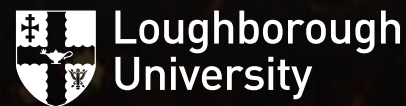




# Trauma-informed approaches to physical activity

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Supported by



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This research report was written by Mind's Evaluation, Performance and Research Team. It summarises findings from Dr Akusile Makawa's PhD thesis for Loughborough University: Makawa, A. (2025) *Trauma-Informed Physical Activity: A Realist Inquiry*. Doctoral thesis, Loughborough University.

# What we found

Trauma-informed practice in physical activity is about more than movement. It's about **choice, safety, trust and connection**. When programmes embed these principles, they don't just help people exercise – they help people heal.

People valued **predictability and routine**: same time, same place, same faces. It made sessions feel safe and manageable.

**Choice matters**: letting participants decide how to join in restored a sense of control and built confidence beyond the session.

**Social connection is key**: informal time to chat and peer support reduced isolation and boosted motivation.

Coaches with **shared experience or local ties** helped build trust quickly. Where that wasn't possible, joining in, and showing vulnerability and curiosity worked too.

“We've done it on their terms. Even little things... we found young people didn't want to take off their shoes... I was just like, 'Fine, just take them off when you feel comfortable.'”

**Workforce Lead**

# Trauma, mental health and trauma-informed approaches

## What do we mean by mental health and trauma?

Mental health is about how we think, feel and cope with life. Good mental health doesn't mean feeling happy all the time. It means being able to manage everyday stresses, enjoy life and connect with others<sup>1</sup>. Everyone has mental health, just like we all have physical health. Sometimes our mental health is strong, and sometimes we struggle.

Trauma is what happens when we go through something deeply upsetting or frightening. It could be a single event, like a car accident, or something that happens over time, like abuse or neglect<sup>2</sup>. Trauma can affect how safe we feel in the world and how we see ourselves. It can change the way our body and mind respond to stress<sup>3</sup>. For some people, trauma leads to mental health problems like anxiety, depression or post-traumatic stress disorder (PTSD)<sup>4</sup>. But even without a diagnosis, trauma can make life harder.

**Trauma is common. Around 70% of people worldwide will experience at least one traumatic event in their lifetime<sup>5</sup>. In England, about 1 in 3 adults report a major traumatic experience, often before the age of 18<sup>6</sup>. Trauma doesn't just affect feelings – it can impact sleep, memory, relationships and even physical health<sup>7,8</sup>.**

## Who is most affected?

Trauma doesn't affect everyone equally. Marginalised groups often face more trauma and have a harder time getting help<sup>9</sup>. For example:

- **People from racialised communities** may experience racism and discrimination alongside other traumatic events<sup>10</sup>.
- **Women and girls** are more likely to experience sexual violence or abuse<sup>11</sup>.
- **People living in poverty** may face unsafe housing, violence or instability<sup>12</sup>.
- **Refugees and asylum seekers** often experience trauma before and after leaving their home country<sup>13</sup>.

These experiences can add up, making recovery harder. Trauma can also pass through generations, shaping families and communities over time<sup>14</sup>.

## How do people recover from trauma?

There isn't one simple answer to how people can recover and heal from trauma. Many people find support through therapy or medication<sup>15</sup>. Talking therapies like **Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)**<sup>16</sup> or **Eye Movement Desensitisation and Reprocessing (EMDR)**<sup>17</sup> can help people process painful memories. Medication can also ease some trauma symptoms, like anxiety or poor sleep<sup>18</sup>.

But recovery isn't just about treatment. It's about feeling safe, having choices and building trust<sup>19</sup>. That's where **trauma-informed approaches** come in.

## What is a trauma-informed approach?

A trauma-informed approach means **understanding how trauma affects people** and making sure services **respond in ways that feel safe and respectful**<sup>2</sup>. Instead of asking “**What’s wrong with you?**”, a trauma-informed approach would ask “**What happened to you?**”<sup>20</sup>. This shift helps reduce blame and shame from people who have experienced trauma.

Trauma-informed practice is built on six key principles<sup>21</sup>:

- 1. Safety:** People feel physically and emotionally safe.
- 2. Trust and transparency:** Services are open and honest.
- 3. Peer support:** People with shared experiences support each other.
- 4. Collaboration and mutuality:** Power is shared; decisions are made together.
- 5. Empowerment, voice and choice:** People have control and their voices matter.
- 6. Cultural, historical and gender awareness:** Services respect identity and history.

These principles guide work in health care, schools, social services<sup>2</sup> – and now, physical activity settings.

## Physical activity and trauma

Physical activity isn’t just about fitness. Moving our bodies can help us feel better mentally and physically<sup>22</sup>. Exercise can improve mood, sleep and confidence<sup>23</sup>. It can also help reconnect the mind and body, which is important because trauma often leaves people feeling disconnected from themselves and their bodies<sup>24</sup>.

But physical activity can be difficult for people who’ve experienced trauma. Gyms or group classes might feel unsafe<sup>25</sup>. Certain movements or sensations – like a racing heart – can remind someone of past trauma<sup>26,27</sup>. That’s why we need **Trauma-Informed Physical Activity (TIPA)**<sup>28</sup>.

