understand the social and political context of Chicago.
- Jenn Turner for such incredible knowledge, research and practice in trauma-sensitive yoga.



Contents

Introduction

About the author	01
Acknowledgements	02
Introduction	05
What is the problem we need to solve in the UK?	05
Where did I go and who did I learn from?	07
How to use this report	08
A note on language	08
Videos	09
Research Objectives	10
Executive Summary	11
Key Findings	12
Recommendations	13

Findings

Findings	14
Section 1: Walking the Walk: Reflecting trauma-informed principles in organisational structures and leadership	15
Section 2: Attending to Context: Maximising the fit with community, culture, and values	24
Section 3: Getting Moving: Choosing a sport or movement practice	33
Section 4: What makes movement special? Possible mechanisms of change	41
Section 5: Changing the Angle: Embedding trauma-informed and relational coaching practices	48
Section 6: Implementation Matters: Model fidelity and impact evaluation	57

Conclusion

Conclusion	68
References	71
Appendix: List of Organisations & People Visited	72

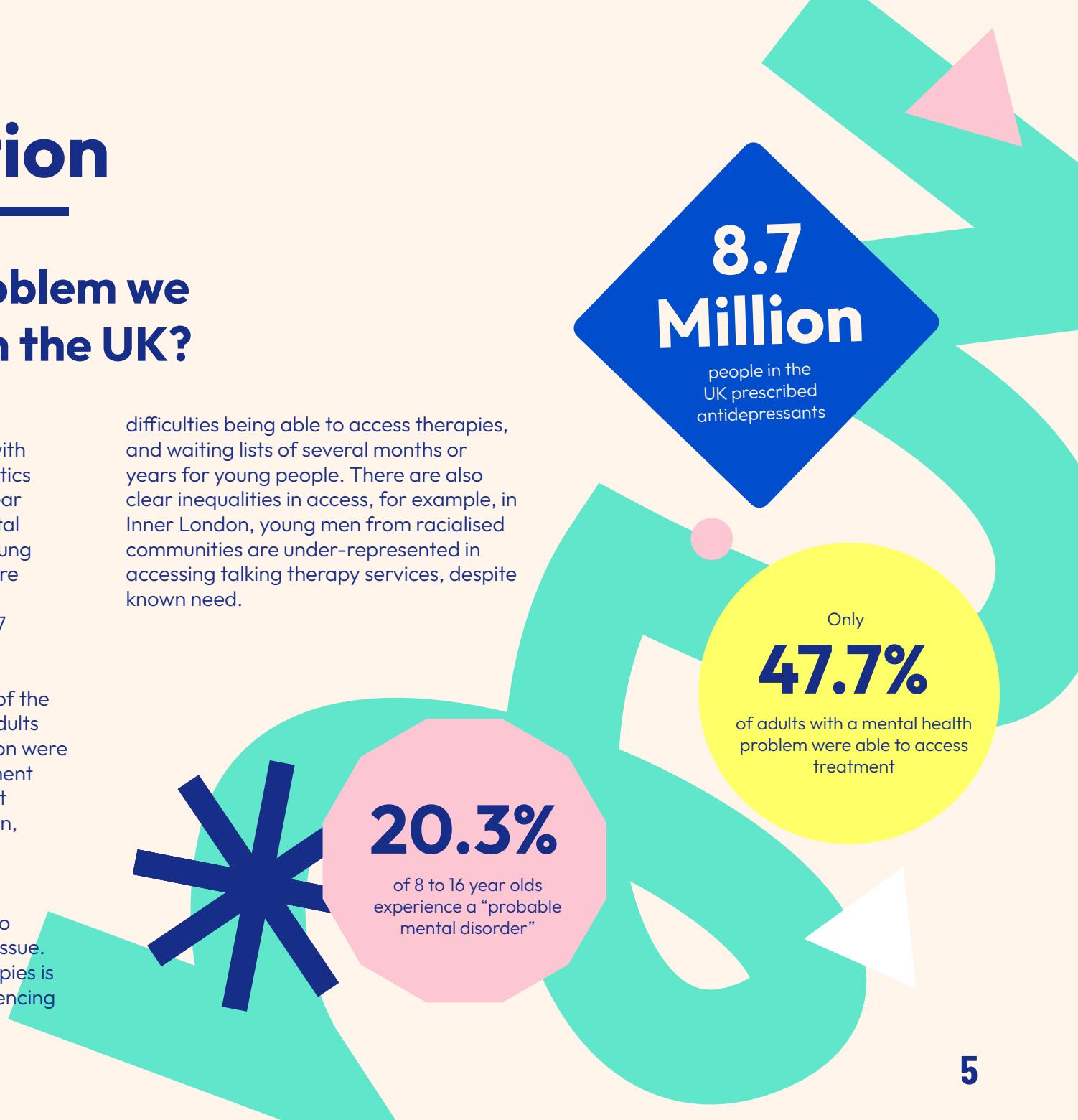
Introduction

What is the problem we need to solve in the UK?

The prevalence of mental health difficulties are at an all-time high, with the most recent NHS England statistics (2023) reporting 20.3% of 8 to 16 year olds experiencing a “probable mental disorder”. This rises to 23.3% for young adults aged 17 to 19. The adult picture is similar, with high levels of mental health distress and an estimated 8.7 million people in the UK prescribed antidepressants in 2023/24 (NHS, 2024). This is approximately 12.6% of the population. Just under half of UK adults with a known mental health condition were able to access some form of treatment (47.7%). However, the most frequent treatment for adults was medication, with only a minority receiving psychological therapies.

Therefore it can seem that access to psychological therapies is the core issue. Access to clinic-based talking therapies is key, with a minority of those experiencing

difficulties being able to access therapies, and waiting lists of several months or years for young people. There are also clear inequalities in access, for example, in Inner London, young men from racialised communities are under-represented in accessing talking therapy services, despite known need.



20.3%

of 8 to 16 year olds
experience a “probable
mental disorder”

Only
47.7%

of adults with a mental health
problem were able to access
treatment

**8.7
Million**

people in the
UK prescribed
antidepressants

In addition to access issues, there are several limitations to talking therapies. Central is the issue of “fit” between talking-based psychological interventions, and what we know about the experience of complex and relational trauma. We know that trauma is primarily experienced in the body through nervous system and emotional dysregulation, and that relational disruption (e.g. disruption in the ability to form and sustain satisfying interpersonal relationships) is a key feature of PTSD and complex trauma (ICD-11, 2022). It is also known that the nervous system cannot be easily reached and regulated through talking therapies alone. We know from people who have experienced trauma that they often do not have the words, or their memories, encoded in a way that can be accessed using language. Put simply, their body “knows” or “remembers” something, that cannot be put into words. Talking therapies, when used alone, fail these clients.

Talking therapies also don’t address the population-wide crisis in physical activity and movement. In England, only 48% of children and young people get the recommended 60 minutes of physical activity per day (Sport England, 2024), meaning the majority are not experiencing the potential physical and mental health benefits of movement.

In sum, there is an urgent need to develop and implement effective emotional wellbeing interventions that target both body and mind, for trauma and other emotional difficulties where physiological dysregulation is a key feature. There is also a need for interventions which prioritise relational connection. Sport and movement practices are ideally placed to be leveraged to meet this need. Some of this work is underway in the UK (like at In Your Corner) but this way of working is in its early stages, and is better established internationally.

Where did I go and who did I learn from?

In trauma-informed and healing-centred work, both the USA and Canada have real pioneers and inspiring communities of practice. Researchers and clinicians in these countries are progressing our theoretical understanding of embodied trauma at a neuroscientific and psychological level, as well as developing and evaluating interventions which work with the body and movement to improve mental health.

This work is being done across disciplines: by clinical psychologists, mental health clinicians and therapists, social workers, researchers in psychology, psychiatry and social policy, not-for-profit practitioners in sport and movement, and sports coaches. This makes it a rich field of study with exciting work happening in academic settings, local projects, public health, and local government settings. Innovative work is happening in a range of movement and sport specialisms. For this report, I have focused on boxing, weightlifting, yoga, dance, and multi-sports programmes.

For my learning, I identified cities in the USA and Canada where innovative work was being undertaken, and aimed to learn about work at multiple levels: The macro (a “city” public health, finance and policy level), in local community group projects, and also in individual psychological or mental health interventions.

To learn, I travelled for six weeks, visiting Canada (Montreal, Ontario, and Toronto), and the East coast of USA (Chicago, New York and Boston). I visited academics in universities, public health and policy professionals in local government, and movement-based mental health projects in local communities. I also attended the 36th Annual International Boston Trauma Conference where several leaders in this field were presenting and workshopping their innovative research and clinical practice. My aims were to learn, observe, and interview people about theoretical knowledge, best practice, and lessons from attempting to implement this work. I also aimed to meet and talk with as many people with lived experience who were participating in projects, as possible.

I strongly believe that in order to learn about embodied, relational and movement-based approaches, it was essential to see and feel projects in action and to experience the real world relationships that this work takes place within. I was therefore delighted to be able to visit many projects whilst they were delivering interventions and take part in some sessions as part of my learning.



How to use this report

I have written this report with cross-sector audiences in mind. Firstly, I hope it offers some useful ideas for professionals working within clinical psychology, mental health, and social work with young people and adults. Additionally, I have sports coaches and fitness / movement facilitators in mind, as these professionals will be working with people who have experienced trauma in their gyms every day.

Finally, I hope that anyone who has experienced trauma or is experiencing a mental health difficulty might be able to find something useful in these pages. My best hope is that some ideas shared here might help people to feel confident to try out movement-based practices as part of how they attempt to feel safe and well-regulated in their bodies and minds.

This report is structured into six main sections with an executive summary. The intention is to move from a wider lens which considers creating a trauma-informed context for this work, towards a more detailed and practical view on coaching and implementation.

A note on language

I take a social constructionist position in relation to language, specifically that language is not only a form of communication, but plays a role in how knowledge is constructed and in power relations. With this in mind, I have made some linguistic choices in this report that I would like to explain.



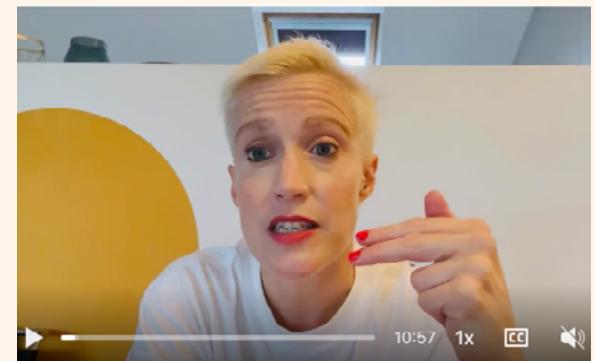
Both “healing-centred” and “trauma-informed” are terms used to refer to work which centres an understanding how trauma affects people’s emotions, regulation, and relationships. “Healing-centred” as a term is more values driven and less deficit-focused. However, as “trauma-informed” is more broadly used, I have chosen to use “trauma-informed” here. However, please understand “trauma-informed” in this report to refer to both trauma-informed and healing-centred practices.

I have used the term “racialised” to refer to all ethnic and racial minority communities who have experienced marginalisation.

Videos

If you prefer video as a method to access information, I have also made a series of six short videos (10 minutes or less) to accompany my Fellowship. Each of these videos is a bite-size starter on a topic of interest, and can be watched alongside the report or as an alternative to it.

These are available on [LinkedIn](#)



Research Objectives

Overall, I was interested in investigating the neurological, physiological and psychological benefits of group sports, delivered in community settings, for young people and adults who have

● **What are the links between neuroscientific and psychological theories and models, and practice in these domains? What might be the mechanisms of change?**

◀ **What factors are important in successful implementation of trauma-informed sports and movement practices?**

To answer these questions, I used a range of approaches including: in-person and virtual interviews, project visits, observing session delivery, and meeting project participants. Visits permitted me to develop an understanding of the social and physical context of the projects, which was invaluable. In addition to this, I reviewed numerous academic papers and reports written by professionals or organisations that I interviewed. At the 36th Annual Boston International Trauma Conference, I also attended workshops with a number of academics and clinicians involved in this work, and have used learning from these workshops to inform my thinking.

experienced trauma or adverse experiences. Within this area, I held a number of more specific research questions in mind:

● **Do different sports or movement practices have unique qualities that can be leveraged to support different aspects of emotional wellbeing? What are the common factors that seem to be important across all practices?**

◆ **What is a “good outcome” of an intervention, and how can this be measured?**

I completed 29 interviews with individuals and organisations. In interviews, I used a semi-structured format, and followed the interviewee wherever possible, in order to support a flexible process where power was shared and I could go where participants' interests and specialist knowledge took us. This approach was pragmatic and was not informed by a particular epistemology. Written notes and photos were taken during interviews, and I also used a journal to reflect on my evolving thinking as the research progressed.

