

Investigating Gender-Based Violence Experienced by Female Coaches and How Trauma-Informed Research Approaches Were Used to Prevent Further Harm

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Introduction

The population central to this trauma research was female swim coaches within the context of Swimming Australia (SA). An independent review recently conducted on SA occurred and was circulated in the media. This review revealed SA's treatment of female athletes was the result of a toxic culture where women were at the receiving end of groping, sexual innuendo, body shaming, and physical and mental abuse. Governance issues were also found, along with the President of Swimming Australia criticised for discouraging victims from testifying about their abuse ([Linden, 2023](#)). Similar to the findings of this independent review of the toxic culture, this research found that female coaches working within this swimming culture were subjected to gender-based violence through literal and ideological force to (re)create a gendered order. This finding is unsurprising, given that research outside of sport contexts has shown that women experience higher rates of assault or abuse, with sexual abuse being the most common type to be [reported](#) ([The Substance Abuse and Mental Health Services Administration \[SAMHSA\], 2023](#); [U.S. Department of Veterans Affairs, 2023](#)).

SA is the peak body for the sport of swimming in Australia and coordinates or oversees coach education by setting coach accreditation standards and making selection choices in relation to representative teams for both swimmers and coaches. Ultimately, SA is the decision maker regarding coach education, employment of high-performance coaches, and selection of athletes in their funded high-performance programmes, among other things. Given this consolidation of decision making, SA holds power over its coaches and athletes.

Within SA, male coaches dominate the coaching workplace, with a minority of female coaches holding the higher levels of coaching accreditation. Recent figures show that only 8% of females achieve 'Platinum' accreditation (i.e., the highest level of coach accreditation) ([ASCTA, 2015](#)). In contrast,

the percentage of female coach representation holding lower levels of coach accreditation is significantly higher (ASCTA, 2015). These figures show how female coaches are failing to progress through the levels, and alarmingly, are leaving the profession/industry.

The reasons why female swimming coaches are failing to progress (i.e., hold higher levels of accreditation) or leaving the profession all together remains an underexplored area and is central to the research presented in this chapter. One possible reason for female coaches' inability to progress in coaching pathways was reported by Norman (2008), who explained that as a group, females have endured what can only be described as a difficult progression beset with bottlenecks and barriers. This complex cultural phenomenon, which favours and advantages male coaches, also shows how coaches are evaluated through filters such as 'gender' (Holmes, 2018). Another potential reason for the lack of female coaches in senior roles in SA could be due to their poor treatment as witnessed by Author 1 during his time as a fulltime practising coach. Together, these points provided the impetus for our research, which explored the central question: *what barriers do female coaches face within the profession regarding their progression and treatment, and what are the consequences?*

At the completion of this qualitative study, it became known that female coaches were subjected to non-accidental violence, gender-based violence, and psychological abuse from male coaches (Zehntner et al., 2023). Their adverse experiences in their workplace (i.e., sports coaching) led to trauma in many instances, which profoundly affected their ongoing health and well-being. Indeed, some of the ongoing challenges experienced by the female coaches who took part in this research not only profoundly shaped their practice (e.g., they were scared to deviate from the accepted practice promoted by their male coach counterparts) but had an ongoing legacy of this trauma on their lives outside of work (e.g., depression, anxiety, panic attacks, trouble sleeping, becoming withdrawn from family and friends, etc.). This ongoing legacy resulting from their treatment sat at the forefront of our conversations throughout the research process. Visceral and emotional evidence of their trauma was also evident. For instance, one female coach burst into tears during the interview when she began explaining how speaking out against the male coaches' toxic practices (with SA leadership) resurrected all the feelings she had experienced during the traumatic event itself. This traumatisation through engagement with the organisational structures of SA, designed to resolve issues, aligns with SAMHSA's (2014, 2023) suggestion that systemic factors (e.g., in the organisation) can interfere with desired outcomes (i.e., resolution of an incident).