## What is TIPA and why does it matter?

**Trauma-Informed Physical Activity (TIPA)** means designing and delivering exercise in a way that understands trauma and its effects<sup>28</sup>. It’s about creating spaces that feel safe and supportive<sup>29</sup>. TIPA programmes avoid practices that could re-traumatise people, like shouting instructions or using physical touch without consent<sup>28</sup>. They focus on choice, empowerment and building trust<sup>28,29</sup>.

TIPA is still new, but it’s growing fast. Most programmes so far use yoga, because it combines movement, breathing and mindfulness<sup>28</sup>. Yoga can help calm the nervous system and improve emotional regulation<sup>30</sup>. But yoga isn’t for everyone. Some people see yoga as not for them (e.g. too feminine, culturally exclusive) or feel uncomfortable in certain poses<sup>31</sup>. That’s why we need more options – like walking groups, weightlifting or dance – so people can choose what feels right for them<sup>32</sup>.

The benefits of TIPA can be huge: better mental health, stronger social connections and improved confidence<sup>28,33</sup>. But there are risks too. If programmes aren’t truly trauma-informed, they can do harm – by making people feel unsafe or pressured<sup>28,34</sup>. That’s why understanding the principles and applying them carefully is so important<sup>34</sup>.

# Research methods

## Aims and approach

Seeing more and more physical activity services describing themselves as trauma-informed, Mind wanted to know more about what it truly means to approach physical activity in a trauma-informed way. To explore this, in 2022 Mind's Physical Activity team sponsored a PhD at Loughborough University with the support of ASICS. This research aimed to understand how trauma-informed physical activity (TIPA) works, for whom, and in what context. Instead of asking “**Does TIPA work?**”, the project asked deeper questions: “**What works, for whom, under what circumstances and why?**”. This matters because trauma affects people differently, and what helps one person might not help another.

To answer these questions, the researchers used a **realist approach**<sup>35</sup>. Realist research looks beyond surface results. It explores the **mechanisms** (how things work), the **contexts** (where and for whom they work), and the **outcomes** (what happens as a result)<sup>36</sup>. This approach combines evidence from research studies, real-world practice, and lived experience<sup>36</sup>. It's theory-driven, meaning it builds explanations that can guide future programmes<sup>37</sup>.

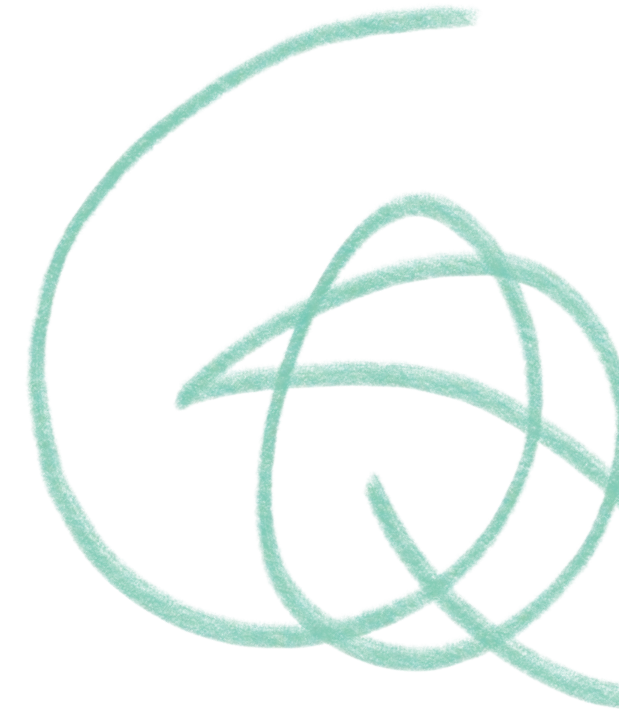
Realist research uses something called the **Context–Intervention–Mechanism–Outcome (CIMO) framework**<sup>38</sup>. This helps researchers map out how an intervention (like a TIPA programme) interacts with people's circumstances to produce certain results<sup>39</sup>.

## Overview of methods

Stakeholders played a big role in this research. They included:

- People with lived experience of trauma and mental health difficulties
- Physical activity deliverers (coaches, trainers)
- Clinical psychologists
- Policy makers and community leaders

These stakeholders helped shape the research by sharing insights, identifying resources, and refining theories. Their involvement made sure the findings were grounded in real-world experience, not just academic ideas<sup>40</sup>.



The research was carried out in 3 stages:

### Stage 1

#### Realist synthesis: Reviewing TIPA evidence and forming programme theories

A systematic review of existing evidence from journals and grey literature (like reports and blogs). This included searching 7 major databases, then screening studies for relevance and quality, towards the formation of early theories that explained how TIPA works<sup>36</sup>.

### Stage 2

#### Qualitative exploration: Interviews with physical activity providers

Interviews with people delivering TIPA programmes. These conversations helped clarify what “trauma-informed” means in physical activity and identified key principles for good practice<sup>34</sup>.

### Stage 3

#### Realist evaluation: Refining TIPA programme theories developed in stage 1

Observations, interviews and focus groups with TIPA participants and deliverers refined initial insights from the synthesis and looked at how TIPA worked in real-world settings.

Data was analysed using **retroductive reasoning** – a way of working backwards from what happened to figure out why it happened<sup>41</sup>. The researchers developed programme theories to explain how TIPA works throughout, which were refined through stakeholder feedback<sup>42</sup>.

## What we cover in this report

In this report, we share what researchers learned from people delivering physical activity sessions, and from people who’ve lived through trauma. Here, we present the big picture of what taking a trauma-informed approach means in a physical activity setting, and practical steps that make the most difference to people who have experienced trauma.