Executive Summary



Image: Garakta-Studio, Envato

Key findings

Walking the Walk

For trauma-informed sport and movement work to be authentic, trauma-informed values and power relations need to be embedded at all levels of an organisation.

What makes Movement Special

The evidence-base for specific mechanisms of change in trauma-informed sport is in its early stages. However, hypotheses for potential mechanisms of change include: Patterned, rhythmic, repetitive bilateral movement; developing interoceptive awareness; and high-intensity sport permitting exposure and desensitisation to arousal.

Attending to Context

Sensitivity to the context is key in order to do effective work. This includes the socio-political context, as well attuning to the local environment, community needs, and consideration of the physical space that work takes place in.

Changing the Angle

Trauma-informed coaching requires a “change of angle” when compared to standard coaching and facilitation practices, to a more relational, invitational, and reflective stance. Facilitators will require support and reflection structures to make this change.

Getting Moving

Several sport and movement practices have helpful elements but most practices also require some “unlearning” in order to maximise their therapeutic potential. Some sports may have specific qualities that can be leveraged to be particularly useful to people who have experienced trauma.

Implementation Matters

Being driven by theory, model fidelity, and meaningful impact measurement are essential for effective implementation and to support development of practice-based evidence.

Recommendations



Consider values alignment, power, and oppression at all levels of your organisation, in order to offer an authentic context to contain trauma-informed intervention work.



Attend to the societal context, local environment, and physical space, so that interventions are contained within spaces where trauma-informed culture, values, and practice are visible and active at all times.



Consider use of sport and movement as a therapeutic approach to working with trauma. This requires consideration of the type of sport/movement practice, including common vs. specific factors across different practices, and what “unlearning” may need to happen to make a practice trauma-informed.



Consider possible mechanisms of change in trauma-informed sports interventions, and use this knowledge to maximise inclusion of these elements in your practice, and to contribute to the development of practice-based evidence.



Reflect on your current coaching/facilitation style and adapt your language and style of delivery to reflect a more relational and trauma-informed stance.



Meaningfully measure the impact of your interventions and attend to the “how” and “why” of effective work via a clinical model and/or theory of change which guides implementation.

Findings



Image: Luis Manuelm, Envato

Section 1:

Walking the Walk: Reflecting trauma- informed principles in organisational structures and leadership

Recommendation 1

Consider values alignment, power, and oppression at all levels of your organisation, in order to offer an authentic context to contain trauma-informed intervention work.



Image: Vittorio Gravina, Envato

The why:

Fundamental to most traumatic experiences is the issue of power. In a traumatic experience, someone's power may have been taken, or they may have been treated unjustly, or exploited. We live in an unjust world where predominant systems of power and economic models benefit some humans at the expense of others, and many activities perpetuate long-standing systemic harms. Put simply, many people are excluded from opportunities to thrive due to systemic injustices such as poverty, being from minoritised groups, and unequal access to resources.

Hence, addressing power differentials is fundamental to building an environment and a set of relationships where people who have experienced trauma can feel valued and safe.

In the words of **Homeboy Industries**, a gang rehabilitation programme speaking at the 36th Annual Boston International Trauma Conference, to do successful work in this space,

“you need to be a disruptor of the status quo.... our communities deserve more”

I am sharing learning that considers two areas of organisational structure and behaviour where issues of power and oppression may play out. These are: legal structure and funding, and organisational leadership.

Hence, if we accept that trauma occurs within the predominant systems of power and oppression, then best practice is for trauma-informed organisations to be built with power-sharing principles at the centre.

Learning in detail:

a) Legal structure and funding

Many legal structures of not-for-profits (e.g. charitable structures) permit them to benefit from grants and donations from high-net worth individuals, trusts and corporate profits. By accepting such funds, not-for-profits are part of a system that is systemically unjust and perpetuates problematic models of wealth accumulation and wealth distribution, where the “haves” give to the “have nots”, and there may be an absence of curiosity about the historical source of the funds being distributed.

This can be problematic in two main ways. Firstly, being donated to, is a position of disempowerment by definition. If an organisation aims to authentically empower its participants, who are often from marginalised groups, then philanthropic sources of funding may not be consistent with this aim. Secondly, philanthropic funding is usually project specific and time-limited. Not-for-profits who are funded via this route therefore may be operating from a position of

precarity, and financial and temporal insecurity. This has implications for service delivery and mission focus. In order to properly resource trauma-informed work, a sense of there being “enough” is key. At a practical level this means enough time, space, equipment, staff and so on. More relationally, an organisation operating out of a position of precarity is likely to have staff who do not feel safe and well-resourced in their jobs. This may undermine staff’s ability to offer safety, security, and consistency both practically and emotionally to the people they are working with. Hence, the sources of finance and the legal structure of the organisation have day to day implications for trauma-informed work.

b) Organisational leadership

To involve communities who use services in leadership and co-production is not a new idea, and is widely implemented, in some form, in many organisations already. However, I would argue there are limitations to the degree to which many organisations offer authentic and realistic power-sharing and leadership opportunities.

Having spoken to a number of participants who were part of advisory and leadership panels on my Fellowship, key themes were that effective power-sharing opportunities need to remove all barriers to access (via providing resources such as money for travel, all expenses, and childcare), and to incentivise this work in a meaningful way. Practical incentives (such as food, social activities, and realistic payment for contribution of time and ideas) were important to people. In addition to these, meaningful development opportunities (such as gaining qualifications, co-authorship of research papers, or clear development pathways into paid leadership roles) were equally important, and the best opportunities offered participants all of these things.

It also is important to be realistic about how long it takes to build trusting relationships with people who have experienced trauma, and to consider their trajectory from initially accessing an organisation as a participant, to contributing to leadership. One size does not fit all when considering leadership opportunities, and this development trajectory is not quick. Participants who are interested in leadership opportunities each come with a unique profile of strengths and development needs, and may benefit from nuanced support in order to develop and thrive in role. Hence, best practice in meaningful power-sharing requires opportunities which are tailored to what communities identify as important for themselves, are tailored to each individual's needs, and are a long-term or permanent commitment by the organisation. Power sharing is not an "add on". It needs to be fundamental to how organisations are structured and organise all their activities.

What does good practice look like? Case studies:

Yaa Samar! Dance Theatre partnership with Recess Arts (Brooklyn, New York)

Yaa Samar! is an international dance company based in New York City and Palestine. The company has an explicit social justice mission, developing and performing works as a professional company and offering community outreach and engagement work. I visited their partnership project with **Recess Art**.

Recess are an arts training programme for “system-impacted” young people (young people who have been involved with services such as youth justice or social work) aged 18-26. Two facilitators from Yaa Samar! offer fortnightly dance workshops in partnership with Recess.

This partnership supports young people to lead through implementing a peer-referral system for project activities, ensuring that they are empowered to influence who is in their group and how they join. They ensure access and incentivise involvement by covering expenses (e.g. a paid MetroCard), and offering a shared meal and snacks.

Recess explicitly acknowledge the tension of being a not-for-profit organisation in a capitalist system, whilst wanting to their leadership, financial, and operational structures to be centred around values of care, fairness and power-sharing. In 2023, they restructured their leadership structures and Board, including developing new roles, where Board members are fully paid.

Hence, both the activities on offer through this partnership, and the structure and leadership of the organisation embody trauma-informed values. You can read more about Recess and their Board reorganisation process [here](#).



Image: Pierre Planchenault, Gathering by Yaa Samar! Dance Theatre

Chicago Youth Boxing Club (CYBC)

CYBC is a boxing club based in Little Village, a Hispanic neighbourhood in Chicago which is known for gang activity. CYBC work with young people aged 8-26, offering boxing at recreational and competitive levels, and youth development opportunities such as mentorship and project based educational opportunities.

CYBC offer clear incentives to young people for taking part in development activities. For example, when I visited, they were running a coding group as an opt-in educational project for young people. The coding group both paid young people per hour they attended to learn, and gifted the laptops used for their coding, to them, when they completed the ten week project.

CYBC builds leadership opportunities from the bottom up. Over time, young people attending the project can become qualified USA Boxing coaches and join the coaching team as paid members of staff. Additionally, staff learn the skillset of each participant, and use this knowledge where possible to support their development into paid roles in the gym, with a bespoke set of support.

A great example of this is their Grant Manager and Writer paid role. This role is held by a competitive amateur boxer from the club. Having studied business administration at college, CYBC created a role where this boxer could use their skills in a paid role at the club, whilst supporting him to develop new knowledge and skills in grant management.

Noah Pickens, the club's Executive Director, describes that "**a lot of the (staff) team grew up with each other**" in the club and neighbourhood, and this view is that the success of their power-sharing and leadership work is "**the organic nature (of this) and the commitment to the local community**".



Image: Chicago Youth Boxing Club © Dr. Kathy Adcock

Dr Francine Darroch at Carleton University (Ottawa)

Dr Francine Darroch is an academic who leads a programme of participatory action research, focusing on trauma- and violence-informed approaches to physical activity. In her work, she attends to meaningful power-sharing at all stages. For example, despite being a researcher, her work involves partnering with local communities to co-create programs and resources to increase access to physical activity. As part of this work her research team and leaders from local communities work together to jointly advocate for the needs of local communities, such as overcoming systemic barriers to access to physical activity. Dr Darroch's approach involves use of participatory research methods (such as story mapping) and all work is co-designed and co-led by members of a local Community Advisory Board.

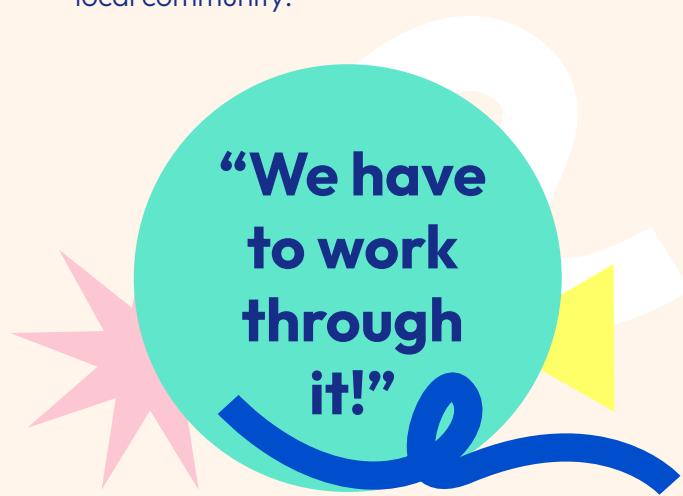
I met with Nadine Simpson, a Community Advisory Board Member from the Banff/ Ledbury Community, a local social housing estate, and “recreation desert” (a place where the local community cannot access recreation opportunities due to systemic barriers, poor urban design and community safety issues). Nadine explained that the Community Advisory

Board are active at all stages of research design, implementation and dissemination.

This has involved:

- The research team asking local people about their concerns regarding access to recreation in the local area, then supporting the Advisory Board to find the evidence for these concerns and to feed these back to local government via joint advocacy.
- The Advisory Board and researchers designing intervention programming together, partnering with existing community organisations wherever possible.
- “Share back” community events where the researchers share their emerging learning with the community, over food, and invite their input into the next stages.
- Community Advisory Board members are involved and credited in dissemination products such as presentations and published academic research papers.

Nadine explained that building trust between the researchers and the community has been key, and that this trust has been built via presence in the community and “**(being) responsive to opinions of the Advisory Board**”. She also explained that at times this collaboration has been challenging, with differences of opinion between the researchers and the local community:



“We have
to work
through
it!”

Nadine felt that incentives for involvement, being a consistent, long term, reliable presence in the community, authentic power sharing, and the community feeling that their voices are valued, has helped this relationship thrive. Having been a key member of the Advisory Board, Nadine is now studying a Masters to further develop her research skills. This is another example of organic skills development into leadership roles.

Laureus “Sport for Good Coalition” (Chicago)

Laureus are a philanthropic funder (charity) who act as an intermediary between local grassroots organisations and larger funders, and who have identified Chicago as one of their “Sport for Good” cities. At a values level, they are attempting to transition from being a grant-giving organisation (traditional funder), to supporting local collective action, organisational capacity and infrastructure. They support collaboration between local organisations to address local “bottom up” priorities for change. For example, hosting “A Place to Play” Summit in Chicago where 250+ professionals across sectors (universities, city youth agencies, parks team, local not-for-profits) came together to collaborate on how to create safe, quality spaces for Chicago’s young people to play in.