Long-lasting adverse effects that manifest as traumatic reactions such as demotivation or avoidance can be so deeply embedded or normalised that the connection between the adverse event/s and resulting effect(s) might be misrecognised (Treloar et al., 2023). This was exemplified by one female coach

whose coaching practice was commanding and polished in real life, but she revealed a very different side during her interview. She explained how she had to manage ongoing intense anxiety and was on the verge of tears for extended periods (i.e., months) while working on pool deck. To navigate her workplace, she was in a state of constant arousal, vigilant to practices that might have a negative impact (e.g., male coaches' judgement and condemnation of her). Nonetheless, she was locked into the process, seemingly unaware of the wearing down effect it was having on her mental health.

Another female coach, in response to trivialisation and control, modified her practice within the organisation to align with powerful male coach characters, as a way of avoiding potential conflict situations with them (Zehntner et al., 2023). This misrecognition of powerful social actions to control her behaviour was first consented to by the participant and was done (in her words) to "survive in this workplace," therefore characterising this change in practice as an act of self-determination rather than coercive control through persuasion and enforcement (Walker & Sartore-Baldwin, 2013). Soon after this, devastated and disillusioned, she quit coaching altogether.

The objectification of female coaches by male coaches was another common occurrence in the workplace, which female coaches had to constantly negotiate but remained silent about. Coach 'C' describes this,

Not long after I successful won a job, I had to go in for surgery. I was telling one of the senior male coaches about it and he just looks at me and says, 'Elective?' He motions with his hands clutched around imaginary breasts – inferring a breast implant procedure. I was like, 'No, I'm having abdominal surgery, I'm really unwell.

(Zehntner et al., 2023)

This male coach in the above example not only attempted to subordinate Coach 'C,' asserting his dominance and control over her (Bryson, 1987), but also enacted sexual harassment, the most common form of gender-based violence to occur in the workplace (Australian Human Rights Commission, 2022). Moreover, while sexual harassment can take many forms, Coach 'C' was subjected to verbal sexual harassment from a senior male coach "through his sexually suggestive, offensive, comment or joke" (Australian Human Rights Commission, 2022.). Connell (1987, 1995) explains how these practices become normalised by other male coaches and shows how an idealised hegemonic masculinity is perpetuated (Aboim et al., 2016).

The female coaches also expressed how the constant control of them by male coaches, along with their criticism, objectification, critique of their physical appearance (e.g., *Coach C was chastised by a male coach for wearing lipstick to a finals session*) and exclusion, affected their health and well-being. Some of the effects experienced by the female coaches included anxiety, migraines, depression, sleeping disorders, disordered eating, and

withdrawal from their family and friends. These none-too-subtle interplays were Coach C's cultural reality and contributed to a broader impact on her and those close to her.

My family tries to help me fight the fight, but it's too big; there are too many levels of resistance. And it crushes me, it has impacted me as a person, it has changed the way that I interact with people, and that is not good. It's like being in an abusive relationship where you are getting hammered and thinking, just shut up and take it, and it will be OK, just close your eyes, put your mind somewhere else and you will be ok. And that is how I feel sometimes when I am on deck particularly when I am around some personalities. I just close my eyes and think of some place nice. That is a pretty bad workplace, and you can see that I must really love coaching to stay.

(Zehntner et al., 2023, p. 112)

What is evident here for Coach C is how multiple victimisation experiences compound and result in trauma symptoms such as depression and anxiety (Wall et al., 2016). While there is a great deal of speculation by coach researchers (e.g., Fielding-Lloyd & Mean, 2011; Norman, 2008, 2010a, 2010b) and pundits (Carney, 2018) around the reasons for female coaches leaving the profession, it is only through the examination of their stories that understanding of the mechanisms at play within this SA social system became known.