In this report, you’ll find:

- **An overview of how the research was done** – The steps researchers took to bring together evidence, people’s lived experiences and the views of physical activity deliverers.
- **Stage 1: What we already know about trauma-informed physical activity (TIPA)** – What the current evidence says, what’s missing, and the early ideas (or ‘theories’) that explain how TIPA can support people.
- **Stage 2: What physical activity providers told us** – What good trauma-informed practice looks like in real world sessions.
- **Stage 3: How TIPA theories work in real life** – Three case studies showing how trauma-informed ideas work in real communities, and what this shows us about the mechanisms that drive change and the conditions people need to feel safe and supported.
- **Practical recommendations for anyone running physical activity sessions** – Clear steps for designing and delivering sessions that feel safe, supportive and empowering.
- **Our conclusions and what needs to happen next** – The main messages from the research, the gaps we still need to fill, and what this means for policy and practice across physical activity and mental health.

# Strengths and limitations

## Strengths of this research:

- **Captures complexity:** Realist research doesn't just measure outcomes; it explains how and why they happen<sup>36</sup>.
- **Includes multiple perspectives:** Various stakeholders and lived experience voices were central to the process<sup>42</sup>.
- **Practical impact:** Findings can guide policy makers, programme designers and coaches<sup>36</sup>.

## Limitations of the research:

- TIPA research is still new, so evidence is limited and sometimes inconsistent<sup>28</sup>.
- Most resources that informed this research focused on yoga, which may not suit everyone<sup>31</sup>.
- Realist research is resource-intensive and relies on interpretation, which can introduce bias<sup>43</sup>.



# Stage 1

## Reviewing TIPA evidence and developing programme theories

To understand how trauma-informed physical activity works in practice, researchers needed to look at the evidence that already exists. Stage 1 of the research brought together **what's currently known** about TIPA and physical activity after trauma, and explored the gaps in that knowledge. From this, the researchers developed a set of **programme theories** to explain what might help, for whom, and in what circumstances.

### Existing TIPA evidence and limitations

TIPA is still a new area of research. Most published studies focus on yoga-based interventions, often in clinical or community settings<sup>28,39</sup>. These studies report benefits like improved emotional regulation, reduced PTSD symptoms, and better overall wellbeing<sup>28,29</sup>.

However, there are major gaps in the existing evidence on TIPA approaches<sup>28</sup>:

- **Limited diversity:** Most research involves women, often in Western countries.
- **Few long-term studies:** We don't know if benefits last over time.
- **Lack of variety:** Evidence on activities beyond yoga – like walking, dance, or strength training – is scarce.
- **Small sample sizes:** Many studies involve small groups, making it hard to generalise findings.

These gaps highlight the need for more inclusive, rigorous research to understand what works for different people in different contexts<sup>28</sup>.

### Review of the evidence on physical activity and trauma

Physical activity can be a powerful tool for mental health. Research shows that moving our bodies – whether through walking, yoga, or team sports – can reduce symptoms of depression and anxiety, improve sleep, and boost confidence<sup>22,23</sup>. For people who've experienced trauma, exercise can also help reconnect the mind and the body, which often feel disconnected after traumatic experiences<sup>24</sup>.

Some studies suggest that exercise helps regulate stress hormones and calm the nervous system<sup>44</sup>. Activities that combine movement with mindfulness, like yoga or tai chi, seem especially helpful for reducing post-traumatic stress symptoms<sup>45, 46</sup>.

## TIPA programme theories

After reviewing the available research, researchers created **11 key programme theories** that hoped to explain how TIPA programmes worked in certain contexts. These theories explain **how** and **why** TIPA works, and **under what conditions**. To do this, researchers focused on finding links between the following elements:

- **Context** – the setting or conditions
- **Intervention** – what was done
- **Mechanism** – how it worked
- **Outcome** – what happened as a result

This Context-Intervention-Mechanism-Outcome (CIMO) approach outlines the key elements of TIPA, moving beyond **“Does it work?”** to **“What works, for whom, and why?”**<sup>37</sup>.

Each theory describes how TIPA can lead to positive outcomes when certain conditions are in place. Pages 9–11 show an overview of these 11 theories, structured as:

**‘If..., Then..., Because...’ statements**, where **If** represents the contexts or intervention; **then** reflects the outcome; and **because** reflects the mechanisms.

In Appendix A, you can also find a table that gives a more detailed overview of each theory.

## An overview of CIMO theories

### CIMO 1: Physical activity as a means of reconnecting the disconnected self

<b>If...</b>	People who experience trauma see their bodies as uncomfortable and unsafe
<b>Then...</b>	TIPA can help them reclaim their bodies
<b>Because...</b>	TIPA provides a grounding experience that supports a more embodied presence

### CIMO 2: Trauma-sensitive mindfulness as the first step to trauma recovery

<b>If...</b>	Participants struggle to manage trauma symptoms
<b>Then...</b>	Mindfulness in TIPA can help them notice, understand, and work through these experiences so they feel less overwhelmed
<b>Because...</b>	Mindful attention supports self-compassion and personal growth

### CIMO 3: Physical activity as normalising

<b>If...</b>	Traditional therapies aren’t quite right for people with experiences of trauma (e.g. language barriers, stigma issues)
<b>Then...</b>	TIPA can be a more attractive way to deal with trauma
<b>Because...</b>	People are more likely to see it as a stigma-free way of improving their mental health