Laureus also aim to support local grassroots organisations financially, for example advocating with other philanthropic funders regarding the need to provide unrestricted, multiyear funding to not-for-profits. They also run a “Bank of Laureus” scheme. This innovation is where Laureus will apply for funding on behalf of smaller grassroots organisations and collectives, in order to support them

to access larger and more sustaining funding sources. “The “Bank of Laureus” is able to pass levels of funder due diligence that smaller organisations may struggle with, and also can buffer cash flow issues that smaller organisations may face in accepting grant funding, particularly in cases where funding is paid in arrears, or at irregular intervals.

Hence, despite being a philanthropic funder, Laureus are attempting to position themselves in a way that is consistent with the mission and values of the organisations they fund, as “**ethical bridge builders**” (Grace Curtin, Sport for Good Chicago Program Officer).



Image: Teenagers playing basketball, Karrastock, Envato

Back to the UK: What can we implement?

- Leaders and Board Members of not-for-profits can consider where their funding comes from and whether these sources and types of funding align with the values of trauma-informed work, and permit long term, community driven, trust-led work to be resourced.
- ◆ Organisations can consider their leadership structures and whether these include meaningful opportunities for power-sharing at all levels of the organisation.
- Are there organic growth opportunities for participants to develop skills and be supported to move into a range of paid and leadership positions over time? Do these opportunities come from the community themselves “bottom up” or are they “top down”? Are these opportunities accessible to all participants, with varying skills and support needs?
- ◆ Organisations can consider if they support the community to advocate for their own needs at a policy level, and if not, how this work could be integrated into the core of the organisation’s activities.

Section 2: Attending to Context: Maximising the fit with community, culture, and values

Recommendation 2

Attend to the societal context, local environment, and physical space, so that interventions are contained within spaces where trauma-informed culture, values, and practice are visible and active at all times.



Image: Word of wisdom, Underdogs, Ontario © Dr. Kathy Adcock

The why:

Visiting different countries, cities and communities on this Fellowship highlighted to me that any trauma-informed work takes place within a specific social, political and environmental context where certain sets of power relations are present. Taking a systemic lens to understand this context and its impact on participants is essential, in order to offer work that has a good chance of creating physical, relational, and emotional safety. This may include: Overcoming barriers to access, attuning to clients and meeting them “where they are at”, redressing issues of power and oppression, or challenging oppressive narratives that are prevalent in particular sports or movement practices. In addition, some communities who we are trying to reach through this work will experience “**a baseline level of trauma**” (Zoe Rabinowitz, Yaa Samar!), such as the Palestinian community that Yaa Samar! work with, or if they are in communities where recent episodes of gun violence have led to deaths of young people. An understanding of how to adapt work to meet need when a whole community is experiencing pain or loss, is important.

At a more local level, a consideration of context includes understanding the local environment at the level of urban design, access to recreation, community safety, transport links and financial resources. Within a sporting context, this can be as specific as which organisations choose to partner together or what locations are used for interventions. If these factors can be understood, they can be leveraged to increase a felt sense of welcoming and safety, permitting the context to form an appropriate “container” (Bion, 1962) around the trauma-informed intervention that is taking place, and can permit participants to make best use of the intervention that is being offered to them.

Learning in detail:

a) The social and political context

It's not possible to have visited the USA in April 2025, during the height of Trump and Musk's attempts to slash government spending, and to not have considered the impact of politics on people's sense of felt safety. ICE were in the process of very aggressive tactics against migrants, and racism against refugees and migrants felt very present. Almost all academics and government workers that I spoke to explained that the Trump administration were no longer supporting research, public health work, or equality, diversity and inclusion efforts in many areas that are relevant to trauma-informed sport.

This included the administration reviewing all active federally funded research programmes that included a set of "banned and trigger words" (Washington Post, 2025). These "trigger words" included many which are used to describe minoritised communities, and areas of work relevant to trauma-informed sport including: "BIPOC", "discrimination", "inequalities", "LGBTQ", "minorities", "sense of belonging", "trauma", "victim", "underserved", and "women".

Within this political context, people who have experienced trauma who are attempting to access interventions are likely to feel a real sense of threat, at a personal and community level. Therefore for organisations and spaces to be safe for people to access, they are likely to need to position themselves as actively welcoming to marginalised and diverse people who may feel under attack, and be explicit about their own organisational values.

b) The immediate environment and physical location of where the intervention is taking place

As well as the social and political context, the physical environment where interventions take place, and a deep understanding of the experiences of the local community are key. Again, it was impossible to visit the USA from the UK, where firearms are illegal, and not consider the disastrous impact of guns on communities that are attempting to provide, or access, trauma-informed work. At CYBC, staff and young people were mourning the recent loss of a young person who had been a member of the club, to gun violence. This was heartbreak for the whole community.

In addition to this, I was struck particularly in Chicago, by how strongly geographically racially segregated the city was. In Chicago, more affluent white and gentrified neighbourhoods are to the North, Black neighbourhoods are in and around the South Side, and more Hispanic and Latinx areas are in the West. I learned through conversations with a number of people, including

Dr Reuben Miller, that this was due to the historically racist system of “redlining” which denied mortgages to minoritised communities in certain city areas. This practice, now illegal, has a lasting legacy

that can be seen and felt in Chicago’s neighbourhoods today. At the same time, there are large and co-ordinated public health and social care efforts in Chicago to make the whole city “healing-centered” in its approach to public services. Chicago is also a “sanctuary city”, where local government legislation agrees not ask people about their immigration status, disclose their status to authorities, or deny people any local services based on immigration status. Hence, an understanding of local context is vital.

Therefore if we work in cities, or underserved communities, it’s important to consider the context participants are arriving out of, such as the day they have had already, and their journey to the gym or space. Issues like risk of community violence and gun crime, chaotic or dirty urban environments or unsafe public transport, may mean that participants’ nervous systems are likely to be on high alert, just as a result of trying to attend the intervention.

Conversely, if we are asking participants to do therapeutic work, we should also consider how we can prepare them to transition out of the safety of the session,

back into their lives. For example, leaving a trauma-informed sports session and then walking straight into unsafe streets in a community where risk of violence is high. Hence, good quality trauma-informed sports work should consider not just the session, but support at the transition points in and out for participants.

I visited Chicago as summer was coming and several workers spoke to me about how gang-related gun crime increases in the summer, and as a result of fears about stray bullets, parents in some areas keep their children home and don’t let them play outside. This is highly relevant to sport and movement practices, as children who do not have opportunities for free play and moving their bodies do not develop the same level of motor or relational skills as children who have access to this opportunity.

c) The physical space for trauma-informed sport

In order for trauma-informed sport and movement interventions to be effective, careful attention should be paid to the immediate context of the work: the values and physical environment of the setting that the sessions take place in (e.g. the gym or fitness studio). This may, or may not involve working in partnerships and/or sharing or hiring space that other sports groups and coaches use for other purposes.

I visited projects that shared space with partners, as well as projects that had exclusive use of their own space. Across both, what felt important to trauma-informed work is that a sense of safety, calm, soothing, and having “enough” (resources, time, space, equipment), was present to support regulation in participants.

What this looks like at a practical level is: a clean, well-organised gym environment, that has “enough” space and equipment, enough booked time for the session and the transition in and out, and enough coaches. Access to food and drink to resource participants before and after the session also felt important, with a “take what you need, no questions asked” feel, to give a sense that nurture is offered, and needs can be met without participants

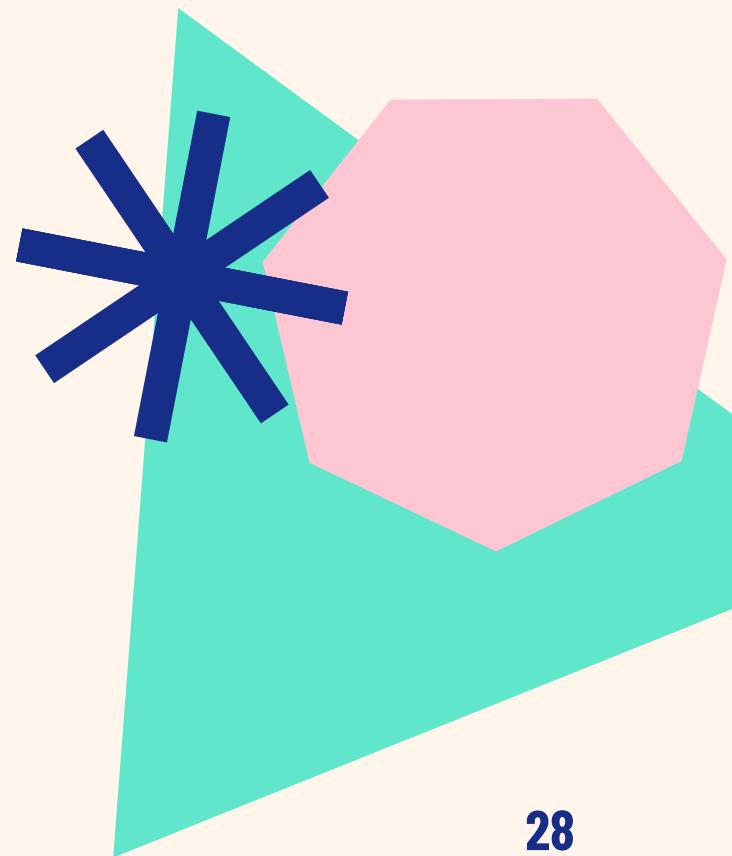
needing to ask. **Jenn Turner** described the need for a trauma-informed fitness space to be “**deeply welcoming**” to support regulation and felt sense of safety.

Creating this kind of a context might be a challenge in partnerships, for example when hiring or sharing a gym/sports space which also houses a more mainstream sports offer, or where sessions before/after the session or in other parts of the space are not trauma-informed.

Megan Bartlett from the Center for Healing and Justice through Sport (CHJS) described the culture of mainstream sports coaching as “**a loveless system**” and **Miranda Kemal** reflected “**in (competitive) boxing they are teaching you to be a fighter not a good human**”. Hence, values and cultures from regular recreational or competitive sports, some of which can be extremely problematic, are likely to “spill” in to trauma-informed sessions which are held in shared spaces. Miranda Kemal articulated this well when discussing the need for “**safe spaces, that remain safe when you have to leave the boxing ring and shower.**”

In projects where organisations had sole use of their own space, there were multiple benefits including being able to “lead from the front” regarding the culture and

values of the gym, to make these visible to participants, and to have longer opening hours. This sense of being a safe space for participants where they are welcome to attend several times across the week, or on a drop in basis, felt important in giving participants a sense that this is a space where they are always welcome, and can form strong relationships with others.



What does good practice look like? Case studies:

Shape Your Life (Toronto)

Shape Your Life (SYL) is a trauma-informed, non-contact boxing programme for women who have experienced violence. It has been running since 2007 and I met both co-founders as part of my Fellowship (Jo Green and **Dr Cathy van Ingen**).

SYL has had many iterations over 17 years and has tried a range of partnership arrangements and venues for delivery. Jo and Cathy acknowledge that housing the programme within existing boxing clubs sometimes led to unhelpful dynamics “leaking in” from the setting, and that upholding trauma-informed values can be challenging in this context.

SYL provides boxing equipment, metro transport, and snacks before and after the session for all participants. They have supported participants’ transition into sessions by having a “greeter” on the door

of the gym for the session, and booking the gym for blocks of time before and after the session, so participants have time to arrive early, connect with others, and settle in slowly should they want to. They explicitly refer to trauma work as “opening” participants up emotionally, and acknowledge this work may leave participants feeling raw or more in touch with their feelings than usual. They therefore call the end of the session a process of **“zipping up and cool down”** (Jo Green) suggesting to participants that they may want to bring something cosy to wear upon exit, and acknowledging that they may need some time and support from staff to “zip up” emotionally and return to the stresses of their regular lives.



Image: Shape Your Life, Toronto © Dr. Kathy Adcock

The Bloc (Chicago)

The Bloc is a boxing for youth development not-for-profit organisation with an educational focus. It is based in an underserved area of Chicago (West Humboldt) which is one of the founding grounds for several major gangs. It is an area with considerable poverty, and is a “recreation desert” with no fitness gyms available in the whole zip code. It is open four nights a week plus Saturdays and young people can attend as often as they like.