Methodology

Given that gender-based violence and the subordination of female swim coaches were central to this investigation, the chosen methodology needed to provide opportunities for their voices of experience relating to their treatment to be foregrounded. Foregrounding the female coaches' voices and experiences was imperative because researchers have shown how female victims of abuse and violence have had their voices silenced or suppressed, including control taken from them (Delker et al., 2020; McMahon et al., 2023). We also wanted the opportunity for their lived experiences to be accessible to others in a format that could be more easily understood so they could potentially be used for coach learning (McMahon, 2013) with the hope that social action may result (e.g., change to practices and policy).

Narrative inquiry was therefore purposely chosen as a methodology, as it centralises the female coaches' stories and narratives that frame them as the primary data set. Indeed, the stories of experience told by the female coach participants become the object of the investigation (Polkinghorne, 1988). By employing narrative inquiry, female coach participants have agency and autonomy over their stories, including what they tell and the way they tell it, which is important in trauma research (McMahon et al., Under Review). Riessman (2008) further states how narrative/life story interviewing places a

great emphasis on participants' autonomy, choice, and voice to tell it in their own words.

As Polkinghorne (1988) explains, narrative inquiry entails not only the collection of stories but also their analysis, which is considered the primary way in which life is made meaningful. By appropriately engaging the audience with stories of gender-based violence that result from this project, it may lead to social change, increased empathy, and the opportunity for others to resonate (McMahon & McGannon, 2020). Therefore, the use of accessible data forms is imperative, which in the case of our research was stories, to enable 'witnessing' to occur (Ropers-Huilman, 1999). As Ropers-Huilman (1999, p. 23) explains, witnessing occurs through the act of "reading, feeling, and experiencing the lived experiences of others, therefore accessibility to such information is imperative."

Deductive reflexive thematic analysis (Braun & Clarke, 2019) and a story analyst approach (Smith, 2016), expanded below in the method section, were used to address the aims of this research and enhance the audience's potential 'witnessing' (Ropers-Huilman, 1999) of gender-based violence and trauma. From a literature standpoint, the complexity of the female coaches' experiences within this sport culture required relevant theory to be applied, so a deeper insight and better understanding into their treatment (i.e., social and structural barriers) could be gained. While the more traditional researchers' interpretive voice was present, it was incumbent on us (i.e., the researchers) to provide the reader with relevant theoretical and interpretive tools so they could make [their own] critical judgements (Zehntner et al., 2023). Therefore, to provide potential connections between male coaches' 'pattern[s] of practice' (Connell & Messerschmidt, 2005, p. 832) and their actions that might have allowed 'men's dominance over women' (Connell & Messerschmidt, 2005, p. 832), we utilised the concept of hegemonic masculinity (Connell, 1987, 1995; Connell & Messerschmidt, 2005). Hegemonic masculinity can be characterised as practices that justify men's dominant position in a cultural setting (Connell, 1995; Connell & Messerschmidt, 2005) and illuminate how social practices (re)produce the 'dominant position of men and the subordination of women' (Connell, 1995, p. 77). In this way, and through the application of theory in the narrative inquiry process, a better understanding of the treatment of female coaches by their male counterparts, along with the subsequent effects (e.g., trauma and leaving the profession), can be made known.

While none of these methodological considerations and decisions can provide immediate tangible relief to participants who may experience trauma, it was hoped that aspects of the narrative inquiry may potentially benefit them by providing them with some clarity and understanding of their experiences. As McMahon and Penney (2011) state, catharsis may result from in-depth discussion and deep introspection, along with providing participants with the requisite tools to share and analyse their own stories.