<b>CIMO 4: Social connection to those with shared lived experiences</b>	
<b>If...</b>	If trauma leaves people feeling lonely and isolated
<b>Then...</b>	TIPA can help them build relationships with people who have been through similar experiences
<b>Because...</b>	They can form mutual understanding and social connection, which helps with feelings of belonging

<b>CIMO 5: Informal social interactions with peers</b>	
<b>If...</b>	People struggle to connect to others and judge the safety of situations
<b>Then...</b>	TIPA can improve how they identify and develop safe and positive relationship
<b>Because...</b>	People can gain new perspectives that allow them to form relationships, promoting togetherness, emotional understanding and empathy

<b>CIMO 6: Enhancing self-efficacy by celebrating successes</b>	
<b>If...</b>	People have low self-efficacy due to their experiences of trauma
<b>Then...</b>	TIPA can help them develop positive self-views and relationships with others
<b>Because...</b>	They are celebrated for their accomplishments and efforts in TIPA and can celebrate each other's successes and accomplishments

<b>CIMO 7: Social support as a source of motivation</b>	
<b>If...</b>	Participants lose motivations for their health behaviours (e.g., healthy eating, physical activity)
<b>Then...</b>	Others in the group motivate them to pick the behaviours back up
<b>Because...</b>	Group members value being held accountable by those they have developed strong bonds with

<b>CIMO 8: Competent coaches from the community, for the community</b>	
<b>If...</b>	Coaches have experience within the communities they work
<b>Then...</b>	Participants and coaches are more likely to get on and support each other within and away from sessions
<b>Because...</b>	Participants build a stronger sense of trust in the coach to support them

<b>CIMO 9: Shared vulnerability as a pathway to trust and understanding</b>	
<b>If...</b>	Staff take part in TIPA with participants, instead of just watching
<b>Then...</b>	Staff can learn more about their participants' cultures and participants can build trust in their coaches
<b>Because...</b>	Of the shared vulnerability felt in doing something (new) together

### CIMO 10: Establishing safety through consistency in supportive environments

<b>If...</b>	TIPA deliverers are consistent and supportive of people who experience difficulties in their wider lives
<b>Then...</b>	People can feel safe and understood
<b>Because...</b>	They build relationships rooted in safety and predictability, which provide unconditional support

### CIMO 11: The provision of choice to foster empowerment and healing

<b>If...</b>	Trauma leaves people feeling they have little control over their lives and TIPA provides them with choices over how they take part
<b>Then...</b>	Participants can develop a sense of control over their own healing and increase their confidence in other areas of their lives
<b>Because...</b>	They feel a sense of autonomy

## Risks and barriers

However, despite these theories showing how physical activity can support people living with trauma – physical activity isn't always easy, or safe, for people living with trauma. Common barriers include:

- **Feeling unsafe in exercise spaces** like gyms or group classes<sup>25</sup>
- **Triggers during exercise**, such as a racing heart or certain body positions that remind someone of past trauma<sup>26</sup>
- **Financial and practical barriers**, including cost, transport, and childcare<sup>25,47</sup>
- **Cultural and gender factors**, which can make some activities feel unwelcoming or inappropriate<sup>31</sup>

If these barriers aren't addressed, physical activity programmes can do more harm than good. For example, shouting instructions or using physical touch without consent can re-traumatise participants<sup>48</sup>.



## Stage 2

# Interviews with physical activity providers

To **fill the gaps** identified in the existing research, the researchers spoke to **people delivering TIPA programmes**. Four themes emerged<sup>34</sup>.

## 1. Curiosity and understanding

Physical activity providers highlighted the importance of approaching behaviour with curiosity instead of judgement. Curiosity helped staff respond sensitively to distress, understand behaviour as communication, and avoid re-traumatising people through rigid rules or assumptions.

🗨️ **We have to think and speak in question marks instead of periods. Because it'll challenge us to have different perspectives about why something's happened or the different ways trauma manifests... How something seen as problematic might just be a coping strategy.** 🗨️

**Programme Founder & Consultant**

## 2. Boundaries and Scope of Practice

Deliverers outlined the importance of boundaries, both within TIPA sessions but also in the limits of their scope of practice and the importance of referring on to trusted, more specialist services when necessary:

🗨️ **We're not trauma specialists, that's why we work with charities we know are supporting women holistically. I'm aware exercise can have therapeutic elements, but it's just one piece of the puzzle. So, ensuring people who need support in other ways have access to that. I work hard at being clear on our boundaries as fitness professionals.** 🗨️

**Personal Trainer**



### 3. The importance of shared lived experience

TIPA was seen as a great way of bringing together different people who had experienced trauma, to create spaces where they could feel connected and normalise their experiences.

“Just a greater self-understanding for the person who experienced the trauma, enabling them to live in a happier, more accepting place and not be so judgmental on themselves. Life’s hard enough without kicking yourself for everything you do – or you perceive to do – wrong. It’s about giving people space to accept themselves.”