The Bloc have their own space in a converted local church. This is a large, clean, well-equipped space with an Olympic size boxing ring. The space has features such as stained glass and high ceilings which have been augmented by large murals painted of current Bloc boxers. These combine to give a sense of a peaceful, well-organised space, with a real sense of occasion to the boxing work that is happening. The organisation's values, and “Traits of a Champion” are clearly visible on the walls throughout the building, giving a clear sense that this is a values and trauma-informed space.

The building also has an open kitchen at sessions where snacks are available for boxers before and after sessions. There is also a food pantry offer, where young people can take additional food for family and friends as needed.

There is a strong commitment to hiring local staff who speak Spanish and have grown up in, and deeply understand the local neighbourhood, including the community safety issues which are present for the young people who attend at any point in time.



Image: The Bloc, Chicago © Dr. Kathy Adcock

Underdogs (St Catherines, Ontario)

Underdogs Boxing Club is an inclusive recreational boxing club for cis and trans men and women, and non-binary people. It is run by Laura Ip, based on trauma-informed principles, and originated as an additional site of the Shape Your Life programme (above).

Core to Underdog's approach is being explicitly welcoming to all members of the community which is clear from their online communications and also their use of video to explain precisely to new members how to find the gym, and what the gym looks like.

Historically, they attempted to partner with two local boxing clubs but found it challenging to secure exclusive use of the space for their sessions, or to find a values fit within the cultures of those clubs. They now share a private personal training studio, which is not open to the public, for their sessions. Therefore, they are housed in a space that has a good understanding of their work and culture. This is a large, clean, quiet, spacious and well-equipped space.

All participants sign a code of conduct before attending to create relational safety and are gifted hand wraps and water bottles when they start. To create a sense of playful belonging, all participants are given a boxing nickname when they join, which they are referred to in sessions. There is also a visible jar of "words of encouragement and wisdom" for new boxers, written by other members of the community.



Image: Underdogs, Ontario © Dr. Kathy Adcock

Back to the UK: What can we implement?

- Organisations and facilitators can consider, what is the fit between our intervention and the lives of the local community? Have we worked with the local community to identify their priorities? Are members of the local community represented in the staff team and at leadership levels?
- ◆ What kind of a journey do our participants have to/from our intervention from the local environment? Do they feel safe travelling in the local community? How can we try to remove as much friction from this journey it as possible, to support people to arrive at the session in a regulated state?
- ◀ How do we signal to people that they are “deeply welcome” and safe in our space, including explicit signalling of culture and values to those who may be feeling vulnerable in the current social or political context? Do we have processes or information that can help people understand that we are trauma-informed and can help them feel welcome before attending the first session?
- If we share our delivery space, how can we protect a trauma-informed culture for our work, whilst ensuring the other users of the space understand and respect this work, and the boundary around it, even if their culture and values are different?
- Do we have a sense of having a peaceful, well organised, nurturing clean space with “enough”: time, space, staff, equipment, and food?

Section 3: Getting Moving: Choosing a sport or movement practice

Recommendation 3

Consider use of sport and movement as a therapeutic approach to working with trauma. This requires consideration of the type of sport/movement practice, including common and specific factors across different practices, and what “unlearning” may need to happen to make a practice trauma-informed.



Image: Drazenphoto, Envato

The why:

Sport and movement practices are not necessarily inherently therapeutic, and so require analysis of what their therapeutic elements might be, and consideration of how therapeutic elements can be maximised to meet the needs of people who have experienced trauma. At the same time, almost all sports and movement practices have some problematic elements within them or their coaching cultures. Many potential participants may carry these stories and previous experiences with them, potentially serving as a barrier to access.

This section aims to support practitioners to analyse and plan how particular sport or movement practices can be selected and leveraged to become more trauma-informed. I do this via identifying some universal factors that may be helpful across a number of different practices, addressing the issue of “unlearning” problematic elements, and considering what useful features some specific sport or movement practices might offer over others. I also consider the potential for competition as an element of any practice offered.



Learning in detail:

a) Choosing a sport or movement practice: Universal factors

Practitioners interested in starting this work might be thinking – which sport is the most accessible, acceptable and effective? The evidence-base is not yet addressing questions at this level of detail, and so my learning is mostly from people implementing their own work in projects. In my Fellowship I visited projects across a number of sport and movement disciplines and asked practitioners for their views.

The consensus was that it's essential to start with "fit" for participants and be led by them. Put simply, what sport or movement do participants want to do? One practitioner commented "**the best intervention is the one that you want to attend**", and so choosing a practice that participants are likely to find engaging and are likely to be able to commit to attending regularly, is essential.

Access, as previously discussed, is affected by many factors but projects can map and mitigate against common barriers to access which include: Feeling that you won't belong or "fit", feeling anxious about making friends, not knowing what to expect, inconvenient session timings or locations, financial barriers to travel or access, or not having the necessary equipment.

Below, I have synthesised a number of helpful common factors which are present in theories of change across several sport and movement projects I visited. These are:

- Attending a group, with people with similar experiences and forming connections with them.
- Experiencing a positive and supportive relationship with the coach/coaching team as a trusted other/s.
- Being present in the "now" (mindful) through focusing on the body and activity you are performing, rather than any cognitive or internal dialogue or judgement.
- Learning a new skill, feeling a sense of progression and managing setbacks.

b) Unlearning unhelpful cultures and practices

Key to supporting access and retention in sport and movement practices is acknowledging the elements of those activities that have historically been, or are currently harmful, and unlearning the cultures or practices that led to those harms. Mariah Rooney, (**Trauma Informed Weightlifting**), when speaking at the 36th Annual Boston International Trauma Conference, listed a number of “isms” which are commonly at play in sport and movement practices: *“Ableism, healthism, fatphobia, classism, transphobia, racism, sexism”*. Considering whether these beliefs are present is a useful place to start if you are considering to what degree your sport or movement practice is trauma-informed.

By definition, the more problematic elements of a sport or movement practice might be a blind spot for current coaches, who have often been embedded in the sport since childhood, and may accept problematic elements as “normal” in the context. A useful way to analyse your sport may be to consider how your sport might be viewed by someone who doesn’t do it (e.g. the public).

Different practices come with different baggage. However, I would suggest there are universal issues which transcend individual sports. Some issues that may be present are:

- Are there narratives about what a person needs to look like, or perform like, in this sport (e.g. is this sport for people who look like me? Am I enough of an athlete to do this well?)
- Is this sport welcoming to minorities (e.g. different ethnicities, women, LGBTQ+ people etc)
- Are there weight-making practices or specific body types associated with success in this sport or movement practice?
- Are there elements in this sport or practice that someone from the outside might think are stressful or unsafe? (E.g. such as sparring, or risk of injury in combat sports)
- Is this sport or movement practice or the equipment needed to perform it, expensive? (e.g. running shoes)

In addition to the above, bullying culture in sports coaching needs to be taken seriously, particularly for competition and elite athletes.

One boxing coach I spoke to commented: **“Abuse is embedded in our sport....the people in power are meting it out. (Elite athletes) are overtrained...treated like dogs”**. Therefore, all organisations who offer trauma-informed sport interventions should proactively provide training, supervision and accountability structures with, and for their coaches to ensure that their coaching style is fully and consistently aligned with trauma-informed principles.

Athlete physical or sexual abuse by coaches or staff team members also remains a known issue across multiple sports, where several high profile cases have demonstrated that whistleblowing policies are not always followed. In addition to standard sports safeguarding training, it's essential that trauma-informed projects are fully satisfied that their safeguarding knowledge and processes, and those of partners, are robust and that coaches are implementing a safe environment above all else. This is particularly important when attempting to meet the needs of participants who may have already experienced trauma.

c) What factors might be important in specific trauma-informed sports or movement practices

Different sports may appeal to different kinds of people for different reasons. For example, Megan Bartlett (CHJS) felt that there is a “therapeutic core and specific culture” to different sports, and therefore that different sports can potentially be used to target different kinds of difficulties: “**Some sports might suit different types of adversity**”. I have identified some factors below which are differentials between different sport and movement practices and may support thinking about what practice to choose.

i) High intensity vs lower intensity practices

Different practices differ in their physical and emotional intensity. Contact sports seem to offer an experience of empowerment for people who have experienced violence and physical abuse, and projects like Shape Your Life specifically target this. Put simply: “**Boxing is hard: technically hard and physically hard**” (Jamison Merrill, University of Illinois). It is intensely visceral, with strong sensory feedback, and so may appeal to people who want to “push” hard, or discover their strength. At a theoretical level, this, as well as other high-impact sporting activities may appeal to people who are present mostly in their sympathetic nervous system (e.g. their “fight or flight” response).

A gentler movement practice, such as yoga, may appeal to people with different experiences, or who are looking for a

softer way to connect to their bodies, and may be more of a fit for people who are present more in their parasympathetic nervous system (e.g. “flop” or dissociation response). However, practitioners also highlighted that



“**stillness can be a trigger for some people**”

(Lysette Horne, Exhale to Inhale) and hence tuning in to participants in the room and observing how well-regulated they are as they undertake different activities, is key.

ii) Team sports vs individual practices

It is worth considering the value and challenges of team sports, compared to individual movement practices which can be carried out alone or with a coach, or group activities where you are training together, but are not working together as a team. Trauma experiences often lead to a sense of disconnection from others, therefore a group experience is potentially both powerful and reparative. The potential rewards of feeling part of a team and succeeding together are rich. However, being part of a team may feel dangerous to some people who have experienced trauma, and relating to a team is also a much more complex job than doing an individual sport where you only need to relate to the coach.

iii) Presence of narrative in the practice

I was particularly interested in the way that some movement practices offer narrative as an additional element to the movements themselves, and how this may offer additional therapeutic potential for trauma-informed working. I visited both **Gibney** dance company and Yaa Samar! Dance Theatre and was impressed by how dance uses storytelling and creativity to communicate emotion. This potentially offers a rich terrain to process trauma, and is discussed below (see case study).

iv) Competition and the value of manageable challenge

Although some trauma-informed practitioners purposely create a space where competition is not present, there is also a view that space can be safely made for competition within trauma-informed sport practices, and that this can offer benefits.

Several professionals raised the concept of competition within sport as a way to offer a manageable level of stress to the nervous system, and then a return to safety after this challenge. The opportunity to compete provides an opportunity to push outside of a person's comfort zone, and if this is appropriately scaffolded by the context and coaching relationship, this can be reparative and support people to increase resilience.

For example, Megan Bartlett (CHJS) referred to competition as an example of

“controlled, moderate, predictable stress”

Dr Maji Shaikh (University of British Columbia, Okanagan) stressed the importance of the **“level of social support from the coach”** in supporting participants to manage the stress of competition and the outcome. Maji contrasted this support to experiences of trauma where extreme stress is often faced without a protective other. The CHJS also offer some relational ideas about how coaches can support competition, in their playbook (CHJS, 2023). These include: Careful matching of abilities between teams or individuals so that competition is not overwhelming, and shared moments of relational connection before and after competition between opponents.

What does good practice look like? Case studies:

Yaa Samar! Dance Theatre – Facilitation by Dahlia Khair and Mohammed “Barges” Smahneh (New York City)

I had the pleasure of observing Dahlia and Barges from Yaa Samar! facilitating a trauma-informed class. Dahlia was careful about language throughout, using the word “movement” and not “dance” so as not to evoke feelings of needing to “get it right” or “be able to dance”.

Dahlia used a short narrative idea for the dance warm up, which she called a “liberation starter”. The narrative was of a plant moving between three states: seed, sprout, and flower. She invited participants to move freely using this as inspiration, with permission that **“we live in seasons.. we can’t always be blossoming”**.

This narrative felt like it offered participants a creative scaffold to help them get into movement, and also an invitation to think about how this narrative might apply to their lives outside of the session. Narrative was also used in the session when teaching the movements of the Dabke.

The Dabke was explained as a dance of resistance against oppression by the Palestinian people in occupied territories. This narrative conveyed the idea of the body and creative movement as resistance to experiences of injustice, hence inviting participants to reflect on or express their own experiences of resistance, without needing to communicate these verbally, or talk specifically about their own stories.

Dahlia and Barges’ facilitation style encouraged a playfulness and flexibility around how movement was used, how space was used, and to what degree participants wanted to be relational with each other, with an emphasis on feeling movement in their own bodies:

“Just move around, get into your body..... you don’t have to look at each other... just feel.....or you can say hello to other people around you.”. This approach seemed to give a sense of safety and containment, permitting participants to engage with the practice flexibly and take what they needed from it.