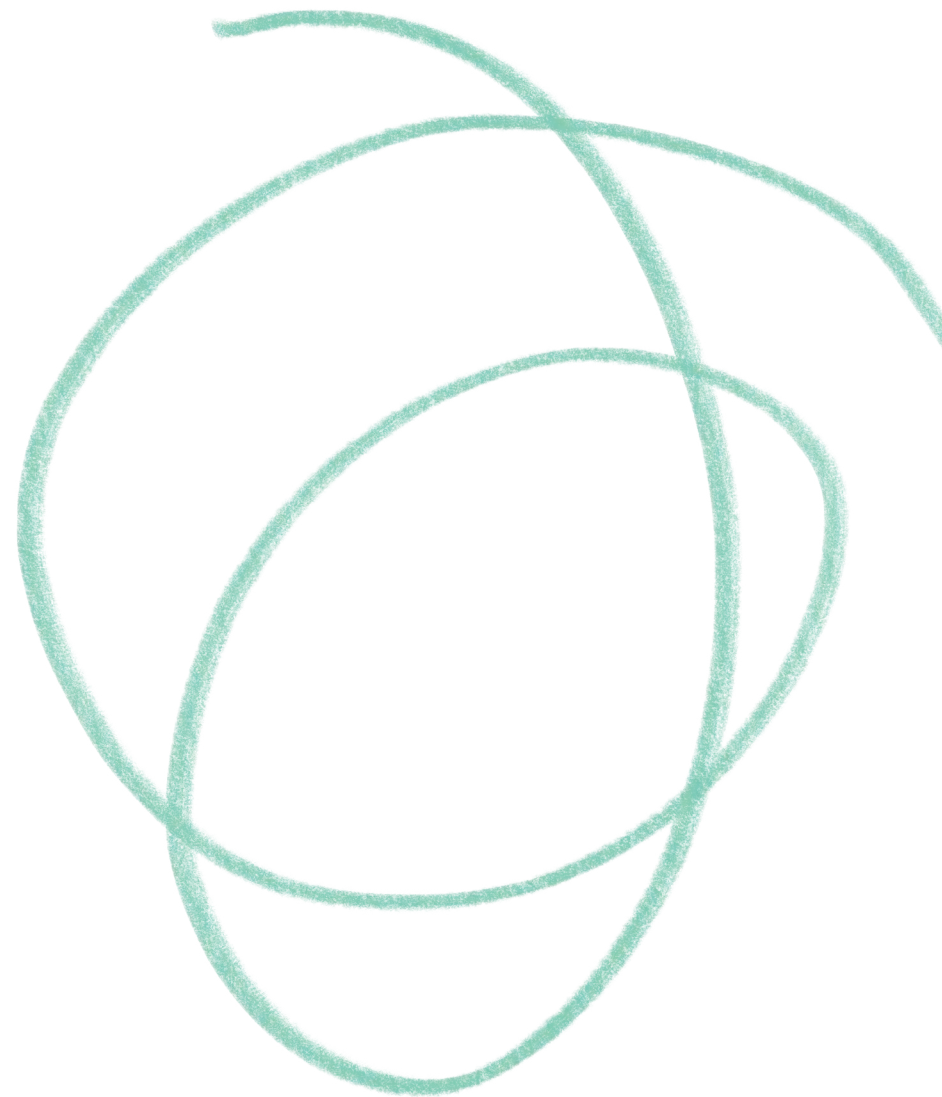
Charity Co-Founder & Director

### 4. Meeting people where they are

The experience of trauma can often leave people overwhelmed, and TIPA must respond with empathy and compassion. Respondents emphasised the importance of being sensitive and responsive to the various ways trauma could impact participation.

“It’s being able to show up for someone if they become distressed. One session we just sat on the floor for 40 minutes helping a participant breathe... Because that’s all we could do that day... So, I think it’s about showing up for someone in a genuine, compassionate and empathic way.”

Personal Trainer



## Stage 3

# Refining TIPA programme theories

As well as reviewing existing research, speaking with programme deliverers and creating theories to explain how TIPA works, the PhD also aimed to test and refine the **theories behind trauma-informed physical activity (TIPA) developed in stage 1, in real-world settings.**

To do this, the researchers worked with 3 organisations delivering trauma-informed physical activity in their communities. They listened to the people running the sessions and the people taking part, paying close attention to what helped people feel safe, supported and in control.

The case studies on page 15 bring this research to life. They show how trauma-informed ideas work in real spaces, with real people, and what this means for anyone wanting to put these principles into practice.

After the case studies, we explore what researchers learned from testing these programme theories: the **mechanisms that drive change**, and the **conditions** that help people living with trauma get the most from physical activity.



# Case studies

## The Running Charity

### Who they worked with

Young adults (mostly 18–30) facing homelessness and other tough life situations. Coaches included former beneficiaries who returned as staff – bringing real credibility and trust.

### What they offered

- **Running and flexible 1:1 sessions.** Young people chose the pace: run, walk, or sometimes sit and talk. Coaches followed their lead. This built safety and gave people back a sense of control.
- **Choice and voice throughout.** Participants had genuine options on session content and intensity, making decisions in the moment. This supported autonomy and decision making confidence beyond sessions.
- **Relatable coaches.** Several coaches had been through the programme themselves. That shared experience helped young people feel understood and more willing to engage.

### What changed for participants

- **Belonging and trust grew.** Consistent, supportive relationships with the same coaches and predictable session formats helped people feel safer and more at ease.
- **Autonomy was restored.** Being able to choose how to take part – right down to walking instead of running – helped reclaim control when life felt chaotic. Confidence in making decisions carried over into everyday life.

- **Routine and structure formed.** Regular session times, familiar places and faces made it easier to build healthy habits.

### Trauma informed in practice – what made the difference

- **Meet people where they are:** honour day to day realities; don't force the pace.
- **Use consistent delivery:** same time, same place, same people wherever possible. Predictability reduces anxiety.
- **Prioritise choice:** genuine options foster agency and reduce feelings of helplessness.
- **Build trust through shared experience:** coaches with similar life stories can be powerful role models.

### Take aways for deliverers

- Put **choice** into every session (pace, route, rest breaks).
- Keep **routines visible** (clear start/end, simple structure).
- Recruit or partner with **relatable staff** where you can; if not, build trust by being alongside participants, not above them.



# Sport in Mind

## Who they worked with

Adults and young people living with mental health difficulties, often with trauma in their background. Activities included yoga, badminton and group exercise classes.

## What they offered

- **A range of gentle, low pressure activities.** Participants could pick what felt right that week (e.g., yoga one day, badminton the next). This breadth of choice removed pressure and encouraged return.
- **Predictable sessions.** Same venues, clear structures (warm up → skills → games → cool down) and low staff turnover. Predictability supported trust.
- **Mindfulness with care.** Yoga and breathwork were used to help people notice feelings and calm their bodies. Delivery was kept sensitive to avoid overwhelming anyone who wasn't ready.

## What changed for participants

- **Feeling part of something.** Small, friendly groups helped people feel seen and understood – especially valuable after periods of isolation.
- **Improved self regulation.** Focused breathing and simple movement gave practical tools to manage stress in and outside sessions.
- **Confidence to come back.** Knowing sessions were consistent – and never pressured – made it easier to keep turning up.

## Trauma informed in practice – what made the difference

- **Choice and pacing:** a menu of activities and adaptable drills that let each person set their own level.
- **Consistency and routine:** reduces uncertainty; helps build structure in lives where instability is common.
- **Sensitive use of mindfulness:** helpful when introduced gently and with opt outs; too much, too soon can backfire.

## Take aways for deliverers

- Offer **multiple activities** where possible and easy **opt outs** (e.g., “watch first”, “rest anytime”).
- Build **connection time** into your timetable; small talk matters.
- If using mindfulness, **start light** and let people choose how far to go.



**Sport In Mind**

## Street Games – Your Trust

### Who they worked with

Children, teenagers and adults across community venues. Interventions included weekly exercise classes, yoga and training opportunities, delivered by local coaches trained through StreetGames.

### What they offered

- **Community rooted delivery.** Coaches were from – or closely connected to – the local area. This familiarity helped participants feel safer with staff who “got” their context.
- **Focus on social connection.** Times to chat – before, during and after sessions – were key parts of TIPA sessions. Informal interactions helped people rebuild trust and reduce loneliness.
- **Clear boundaries and warm support.** Boundaries ensured safety in groups, while a compassionate tone kept people engaged rather than excluded.

### What changed for participants

- **Stronger attachments to staff and peers.** Consistency and fairness made it easier to form healthy relationships with all involved in sessions.
- **Motivation through social support.** Peers encouraged each other to keep active and make healthy choices – especially when motivation dipped.
- **Skills beyond sport.** Making choices in sessions and succeeding at small tasks grew self efficacy that spilled over into daily life.

### Trauma informed in practice – what made the difference

- **Local, credible coaches:** “for the community, by the community” fosters trust fast.
- **Safe social spaces:** planned, informal time to connect reduces fear and builds belonging.
- **Boundaries + kindness:** clear expectations keep spaces safe; a non judgemental approach keeps doors open.

### Take aways for deliverers

- Invest in **local workforce** and ongoing support.
- **Keep session structures simple** and repeatable.
- Pair **clear rules** with **empathetic coaching** – safety without shaming.



## Sharon's story:

### Finding strength through movement

**Sharon (pseudonym) is an expert by lived experience who supported this research. She worked alongside the lead researcher as a critical friend – sharing insights, challenging assumptions and helping shape the findings so they reflected real life. This is a brief summary of her personal journey of healing through physical activity.**

Sharon spent years feeling disconnected – from herself and from others. Trauma and mental health difficulties had left her isolated, carrying a weight that felt impossible to shift. Life was full of responsibilities and worry, with little space for her own wellbeing. Things started to change when Sharon discovered physical activity. At first, it was small steps: a short run, a gentle game of badminton. Later, she tried tennis. These weren't just workouts – they were moments of freedom. Time where she could breathe, move, and feel in control.

Running gave Sharon more than fitness. It gave her rhythm and routine. Each stride helped her reconnect with her body, easing the tension that trauma had left behind. Badminton and tennis brought something else: connection and being part of a community.

For Sharon, movement became a way to rebuild confidence and rediscover hope. It wasn't about competition or pushing limits – it was about choice, safety, and feeling seen. Physical activity gave her space to heal, one session at a time.

### What this means for deliverers

- **Start where people are:** Offer gentle, flexible options.
- **Make it social:** Connection can be as powerful as the exercise itself.
- **Focus on autonomy:** Let people choose what feels right for them.

## Mechanisms of change

After testing theories in real-world settings, 3 theories that explained how outcomes were achieved stood out as particularly important.

These theories are presented here as **'If... Then... Because...'** statements:

### 1. Social connection to those with shared lived experiences

Group activities and peer support create a sense of community, reducing isolation and building trust<sup>2,49,50</sup>.