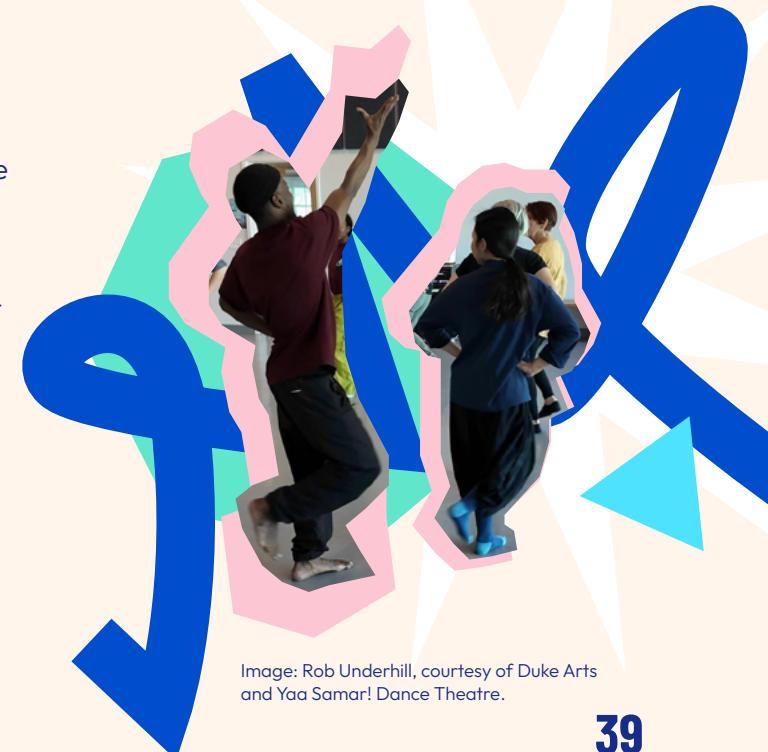


Image: Rob Underhill, courtesy of Duke Arts and Yaa Samar! Dance Theatre.

Back to the UK: What can we implement?

- ❖ Practitioners are invited to consider who the participants are that they are hoping to support, and what sport and movement practices this community is interested in trying.
- ❖ What are the potential barriers to access to this sport or movement practice, both practically and in terms of the “blind spots” and problematic narratives or practices within this sport as viewed from the outside? How can any offer using this sport or movement practice support an “unlearning” of these issues, and communicate this stance to potential participants?
- ◀ Are practitioners confident in their safeguarding policies and practices and have these been recently reviewed with a trauma-informed lens? What additions to these processes may be required to safely implement trauma-informed work?
- ❖ How might certain sports or movement practices offer unique elements that others don’t – including factors of intensity, team vs individual practices, and the potential for narrative and creative expression to be brought to the fore?
- ❖ How might experiences of manageable stress within a competition framework be incorporated? And what does the community you are wanting to support think about the idea of competition?

Section 4:

What makes movement special?

Possible mechanisms of change

Recommendation 4

Consider possible mechanisms of change in trauma-informed sports interventions, and use this knowledge to maximise inclusion of these elements in your practice, and to contribute to the development of practice-based evidence.



Image: Workshop, London © Dr. Kathy Adcock

The why:

Having a plausible hypothesis, or number of hypotheses, for which elements of sport and movement practices might be the mechanisms through which positive change occur for people who have experienced trauma, may help practitioners both select sports or practices which are more likely to be helpful, and adapt these activities to maximise inclusion of these elements.

The research evidence-base looking at mechanisms of change in trauma-informed sport is in its early stages and much thinking is not yet at the level of peer-reviewed studies, although practitioners implementing work are developing practice-based evidence. Potential factors can be identified at the level of relationships, individual psychological processes and embodied / nervous system levels.



Learning in detail:

Having spoken to a number of researchers and practitioners, I have focused on three possible neurobiological mechanisms of change that I, and other practitioners, think have potential importance in these interventions. These ideas are hypotheses which are largely at the stage of practice-based evidence. They are: use of high intensity activity, repeated bilateral patterned movement, and developing interoceptive awareness.

a) High intensity / vigorous sports

There is some emerging evidence (e.g. Hegberg et al., 2019) that high impact sports (such as HIIT, boxing, sprints, or sports that require explosions of energy like basketball or football) may be particularly helpful in supporting regulation in people who have experienced trauma.

At a theoretical level, the suggestion is that high impact sport may permit exposure and desensitisation to arousal. Specifically, high impact sport mimics the stress response and activates the sympathetic nervous system, which is responsible for the fight/flight response. High impact sport is an opportunity for this system to be activated in a safe way, where participants can potentially experience symptoms such as anxiety, fast breathing, or feeling faint, and then return to a calm state via supported recovery. It is therefore suggested that participants are repeatedly exposed to their fight/flight

response through this process, becoming desensitised to this, and learning that they can return from this response to a state of regulation. This skill in self-regulation can then be strengthened and applied to real life situations. Both Shape Your Life and Trauma-Informed Weightlifting drew on this evidence base, to inform their theories of change.



Image: In Your Corner, London © In Your Corner

b) The regulating properties of repeated bilateral movement

My hypothesis about the regulating properties of boxing has always been that the bilateral patterned and repetitive movements which predominate in the sport are key. Core movements in boxing involve bouncing forward and back, and using combinations of punches and defences that use “left, right, left right” patterns to different tempos, with strong sensory feedback, and much repetition. This is ostensibly similar to EMDR (Eye Movement Desensitisation and Reprocessing), the evidence-based trauma treatment, where trauma memories are reprocessed via bilateral rhythmic repeated eye movements or tapping movements.

Dr Bruce Perry, the trauma expert who developed the Neurosequential Model in Sport (NM-Sport), which underlies the work of the CHJS, has a similar hypothesis about why some sports and movements are so regulating. He calls this PRRA: Patterned Repetitive Rhythmic Activity. His view is that PRRA is effective because it accesses in-utero associations between the rhythm of the maternal heartbeat, and a sense of safety, regulation and all needs being met (Perry, 2024).

Applying this idea to practice would involve being intentional about finding opportunities to incorporate patterned repetitive bilateral movement into training sessions and drills, aiming to maximise the regulating properties of any chosen sport or movement practice.

c) Developing interoceptive awareness

Interoception can be defined as a person’s ability to identify changes or “cues” in their body, and use these as information. Theories of PTSD and complex trauma suggest that interoception can be compromised in people who have experienced trauma (Putica et al., 2025), leading to difficulties such as dissociation (a sense of being disconnected from the body and from the “now”) and difficulties in emotion regulation (Schmitz et al., 2023).

One potential change mechanism in trauma-informed sport is that the sport or movement practice involves interoceptive awareness, specifically a process of gathering information from the body, in order to perform the technique or activity. A trauma-informed coaching style (see Section 5) explicitly encourages participants to direct their attention and curiosity inwards, in order to develop awareness of, skills, and trust in tuning into what their body is telling them, as a source of helpful information.

What does good practice look like? Case studies:

Case studies in this section draw on examples from multiple projects, where the above mechanisms are being incorporated into practice.

Coaching styles which support development of interoception

Having observed and taken part in a number of sessions, and spoken to coaches and facilitators who work in this way, the first step to supporting development of interoception seems to be to create a context where participants feel comfortable in their bodies and are not **“arguing with the body or worrying about why their body is reacting the way that it is”** (Jo Green, Shape Your Life).

This involves creating a context where all information from the body is welcome. Different practitioners name this in different ways. For example, Shape Your Life invite participants to **“work the body that you have”** in boxing sessions, whereas Lysette Horne (Exhale to Inhale) calls this **“radical acceptance of the body”**.

Similarly, in trauma-sensitive yoga, Jenn Turner says **“all parts of you are welcome on the mat”**.

Invitational questions can be asked by coaches to support participants in developing curiosity about gathering information from their own body, such as:

- How does it feel in your body when you’re doing this? (Jo Green)
- What does your body want? What is it telling you? (Jenn Turner)
- If you do this movement, does your body like it? (Licia Sky)
- Now you’ve noticed what your body is telling you, do you want to make a choice (to respond) to what your body is telling you? (Jenn Turner)

One consideration when attempting to develop interoceptive awareness is whether to remove mirrors from the training space. This potentially helps participants to bring their focus inwards, to how a practice feels, rather than being focused on the visual or how their body is being perceived by others. This is a conceptual shift from “Does this look right?”, “Am I doing this movement correctly?” to “How does this movement feel in my body?”.

This may feel like quite a challenging idea in technical sports and movement practices (e.g. ballet, boxing) where mirrors are frequently used in training to perfect technique. However, a space without mirrors may be experienced as helpful and safer to participants who have experienced trauma and are attempting to develop interoceptive awareness.

Drills which support bilateral stimulation and PRRA

I, in my own work at In Your Corner and Bruce Perry and colleagues, in their work at the CHJS, have developed some suggestions for drills which can be used across sports, to support bilateral repetitive rhythmic stimulation (or PRRA). I have listed some of these below, categorised as solo drills (which participants can use alone) and relational drills (aimed at a dyad e.g. coach and participant, or a pair of participants). More are listed in the CHJS playbook (CHJS, 2023).

Solo drills

1. Skipping: This improves footwork, rhythm, and co-ordination. It is low cost, accessible, and can be practiced anywhere. Classic boxing skipping is patterned repetitive bilateral movement, via a single-footed or double-footed bounce (e.g. right, left, right, left).
2. Dribbling a basketball in alternate hands: involves bilateral rhythmic patterned action.
3. Throwing and catching a ball, or juggling balls between hands.

Relational drills

These drills use patterned repetitive bilateral movement as part of a dyadic relationship, tuning into each other and developing a rhythm together.

1. Throwing and catching the ball: This is reciprocal, fun, rhythmic, dyadic, and has the potential for rupture and repair of the “back and forth” if the ball is dropped.
2. In boxing, standing as a mirror to your partner and trying to stay in boxing stance and “in range”. This is a lead and follow drill, where Person A leads in their boxing stance, moving in any direction, and person B follows as the mirror of A’s exact shape. This is highly relevant to boxing for getting into effective punch range, but it’s also an experience of tuning in and responding to another’s movement.



Image: YuriArcursPeopleimages Envato

Back to the UK: What can we implement?

- Practitioners can consider how to adapt sport and movement practices to maximise opportunities to incorporate patterned, rhythmic, repetitive bilateral movement activities.
- ◆ Practitioners can consider how their practice may already include activities that increase interoceptive awareness, and can also consider how these could be added in to their practice to leverage this factor as a potential mechanism of change.
- Practitioners may wish to reflect on how they can explain ideas like interoception and bilateral patterned rhythmic movement to participants, so that participants have a shared understanding of why these activities may be helpful to them in developing self-regulation.
- ▲ Practitioners may wish to consider what language they can use to invite participants into a curious position of readiness to tune into their bodies and receive interoceptive information. This may require an adaptation to their current coaching style.

Section 5: Changing the Angle: Embedding trauma- informed and relational coaching practices

Recommendation 5

Reflect on your current coaching/facilitation style and adapt your language and style of delivery to reflect a more relational and trauma-informed stance.



Image: YuriArcursPeopleimages, Envato

The why:

Trauma-informed coaching is different to standard sports coaching, in its stance, values, evidence-base, and in its tone, rhythm and style of delivery. Many professionals coach in the style they know best, which is likely to be a combination of the style they experienced as an athlete coming up through the system, and what they have been trained to do as a professional. This is likely to be an authoritative, less relational style, within the “loveless system” that Megan Bartlett talks about.

When trying to change practice, it's crucial to be intentional about what you're trying to implement and why. There are many elements to trauma-informed coaching and it is beyond the scope of this report to go into all of them, and how to translate them into practice. However, I have chosen a few concepts that I think are fundamental to the stance and have outlined these below, with some examples of good practice that I witnessed on my Fellowship when observing sessions in action.



Image: Tima Miroshnichenko, Pexels

Learning in detail:

a) Meeting people where they are at: Not assuming an awareness of the body or an awareness of having experienced trauma.

One of my most important learnings on Fellowship was to consider where our starting point might be when working with people who have experienced trauma, both in their understanding of their own experiences, and in their relationship with their body.

As a mental health or sports practitioners, it can be easy to make assumptions that participants know that particular experiences they have had were abusive, neglectful or traumatic. It's also easy to assume that people both "know" (feel) that they have a body, and that they are able to tune in and receive information from it.

Having spoken to a number of specialist trauma clinicians on Fellowship, it's clear that neither of these things can be assumed. Trauma is often felt in the body as dysregulation, but is not often fully available to conscious awareness or to a cognitive or verbal process where it can be named and thought about (Van der Kolk, 2015). One person with lived experience who I spoke to on Fellowship named this

in a very articulate way: "**I did not see what I had been through...is this even trauma?...I knew I had had some weird stuff happen...but you then have to come out to yourself and to others about being a trauma survivor**"

This example powerfully illustrates that participants may be on a journey of coming to their own realisations and understandings about experiences which their body "remembers".

Similarly, it cannot be assumed that participants feel like they have a body. They may feel so disconnected that they may not be in touch with their body at all. This may particularly be the case for participants who dissociate as a trauma response. Therefore, work should begin at a point of curiosity with a client, about whether they feel that they have a body, and to what degree they feel that body is capable of movement and agency in the world. Once this is established, work can begin.

b) Guiding focus inwards, not telling people how they “should” feel

As facilitators, it can be easy to communicate explicit or implicit messages that certain movement practices should feel a certain way. For example, saying “*come to the gym and you will feel better afterwards*” or “*let’s relax into this movement*”.

In a trauma-informed stance, practitioners attempt to communicate in a way that does not make any assumptions about how a movement or practice will be experienced by a participant. This is because, firstly, we don’t know how a participant will experience anything. When we are working with a body that has experienced trauma, those bodies can process activities or movements that we might expect to be relaxing, as an active threat. Secondly, if we name a “should”, we are not being sensitive to power relations between us and the participant, and we are potentially closing up space for the client to discover how their own bodies are feeling, via interoception (see Section 4). Instead, practitioners guide clients to bring their focus inwards in the hope that they can begin to develop some knowledge, trust and agency in their relationship with their body.

Parallel to bodily awareness, trauma-informed facilitation aims for participants to develop a curiosity and ability to feel safe to experience their feelings, in the moment. Jenn Turner (Center for Trauma and Embodiment) put this very well, when she said **“We want you to FEEL, not to feel good”**.

Many people who have experienced trauma may experience some difficult feelings or sensations during movement sessions. For example, if they are hyper-aroused they may experience a sense of activities being “too much”, experience panic, or not being able to feel calm in lower intensity practices, such as yoga or stretches. For clients who are more in dissociative positions or “flop states”, they may find it difficult to locate their energy, feel embodied or connect with others.

c) Participants exercise agency, choice, and “opt in”

Coaches are usually very well versed in commanding a room, giving instruction, and encouraging all group members in a class to give their all. This often includes an expectation and encouragement that everyone takes part in all activities, as a team.

One of the most significant position changes in trauma-informed coaching is a move away from this coaching stance, to an invitational position where the participant chooses to opt in to each activity. This idea is perhaps been the one that has been the most challenging to my own experience as a boxing coach, who predominantly coaches groups of extremely lively, dysregulated adolescents. Relationally, this is a different position which was well articulated by Dahlia Khair (Yaa Samar!) who suggested to **“interact (with a participant) when they are ready to receive you. There’s no push”**. This stance aims to support participants to develop agency in doing what they want, and feel safe, to do. This is extremely important for people who have experienced trauma, as many traumatic experiences, by definition, involve disempowerment, and a stance that supports agency is an attempt to be empowering.

Additionally an invitational stance encourages interoception, asking clients to be led from within, rather than by instructions from an external facilitator.

Some projects had found creative ways to manage if an adolescent participant didn’t want to opt in to what the rest of the group was doing. For example, at **Urban Dove**, young people who opted out were given a choice of other relevant skills drills that they could practice alone, with an invitation to rejoin when better regulated. This felt like an elegant solution to a coaching dilemma of wanting adolescent groups to remain cohesive and energised, whilst meeting an individual young person’s need for choice and regulation.

d) Harnessing the power of ritual

Rituals are a way to create belonging, shared energy, predictability and rhythm in a sport or movement practice. Indeed, such practices already have many of these rituals, such as rituals for how participants check in and out of sessions, or for how athletes are celebrated when they show development. These rituals often have a sensory component: Using sound, movements or tapping/clapping/drumming.

Trauma-informed coaching intentionally harnesses the power of rituals, to create a sense of relational safety and belonging. On Fellowship I witnessed a number of projects do this in different ways. At Shape Your Life, wrapping participants' hands with boxing wraps upon arrival was an important check in and point of connection with the coaching team. At The Bloc, they used a "2 claps" ritual to start or finish activities, with a young person nominating themselves to shout "Bloc Out!" on behalf of the group at the end of every session. The CHJS also discuss use of ritual in their playbook resource (CHJS, 2023).

e) Resourcing the coaching team

It's also important to consider the staffing of, and support structures for, the facilitation team. In order to implement trauma-informed approaches, coaches and facilitators need to be open to learning and to trying out new ways of working. They also need to develop skills in personal reflection, and have spaces where they can reflect with other team members about how it is going. An openness to, and capacity to self-reflect is essential here. This includes willingness to reflect on their own life experiences as statistically, it's likely that at least some of the facilitation team will have their own lived experience of trauma or adversity, and therefore, structures which support coaches to feel aware and contained about their own experiences, as well as present and open to their participants, are essential.

Different projects I visited attempted to support facilitation teams in different ways. For example, at Shape Your Life the boxing coaches had fed back to the clinical team that it felt like "too much" to hear the background details of the traumas that participants had experienced. The team therefore made the decision that background information about participants' relevant histories including any traumatic experiences, would be held by the clinical members of the facilitation

team. This meant the information was still known and held, but boxing coaches did not feel overwhelmed by it. Other examples include The Bloc, where they hold weekly staff lunch sessions where the team eat together, whilst taking part in a reflective feedback circle. Dr Maji Sheikh (University of British Columbia, Okanagan) also described using a reflective process where project coaching teams met together in a weekly group session, and all wrote in their reflective journals about the week's sessions.

What does good practice look like? Case studies:

Touch Sparring at The Bloc (Chicago)

When visiting The Bloc I had the pleasure of shadowing lead boxing coach (Lee Torres) in taking a technical sparring session with around 20 adolescent intermediate and competitive boxers (aged 11-23).

Technical sparring is a useful facilitation example because it involves a lot of regulation on the part of the boxers, and a lot of skill and oversight from the coaching team in order for everyone's safety to be prioritised and for sparring to stay at a "touch sparring" level (e.g. for boxers not to start throwing heavier punches).

Coach Lee and his team created a safe, relaxed context where lots of technical learning took place. The rhythm and expectations for training were clear ("Tuesday is touch sparring day"). The coaching team were well-regulated themselves, and sparring direction was given in calm tones, using boxers' names

and naming specific positives ("keep the feints coming"). Lee explained the team know which boxers can get frustrated and potentially increase their power, and so they offer additional attention and reminders to those boxers.

Training ended with a clear ritual. All boxers sat in a circle and boxers were invited to take turns to show their appreciation for any one other member of the team (a participant or coach). This was witnessed by everyone, and followed by everyone doing two claps to acknowledge it. This felt like a powerful, everyday way to uphold a culture of reflection and collective appreciation.

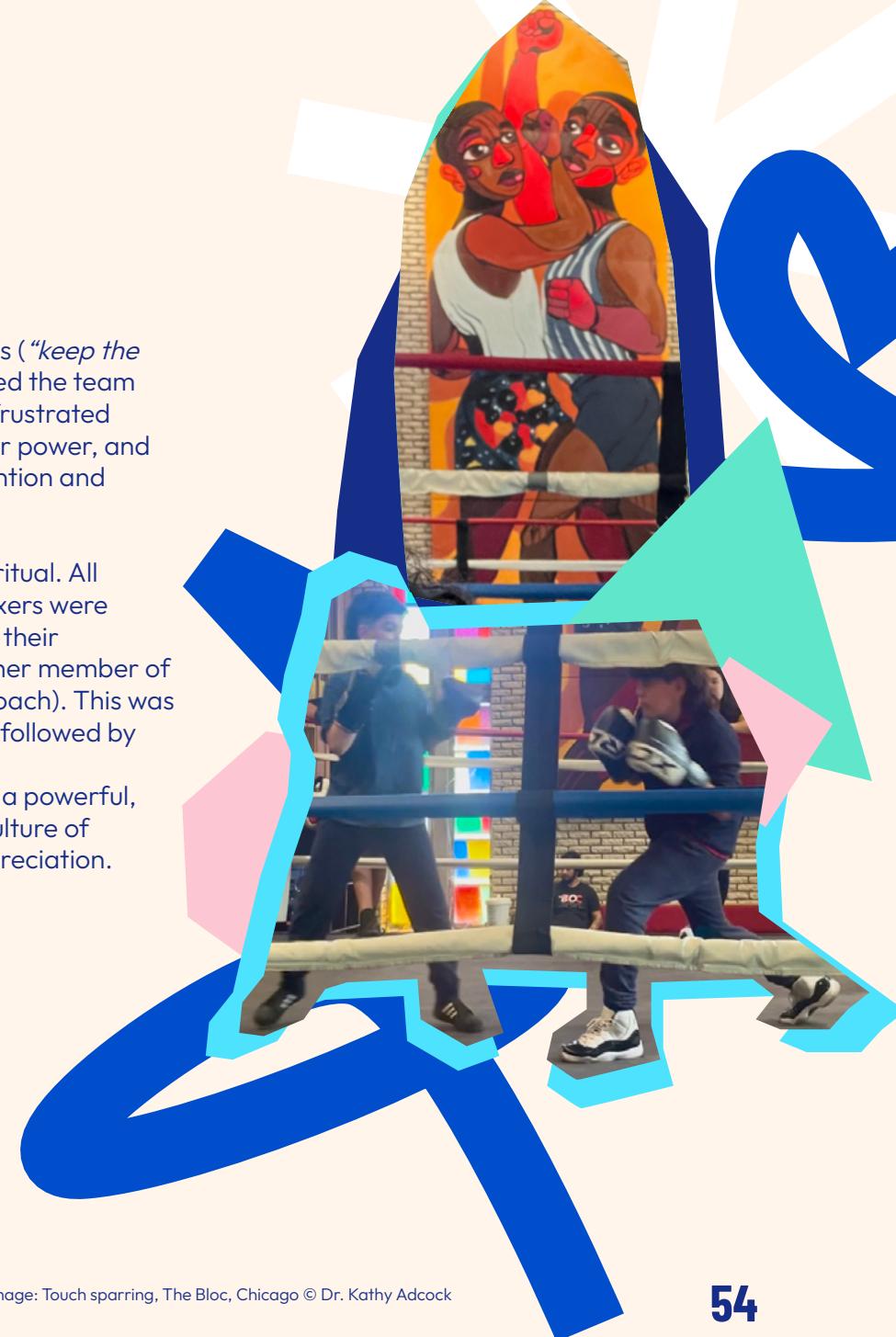


Image: Touch sparring, The Bloc, Chicago © Dr. Kathy Adcock

Exhale to Inhale (New York)

Exhale to Inhale is an organisation that offers trauma-informed yoga to survivors of domestic violence and sexual assault. It has a commitment to being accessible to diverse populations and marginalised communities. On fellowship, I took part in an Exhale to Inhale yoga session as a participant, and also interviewed staff about their facilitation style.

In a traditional yoga class, the teacher often leads, tells participants when to breathe, and encourages participants to challenge themselves. This is with the expectation that the room all do the same postures together. In contrast to this, Exhale to Inhale take a trauma-informed approach. Rather than implying “we know what your body needs” facilitators use invitational language, suggesting what participants might like to try, and then encourage participants to do this “*if it feels right or good*”, supporting them to develop trust in their own feelings and decisions. There is an acknowledgement that different things may be possible on different days for people, and language reflects this: “*See if this movement is in your practice today*”.

Participants can opt out of any poses or movements that they don't feel comfortable doing, and facilitators avoid using certain poses which may feel particularly vulnerable (e.g. poses with open hips).

However, there is an acknowledgement that “**A posture that triggers some, might not trigger others**” (Lysette Horne) hence the importance of opting in. Facilitators aim to uphold a culture where participants are invited “**to be present without asking anything of you**”.



Image: YuriArcursPeopleimages, Envato

Back to the UK: What can we implement?