#### Theory:

**If** people experience isolation and loneliness because of trauma,

**Then** physical activity can help them build relationships through shared experiences,

**Because** these interactions lay the groundwork for social tools that foster a sense of belonging and mutual understanding within a community.

👉 We've had clients [where] coming to Aqua is their one social event of the week, and they love it. I've seen firsthand all the friendships that have then formed outside of the group. 👉

**Physical Activity Facilitator**

## 2. Provision of choice to foster empowerment and healing

Giving participants control – like choosing activities or opting out – helps restore a sense of agency often lost through trauma<sup>51</sup>.

### Theory:

**If** trauma strips people of their sense of control over their lives,

**Then** TIPPA provides them with choices over how they engage in physical activity,

**Because** an autonomous environment empowers people to contribute to the design of their own healing journey, which in turn promotes a sense of ownership and improved participation.

“A few of them... they're like, ‘Oh I didn't know I could do that’, or ‘I didn't know I'd be allowed to do that’, especially if they've been with people who are quite controlling... the running is the one thing they *can* control. They can decide when they go, how far they go.”

Women's Programme Coach

## 3. Physical activity as a means of reconnecting with the disconnected self

Activities that link movement with breath and body awareness (e.g., yoga, Tai Chi) help calm the nervous system and improve emotional regulation<sup>52,53</sup>.

### Theory:

**If** people with lived experiences of trauma experience their bodies as constricting and unsafe,

**Then** physical activity can facilitate the reclamation of their bodies,

**Because** physical activity acts as a grounding experience that facilitates more embodied presence and helps reconnect mind and body.

“Exercise is such a physical experience; it can be important for reclamation or getting back in touch with how your body feels. Trauma can cause a blank space between mind and body. Exercise, if used in the right way, can be a brilliant tool to start rebuilding connections and reforming those neural pathways to connect with our bodies safely.”

Charity Founder & Trainer

# Contexts and conditions that shape outcomes

Researchers also found that TIPA works best when certain conditions are in place.

## 1. Structure and fluidity

Predictable routines reduce anxiety, while flexibility allows personal choice<sup>54</sup>.

“Consistency really helps people form structure and routine. When you’re struggling to leave your house or to re-engage within the community, knowing there’s a session delivered every week [and] there’s no obligation to go every week.”

Physical Activity Facilitator

## 2. Facilitators and relationships

Facilitators who build relationships by taking part with participants help create safe, environments that foster trust and engagement<sup>28,39</sup>.

“Sometimes the coaches, if it’s a group run, will run next to the new person... just [to] welcome them to the group. Usually that works well because they get to know other people too, they start to feel grounded and safe. If it’s a strength session, sometimes the coach will join in and we’ll just get sweaty together... it evens the playing field. It levels things out, you know, where I’m human, you’re human.”

Programme’s Coach

## 3. Socio-structural contexts

Taking part isn’t just about practicalities. It also depends on feeling understood, accepted, and able to trust the environment. Experiences of stigma or dismissal can discourage involvement, while feeling listened to and supported can make participation easier<sup>33,55</sup>.

“You can talk about things like, immigration problems, right? I can come here and I can talk openly and everyone will understand or agree with me. Whereas if I’m in another setting... I might say something and someone might be like, ‘Oh, that’s not true.’”

Physical Activity Participant



# Recommendations for practice

Trauma-informed physical activity (TIPA) isn't just about exercise – it's about creating spaces where people feel safe, respected and in control. The research shows that when programmes embed these elements, they can help people reconnect with their bodies, build confidence and find belonging. Here's what matters most:

1

## Co-design with participants

People know what works for them. Wherever possible, involve participants from the start. Ask what activities they enjoy, when and where sessions should happen, and what makes them feel safe. Co-design can build trust and ensure programmes reflect real needs, not assumptions. It can also give people a sense of ownership, which is vital for recovery.

### How to do it:

- Hold planning sessions with community members before launching.
- Use simple feedback tools (quick surveys, check-ins) to adapt as you go.
- Make decisions together – about activities, pacing and group rules.

2

## Frame programmes beyond mental health labels

Many people want to join a sports session, not a “therapy group.” Avoid framing everything around mental health. Instead, focus on enjoyment, connection and wellbeing. This reduces stigma and makes programmes feel more accessible.

### How to do it:

- Use language like “movement for wellbeing” or “community activity” rather than clinical terms.
- Highlight benefits people care about – fun, fitness, friendship – not just symptom reduction.

3

## Prioritise relational safety, consistency and autonomy

Safety isn't just physical – it's psychological. People need to know what to expect and feel they have choices. Consistency in staff, timing and structure helps reduce anxiety. Autonomy – like choosing how to take part – restores control when life has felt uncertain.

### How to do it:

- Keep sessions predictable: same time, same place, same faces.
- Offer clear routines but allow flexibility (e.g., “join in at your own pace”).
- Give choices in every session – activity type, intensity, breaks.

## 4

### Employ relatable deliverers or foster shared vulnerability between deliverers and participants

Trust grows when people feel understood. Coaches with lived experience or strong community ties can make a big difference. If that's not possible, build trust by sharing the experience – join in, mirror movements, and show you're learning too.

#### How to do it:

- Recruit from local communities and people with lived experience where possible.
- Train staff to work alongside participants, not above them.
- Create pathways for participants to move into volunteering.
- Encourage openness – acknowledge challenges and celebrate progress together.