- Practitioners can consider their “starting point” with clients and whether they are making any assumptions about participants’ readiness and ability to be in, and receive information from, their bodies.
- ★ Practitioners are invited to reflect on their current coaching / facilitation style and to what degree this guides focus inwards, and encourages choice (opt in / out) and agency in how participants engage in the session.
- ◆ Practitioners can consider how best to manage a group setting where some participants may opt out of some activities. How might opt-out time be a time where regulation can be supported and connection to the rest of the group can be maintained?
- Practitioners can consider what rituals are in place in their work. How can these be augmented or leveraged to support a sense of belonging and rhythm for participants?
- ◀ Practitioners can consider the learning and reflection cultures and practices within their organisations. How are facilitation teams supported to learn and implement new ideas? How are they supported to reflect on themselves, and on how these new facilitation ideas are landing in the room? What additional support might they need to stay well connected as a team, and to begin to try out trauma-informed coaching methods?

Section 6: Implementation Matters: Model fidelity and impact evaluation

Recommendation 6

Meaningfully measure the impact of your interventions and attend to the “how” and “why” of effective work via a clinical model and/or theory of change which guides implementation.



Image: 36th Annual Boston International Trauma Conference © Dr. Kathy Adcock

The why:

The sport for change sector has historically, and appropriately, been criticised for treating sport as a panacea in mental health intervention. Dr Maji Shaikh (University of British Columbia, Okanagan) articulated this well when he said **“There are assumptions..that sport is implicitly good for development of life skills and wellbeing...without a curiosity about how this will happen”**.

Like all claims, this one deserves to be judiciously examined so that we can be satisfied that any intervention being offered, is firstly, doing no harm, and secondly, is achieving the mental health outcomes it claims.

A key issue within “trauma-informed” ways of working, is that this phrase, as well as “healing-centred”, have become buzzwords in the sector and may be being used without precision or to describe intervention work which does not uphold the original intentions or values of this language.

Furthermore, if we accept an intervention is achieving positive mental health outcomes, then a key question is how can we use an understanding of theory and applied research evidence, in order to develop meaningful “theories of change” so that we have some credible hypotheses about why an intervention works, and what its mechanisms of action might be. Once this has been established, we can begin to develop some nuance e.g. some additional hypotheses about “what works for whom” in trauma-informed sport.

The research field is in its infancy, so we are not yet at the point of being able to address these more nuanced research questions. There is also the question of how to implement well, including questions of scaling or pivoting to apply existing theory to new sports or areas of practice.

Learning in detail:

a) “Not all ACES are created equal”: Being precise in how we use the language and concepts associated with trauma

Across my Fellowship, a range of academics and professionals were extremely thoughtful about definitions of trauma, overuse of the word “trauma” to describe normative experiences on social media and in daily language, and how thinking about “ACES” (Adverse Childhood Experiences) has evolved over the last decade.

Dr Audrey Stillerman (Co-Founder, The Center for Collaborative Study of Trauma, Health Equity, and Neurobiology)’s view was that we are currently in an era of “**post ACEs thinking**”, where it is important to consider the varying impacts of different types of trauma, on different types of people, whilst acknowledging that “**not all ACEs are created equal**”.

By this she means that different people are affected differently by adverse experiences, and that we don’t yet have a nuanced understanding the specific impacts of trauma on brains, bodies and functioning.

What this may mean for research and evaluation in trauma-informed sport is that more precision may be required within the field regarding specific impacts of different experiences on different people, in order to develop better models and theories of change.

b) “We need better tools” (Dr Francine Darroch): Issues in outcome measurement

Having spoken to large range of practitioners and academics about outcome measurement in trauma-informed sport, a number of important themes emerged. These included:

i) What is a good outcome in this work?

Without a clear view on what a good outcome is, then accurate outcome measurement is not possible. The consensus seemed to be that outcome measurement in this field requires much more development, and that any definition of a good outcome needs to be broad enough to capture varied personal goals, and to be realistic given the complexity of people's experiences, the variation in their trauma presentations, and the multiple factors that can influence outcomes, only some of which can be influenced via intervention work.

Jenn Turner (Center for Trauma and Embodiment) and I had an interesting conversation here, where we were talking about how feeling better (e.g. improved mood or emotion regulation skills) could be considered a good outcome. However, Jenn's view was that a “destination” or goal-based outcome could be unhelpful to traumatised clients as it holds assumptions

about the “right” way to engage with an intervention, or the correct amount of progress to make, which could be experienced as stressful or unhelpful by participants.

Jenn's view was that in trauma-sensitive yoga **“We're not trying to get anywhere. (We're) being in our bodies just to be in our bodies”**. Hence, Jenn explained she doesn't necessarily even hope for clients to feel better, but rather **“to feel more expansive things”**. Perhaps if there is a mechanism of change here, it might be increased interoception (ability to turn attention inwards and listen to the body's cues, see Section 4). Jenn Turner is currently developing and validating an interoceptive awareness quantitative measure as a new outcome measure to be used in trauma-informed movement contexts.

However, “not trying to get anywhere” is quite a challenging idea within many sports, where outcomes are often measured in competition results or

performance, and there is less focus on doing the sport, just to do it. Similarly, in mental health intervention, a good outcome is often measured as symptom reduction, which is again, a destination-based measure.

ii) Limitations of current measures

Practitioners and researchers were almost universally critical of current outcome measures, with Dr Francine Darroch summarising this well: **“We can see the value (in the work) but we are not capturing it quantitatively”**. This speaks to a sense that qualitative data analysis gives a rich description of the change that is happening for participants as a result of engaging in trauma-informed sport and movement, but that these changes are not well-captured by existing quantitative measures.

This could be for a number of reasons including: Reliance on self-report measures, measures not measuring quite the right constructs, or measures not translating well out of a research context into the real world, with a particular issue for child and adolescent measures. Jamison Merryl (University of Illinois) articulated this problem well: **“In a lab (measures) read fine, but on the ground with a dysregulated 14 year old, you have no chance”**.

Issues of timing of measurement, and participant engagement also seemed important. For example, some trauma-informed movement sessions are drop-in, and so measures potentially need to be sensitive to change from a single session,

rather than measuring change over a series of sessions.

A number of practitioners and researchers (e.g. Dr Darroch) had adapted to this measurement problem by developing their own (non-standardised) quantitative measures to capture change within their specific projects.

These measures had the additional benefit of being a participatory activity, where measures were co-developed with project participants, hence also being an example of power sharing (see Recommendation 1), and being sensitive to outcomes that matter to participants within the local context (see Recommendation 2).

iii) Ideas for future measurement

Academic researchers in particular were keen to consider the clinical potential for measurement methods that are currently being used in trauma interventions in research settings, and how these might have potential for use as outcome measures in applied settings where trauma-informed sport is being used.

Clinical psychology, psychiatry, and neuroscience researchers at the 36th Annual Boston International Trauma Conference were presenting lab-based research which used a range of biomarkers to measure nervous system regulation, which may be relevant as future measures for trauma-informed sport outcomes. These included biological measures of interoceptive awareness (heartbeat perception), heart rate variability as an indirect marker of nervous system dysregulation, and bodily inflammation markers (e.g. C-reactive protein). A number of researchers felt that wearable technology may be a possible future development, which would permit such metrics to be used in applied clinical settings in the future.

c) “Are we doing what we say we’re doing?” (Grace Curtin, Laureus): Model fidelity and theory-practice links

A simple but crucial issue within implementation is model fidelity. In essence: Do we have a “clinical model” or “theory of change” for how and why we think the trauma-informed sport and movement interventions we are delivering are helpful? And if so, are interventions being delivered in line with this model (model fidelity)?

This may initially sound like an obvious point, but there is a sense that many interventions have not yet given enough attention to developing their theory of change, or are not drawing on a clear theoretical model or evidence-base to inform their work. Jamison Merrill (University of Illinois) felt there was an “evidence gap” between the kinds of research and theoretical developments which are taking place in somatic and clinical psychology interventions for trauma, and the “sport for change” world, which is not yet routinely drawing on this knowledge to inform their interventions.

Additionally, where an evidence-informed clinical model is present, a fundamental implementation challenge is then to

develop systems and processes that attempt to keep practice “on track” in line with this model when implementing, particularly across multiple sites. Model fidelity supports can include: Training and consultation practices, development of resources and manuals, peer delivery support groups, reflective note keeping, staff team reflective practice sessions and learning spaces across communities of practice.

However, it was acknowledged for many multi-site projects that even with all these elements in place, model fidelity can be a real challenge, for example for Dr Maji Shaikh (University of British Columbia, Okanagan) when he was implementing a multi-site sports intervention project across multiple youth clubs across the whole of Canada.



Image: In Your Corner, London © In Your Corner

d) Scaling considerations: Bigger is not always better

Scaling is a common route for interventions once their potential usefulness has been established in a pilot phase, so that they can reach and help more people. In sports and movement-based interventions, scaling often requires delivering interventions in multiple physical locations, across multiple partnerships.

One theme emerging from conversations with trauma-informed clinicians was if and how this work can be scaled, without losing the “heart” of what makes the work effective. A core element to many theories of change of organisations I visited on my Fellowship, was creating a sense of clients being fully welcome, and fully seen, in their relationships with members of staff and in the settings where interventions took place.

Hence, if we accept that fit with the local context (as proposed in Section two), and relationships and attunement are key elements of successful interventions, then attempts to scale, standardise or manualise interventions carry with them some risk of losing sensitivity in these elements and therefore present a dilemma of how to scale interventions without losing quality or effectiveness.

Therefore, bigger might not be better, and when scaling in trauma-informed sports and movement interventions, practitioners may need to consider how to iterate different versions of interventions which remain sensitive to local context and prioritise relational attunement.

What does good practice look like? Case studies:

Center for Healing and Justice in Sport (CHJS): (Multiple cities)

CHJS is a national not-for-profit organisation which aims to bring healing-centred values to sport for young people and athletes. CHJS work this through offering training and consultation to sports organisations, as well as supporting systems change and collective action through city based collectives. I visited their Chicago office, met their co-founder (Megan Bartlett) in Boston, and also visited a number of projects they are partnered with for implementation (including: The Bloc and Urban Dove).

CHJS demonstrate many elements of implementation good practice. Firstly, their work is based on a strong clinical model, specifically Dr Bruce Perry's Neurosequential Model for Sport (Neurosequential Network, 2025). The NM-Sport model applies knowledge of neuroscience and the impact of trauma

on brain development to sporting settings to improve engagement, effectiveness of coaching, and the ability to use sport as a therapeutic tool.

Within the NM-Sport model there are credible hypotheses about the "why" and "how" healing-centred sport is effective as an intervention, for example identifying Patterned Repetitive Rhythmic Activity (PRRA) as a potential mechanism of change (See Section 4 for details). CHJS offer trainings and consultation to sports organisations with the aim of supporting them to apply the NM-Sport model in their practice and settings.

Hence, materials have been developed to support dissemination, such as the Nothing Heals Like Sport Playbook (CHJS, 2023), as well as tools to support model fidelity in implementation. CHJS also supports a community of practice of organisations applying the NM-Sport model in their work, therefore supporting cross-sector practice and reflection on implementation.



Image: Megan Bartlett & Dr. Kathy Adcock, CHJS © Dr. Kathy Adcock

Urban Dove Charter Schools (New York City, multiple sites)

Urban Dove is a group of charter schools across several sites in New York, and I visited their Brooklyn school on my Fellowship, led by Chris Barfield. Urban Dove is for transfer students across New York City who are aged 9th Grade and above (age 15+). Urban Dove offers a sports-based approach to education where all students join a sports team upon arrival at the school (basketball, flag football, volleyball, or dance) and practice this sport for a minimum of 80 minutes per day. They stay within their sports team groups for all classes and activities in the day, and a coach is attached to each team, travelling with the students to all activities. Students stay in the same team for at least two years, and a Licensed Clinical Social Worker is also allocated to each grade. This is a school where relationships matter. School Leader, Chris Barfield, aims to provide a relationally predictable environment which helps students feel **“emotionally, physically, and cognitively safe”**, and shakes the hand of each student, every day, to ensure they feel seen.

Urban Dove use the NM-Sport model as the theory underlying their approach to education, hence the relational focus described. In order to consistently apply the “6 Rs” (Relational, Relevant, Repetitive, Rewarding, Rhythmic, and Respectful) from the NM-Sport model to all classes, session planning tools include templates that invite staff to plan how each class will apply these. Hence model fidelity and implementation is clearly supported via strong visible leadership support for the model, ways of working which clearly embed principles from the model in everyday activities, and tools and spaces which support application of core principles from the model to new activities.



Image: Urban Dove Charter School, New York © Urban Dove Charter Schools

Trauma-Informed Weightlifting (TIWL): (Multiple cities)

Trauma-Informed Weightlifting is a not-for-profit which aims to develop trauma-informed fitness spaces through intervention programs, research, and training others. I attended their workshop at the 36th Annual Boston International Trauma Conference.

TIWL show implementation good practice, through applying the existing evidence base and contributing to development of research evidence via their own work. They clearly identify theoretical underpinnings of their approach, including: Neurophysiology, the NM-Sport model, attachment theories, developmental psychology, and anti-oppressive practice principles.

At the same time, they are actively involved in partnerships to develop and produce research knowledge, hence they are attempting to move the theoretical understanding of how and why TIWL is helpful, forward. This includes publishing a grounded theory of processes that facilitate healing in TIWL (Nowakowski-Sims et al., 2023).



Image: 1. Realsports Photos, 2. Shift Drive, 3. Zamrz Nutitonovi, Envato

Back to the UK: What can we implement?

- Organisations can consider how they use the language of ACEs and trauma, and whether this language use is precise in articulating the work they are doing.
- Organisations who are working with people with mental health difficulties or who have experienced trauma are invited to consider if they have a theory of change. As well as this being driven by their own outcome data and feedback from participants, they can consider to what degree this theory of change is theoretically driven by research evidence and relevant theory bases.
- ◆ Organisations may wish to review to what degree they have a shared understanding of what a “good outcome” is for their intervention and to be curious as to where this understanding has come from. On the basis of this, they may wish to review their outcome measures and consider to what degree standardised outcome measures actually measure this outcome. In the absence of a good-enough measure, organisations may wish to use proxy measures or to consider co-designing a non-standardised measure with their participants, in order to more fully capture the change they are making.

● Organisations that deliver across multiple sites or settings, according to a clinical model or shared way of working, may wish to consider “Are we doing what we say we are doing?” and review what processes and resources they have in place to support model fidelity and implementation quality.

◀ Organisations may also wish to consider to what degree they want interventions to “look the same” across contexts. Specifically, to what degree their clinical model or theory of change might suggest that sensitivity, attunement and responsiveness to specific client groups or contexts is important, where a less uniform and more nuanced approach may be more effective.

Conclusion

This Fellowship has been one of the highlights of my professional life so far, and I have felt extremely privileged to be able to visit and learn from such a range of different creative and skilled people, doing incredible work.

My aim was to investigate the neurological, physiological and psychological benefits of group sports, delivered in community settings, for young people and adults who have experienced trauma or adverse experiences. In this research, I feel I have demonstrated that sport and movement practices are not a peripheral element or adjunct to trauma intervention. If implemented in a trauma-informed way, they *are* the intervention, and there is theory, practice, emerging research and practice-based evidence that supports this position.

Across six domains of learning, a clear message has emerged: When sport and movement practices are grounded in values of safety and connection, and coaching practices are adapted to maximise their therapeutic potential, these practices become powerful vehicles for change. As such, trauma-informed sport has the potential to address the significant challenges of reduced physical activity, prevalent distress and mental health difficulties, and limited access to talking therapies in the UK.

Section 1

In Section 1, I explored how organisational and leadership structures must “walk the walk” of trauma-informed values. Disempowerment and oppression sit at the heart of trauma; therefore, healing work must address power at every level of the organisation. Trauma-informed leadership is about transforming systems so that equity, inclusion, and power-sharing are fully embedded in decision-making, funding, and governance.

Section 2

Section 2 took this lens to the wider environment, demonstrating that interventions cannot be separated from their social, political, and physical contexts. Trauma-informed sport and movement work requires attention to local settings, communities, and the set-up of the physical space itself. Environments that are attuned to the local context, are visibly aligned with trauma-informed values, and use spaces where people feel deeply welcome, are needed to support the safety and engagement that is crucial to this work.

Section 3

Section 3 examined how the choice of which sport or movement practice to work with is key. No movement activity is inherently therapeutic; its therapeutic potential lies in how it is facilitated. Practitioners are invited to analyse both the universal mechanisms that may contribute to movement being healing (such as rhythm, repetition, and community) and specific features which particular sport or movement practices may offer. The process of “unlearning” harmful elements within specific sporting cultures, is important here.

Section 4

In Section 4, I focused on possible mechanisms of change in trauma-informed sports interventions. High-intensity activity, patterned rhythmic movement, and the cultivation of interoceptive awareness each offer possible mechanisms of change, with work here being in the early stages. These hypotheses are supported by emerging qualitative and neuroscientific evidence, positioning movement as a credible mechanism of psychological change, in its own right.

Section 5

Section 5 focused on coaching and adaptations to traditional coaching styles to move to a more trauma-informed position. Trauma-informed facilitation requires a relational stance: Meeting participants where they are at, offering invitation rather than instruction, encouraging interoception and creating rituals that build safety and belonging. Crucially, this approach depends on well-supported and well-connected coaching teams, a culture of reflection, and clear organisational containment, so that facilitation teams can show up to do this work in a regulated and attuned way.

Section 6

Finally, section 6 emphasised that, like for all practice developments, effective implementation is the key to change, and so attention needs to be paid to model fidelity and impact measurement. The challenge for the field is not only delivering trauma-informed sport interventions, but developing a knowledge of how and why these work. Developing theories of change, basing practice on clear theoretical models, and attending to measuring the right things, can all help to develop practice-based evidence and contribute to a more detailed theoretical understanding being developed.

So, how do we take this forward in the UK?

I believe that there is an opportunity for professionals across health, youth work, sport, social care, and the not-for-profit sectors to collaborate. Like all innovation, the best work happens by working together within values-aligned communities of practice.

Mental health clinicians can drive theory and apply research evidence to practice; sports coaches and facilitators can use this to implement; and researchers can support evaluation efforts and generation of practice-based evidence, with participant views and lived experiences at the heart of the work.

This can be supported by ethical funders, leaders and policymakers who create conditions that sustain long-term, well-resourced, values-aligned intervention work to happen.

Together, I believe we can develop a cross-sector framework that recognises trauma-informed sport and movement not as an adjunct intervention for mental health, but as an engaging and effective psychological intervention in its own right.



Image: In Your Corner, London © In Your Corner

References

Bion, W. R. (1962) *Learning from experience*. London: Heinemann.

Center for Healing and Justice through Sport (2023) *Nothing Heals Like Sport Playbook*. Available at: https://chjs.org/wp-content/uploads/2023/05/Nothing_Heals_Like_Sport_Playbook.pdf

Hegberg, N. J., Hayes, J. P., & Hayes, S. M. (2019). Exercise Intervention in PTSD: A Narrative Review and Rationale for Implementation. *Frontiers in psychiatry*, 10, 133.

Neurosequential Network (n.d.) *NM-Sport*. Available at: <https://www.neurosequential.com/nm-sport> (Accessed: 10 October 2025)

NHS England (2023) *Mental Health of Children and Young People in England, 2023: Wave 4 follow-up to the 2017 survey*.

NHS Business Services Authority (2024) *Prescription data: Antidepressants*. Available at: https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/mumh/mumh_annual_2324_v001.html?

Nowakowski-Sims, E., Rooney, M., Vigue, D. and Woods, S. (2023) A grounded theory of weight lifting as a healing strategy for trauma, *Mental Health and Physical Activity*, 25, 100521.

Perry, B (2024) S'cool Moves for Learning: Bruce Perry and the Role of Rhythmic, Patterned Movement in Regulation [YouTube video]. Available at: https://www.youtube.com/watch?v=6qr4x6s_75o (Accessed: 17 July 2025).

Putica, A., Argus, A., Khanna, R., Nursey, J., & Varker, T. (2025). Interoceptive interventions for posttraumatic stress: A systematic review of treatment and interoception outcomes. *Traumatology*, 31(2), 195–211.

Schmitz, N., Kleindienst, N., Limberger, M. F., Ebner-Priemer, U. W. and Bohus, M. (2023) Childhood trauma, body dissociation, and emotion dysregulation: Investigating interoceptive awareness as a potential mechanism, *Borderline Personality Disorder and Emotion Dysregulation*, 10(1), p. 5.

Sport England (2024) *Active Lives Children and Young People Survey: Academic year 2023-24*.

Van der Kolk, B. (2015) *The body keeps the score: Brain, mind, and body in the healing of trauma*. London: Penguin.

Washington Post (2025) Here are the words putting science in the crosshairs of Trump's orders (2025, 4 February). Retrieved 10 October 2025 from <https://www.washingtonpost.com/science/2025/02/04/national-science-foundation-trump-executive-orders-words/>

World Health Organization (2022) *Complex post-traumatic stress disorder (6B41)*. In *ICD-11 for Mortality and Morbidity Statistics (ICD-11 MMS)*. Available at: <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/585833559>

Appendix

List of Organisations & People Visited

Lara Altman, PhD Candidate, Human Development and Social Policy, Northwestern University, Chicago.

Christopher Barfield, School Leader, Urban Dove Team Charter School Brooklyn, New York.

Megan Bartlett, Co-Founder, Center for Healing & Justice Through Sport, Boston / National.

Robinson Bouas-Martinet MBA, Graduate Student, Trauma & Affective Psychophysiology Lab, The New School for Social Research, New York

Dr Johny Bozdarov, Psychiatrist, Department of Psychiatry, University of Toronto and Centre for Addiction and Mental Health (CAMH), Toronto.

Kathy Calderon, LPC, Director of Behavioral Health Program Operations, Chicago Department of Public Health, Chicago.

Jamyle Cannon, Founder and Executive Director, and Team (Lee Torres, Boxing Program Manager & Ariella Chavez, Boxing Trainer), The Bloc, West Humboldt, Chicago.

David Cassel, Co-Executive Director, Peace Players United States, Chicago.

Grace Curtin, Sport for Good Chicago Program Officer, Laureus USA, Chicago

Dr Francine Darroch, Associate Professor, and Team (Dr Grace McKeon, Nadine Simpson), Department of Health Sciences, Carleton University, Ottawa.

David Flynn, Co-Founder and Executive Director & Ivan Ortega, Chicago City Manager, Center for Healing & Justice Through Sport, Chicago / National.

Jo Green MSW, RSW, Executive Director & Co-Founder, Shape Your Life, and Team (Nadine), Opportunity For Advancement, Toronto.

Dr William Harvey, Associate Professor, Department of Kinesiology and Physical Education, McGill University, Montreal.

Lysette Horne, College Programme Manager, and Maggie LaRocca, Executive Director, Exhale to Inhale, New York.

Laura Ip, Founder & Head Coach, Underdogs Boxing Gym, St. Catherines, Ontario.

Miranda Kemal, Founder & Executive Director MJKO Boxing & Professional Boxing Coach, Toronto.

KT Kennedy, Youth and Community Organiser, Recess Art, New York.

Dr Kim Mann LCSW, Chair, Department of Social Work and Associate Professor of Social Work, Chicago State University, Chicago.

Jamison Merrill, PhD Candidate, Community Health Sciences, University of Illinois and Program Manager, Health Equity Research and Evaluation, Sinai Urban Health Institute, Chicago.

Dr Reuben Miller PhD, Associate Professor, Crown Family School and the Department of Race, Diaspora and Indigeneity, University of Chicago, Chicago.

Yasemin Ozumerzifon, Senior Director of Community Action, Gibney Dance, New York.

Noah Pickens, Executive Director, and Team (Alina Hernandez, Program Manager & Alberto Perales, Academic and Enrichment Program Coordinator), Chicago Youth Boxing Club, Little Village, Chicago.

Zoe Rabinowitz, Executive Director, and Team (Dahlia Khair, Facilitator and Performer & Mohammed "Barges" Smahneh, Facilitator & Performer), Yaa Samar! Dance Theatre, New York.

Dr Majidullah Shaikh, Post-doctoral Fellow, School of Health and Exercise Sciences, University of British Columbia-Okanagan, Kelowna.

Bruce Silverglade, President, and Team (Amy Bridges, Boxing Trainer, Neurodiverse Group & Anthony Arca, Give a Kid a Dream Program Co-ordinator), Gleason's Boxing Gym, New York.

Dr Audrey Stillerman, MD ABFM ABIHM ABOIM, Co-Director, The Center for Collaborative Study of Trauma, Health Equity, and Neurobiology, Chicago.

Jenn Turner LMHC, Co-Founder and Executive Director, Center for Trauma and Embodiment, Boston / National.

Dr Bessel Van Der Kolk MD, President, Trauma Research Foundation, Boston.

Dr Kathy Van Ingen, Professor of Kinesiology & Co-Founder, Shape Your Life, Brock University, Ontario.

36th Annual Boston International Trauma Conference, Trauma Research Foundation, Boston.