## 5

### Build informal social spaces and peer support

Trauma and isolation are strongly linked<sup>34</sup>. Programmes should create opportunities for connection – before, during and after sessions. Peer support helps people feel less alone and more motivated<sup>2,56</sup>.

#### How to do it:

- Allow time for conversation (e.g., tea after a session, chat during breaks, waiting spaces before).
- Use group activities that encourage teamwork and mutual encouragement.
- Celebrate successes – big or small – to boost confidence and belonging.



# Conclusion

When done right, trauma-informed physical activity (TIPA) can change lives. It helps people reconnect with their bodies, build confidence and find belonging – all through movement. This research shows that when programmes prioritise safety, choice and connection, they don't just improve fitness – they support recovery and resilience.

## Summary of impact

TIPA works by creating spaces where people feel safe, respected and in control. Programmes that embed co-design, consistency and autonomy help participants develop trust, routine and decision-making confidence. Social connection and peer support reduce isolation, while relatable coaches foster trust and motivation.

These principles make physical activity more inclusive and more effective for people living with experiences of trauma.

## Research gaps

- **Modality diversity:** Most research focuses on yoga. We need more research to explore other activities – like team sports, dance, weightlifting and outdoor movement.
- **Demographic inclusion:** Evidence is limited for some groups, including men, older adults, LGBTQ+ communities and racially minoritised populations. Future studies should reflect the diversity of those with experiences of trauma.
- **Long-term outcomes:** We know TIPA helps in the short term, but what about sustained impact? More longitudinal research is needed.

## Policy implications and next steps

- **Embed trauma-informed principles in sport and health policy:** Safety, choice and co-design should be standard practice, not optional extras.
- **Invest in workforce development:** Train coaches in trauma-informed approaches and recruit from local communities to build trust.
- **Support cross-sector collaboration:** Link physical activity programmes with mental health, housing and social care services to create joined-up support.
- **Fund innovation and evaluation:** Back diverse modalities and community-led initiatives, and measure what works for different groups.



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# Appendix

## Table of 11 key TIPA Context-Intervention-Mechanism-Outcome theories\*

Theory	Context	Mechanism	Outcome
<b>1. Physical activity as a means of reconnecting the disconnected self (CIMO 1)</b>	Survivors experience their bodies as unsafe, constricted, or detached.	Embodied movement (e.g., feeling muscles/weight, noticing sensations) restores interoceptive awareness and grounding.	Reclaiming the body; better mind-body connection; calmer emotion regulation.
<b>2. Mindfulness as the first step to trauma recovery (CIMO 2)</b>	People oscillate between intrusive memories and avoidance.	Present-moment focus (breath, sensations) increases emotional awareness and self-compassion, supporting regulation.	Less overwhelm and avoidance; improved emotional regulation and quality of life.
<b>3. Physical activity as normalising (CIMO 3)</b>	Traditional therapies may feel stigmatising, inaccessible, or overly verbal.	Offering physical activity as a familiar, stigma-free route into support lowers shame and entry barriers.	Greater willingness to start and stick with support/physical activity programmes.
<b>4. Informal social interactions with peers (CIMO 4)</b>	Trauma can impair accurate threat appraisal and make social connection hard.	Low-pressure chat before/during/after sessions builds psychological safety and comfort.	More and better social contact; belonging; safer group climate.
<b>5. Social connection to those with shared lived experiences (CIMO 5)</b>	People feel alone, disconnected and unsupported.	Being with others who've been through similar events fosters empathy and mutual understanding.	Feeling understood; reduced isolation; "like family" bonds and supportive networks.
<b>6. Enhancing self-efficacy by celebrating successes (CIMO 6)</b>	Trauma and PTSD symptoms undermine confidence and self-belief.	Recognition and encouragement (from coaches/peers) provide mastery and verbal persuasion.	Higher self-efficacy and confidence; persistence after setbacks; continued participation.
<b>7. Social support as a source of motivation (CIMO 7)</b>	Low mood and dysregulation sap motivation to keep healthy habits.	Peer accountability and encouragement sustain effort and goal pursuit.	Increased motivation; maintenance of physical activity and other health behaviours.
<b>8. Competent coaches from the community, for the community (CIMO 9)</b>	Hypervigilance and distrust make group engagement difficult.	Relatable, locally rooted coaches (and good technical competence) create trust and cultural fit.	Faster trust; kinship with coaches; better engagement in and beyond sessions.
<b>9. Shared vulnerability as a pathway to trust &amp; understanding (CIMO 10)</b>	Coaches and participants may come from very different backgrounds.	Staff join in the activities and mirror movement, modelling openness and equality.	Stronger trust and rapport; relational healing; deeper cultural understanding.
<b>10. Establishing safety through consistency in supportive environments (CIMO 11)</b>	Lives marked by instability and uncertainty heighten anxiety about attendance.	Same time/place/people/structure provides predictability and reassurance.	Easier attendance; stronger bonds with staff; better adherence; routine/structure in life.
<b>11. Provision of choice to foster empowerment and healing (CIMO 16)</b>	Trauma strips people of control over their bodies and lives.	Real choices in how/what to do in sessions restore agency and ownership.	Increased autonomy and confidence; better engagement; decisions translate beyond sessions.

\*In total 18 CIMOs were identified and are available in the full thesis.

# Who we are

The Mind federation includes the national charity, Mind Retail, and a network of around 100 local Minds. We are united by our shared purpose and identity.

## Our vision

We won't give up until everyone experiencing a mental health problem gets both support and respect.

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