Method

Ethical approval was gained from Author 1's institution; however, we were also mindful of Sparkes and Smith's (2014) call for researchers to strive for aspirational ethics beyond the minimum standard (Lahman et al., 2011). We realised that disclosure of traumatic experiences could likely cause discomfort, and so we sought to minimise the length of interviews and took great care to avoid pressing participants, instead enabling them to direct the topic and detail they wished to share (expanded on below). Participants also controlled the time of interviews and the direction of the conversations that ensued via the key points or barriers they had listed in their mind maps (see below). We were also mindful of the power imbalance between the male researcher (interviewer), who was a cultural insider (swim coach), and the female coach participants. As such, when undertaking interviews, Author 1 was responsive to instances that might compromise the dignity, psychological safety, and privacy of the participants and implemented trauma-informed strategies (see the trauma-informed strategies section below) to minimise the possibility of causing further harm.

The research method or process that was undertaken was partly designed in response to the scarcity of participants and the cultural insider status of two of the researchers (Zehntner and McMahon). McMahon (Author 2) is a past elite swimmer who was subjected to abuse and subsequent trauma in the SA culture, and Zehntner, a swim coach for over 20 years, meant that between them, they had access to many female coaches of varying experience. As a result of this, participants were recruited through purposive sampling (Sparkes & Smith, 2014). After consenting to be a part of the investigation, the female coaches were asked to produce a mind map. The instructions were simply to produce a graphic organiser like a mind map (visual exemplars were provided) in response to the prompt question, "can you describe some of the instances in your coach education journey that had a significant (positive or negative) impact on your progress as a coach?" Participants were encouraged to bring their mind map to their interview, which was held at a time of their choosing via an online format. An example of a mind map produced by one of the participants for their interview is presented directly below in Figure 3.1. The mind map and personal topics listed by each of the participants subsequently directed the focus of the interview/conversation rather than the researcher (Author 1) controlling or directing it.

Unstructured interviews were then conducted by Author 1, and open-ended questions stemming from the participant's mind map were asked. As an example of one of the open-ended questions included, *in terms of the challenges you faced in the coach education pathway, what incidents have you listed in your mind map had the biggest impact on your progression as a coach?* (Zehntner et al., 2023). Reference to examples from the mind map aided in the identification of critical information points and the general

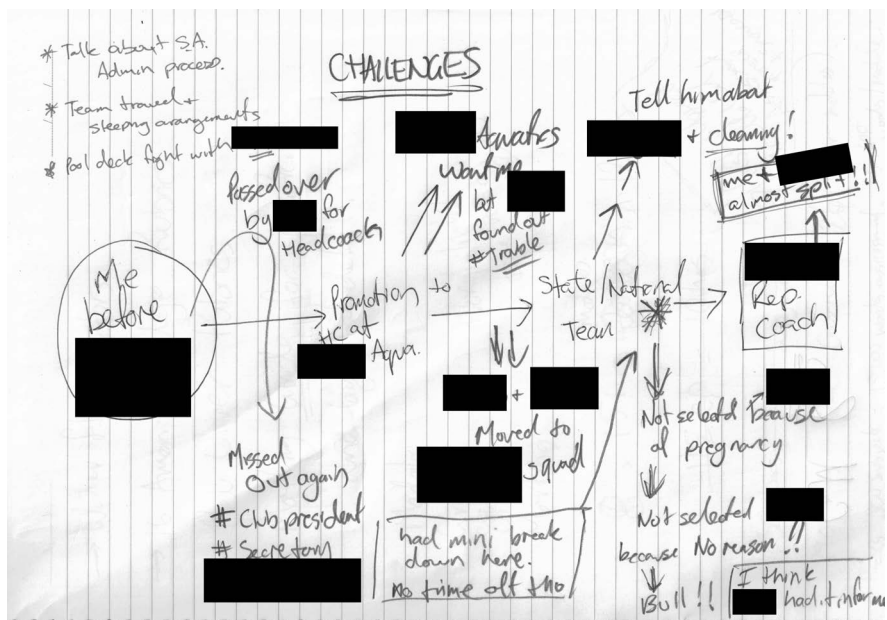


Figure 3.1 Mind map generated by participant. Redacted sections for anonymity.

flow of the interview. Doing this avoided narrative development becoming a “more sensitive version of the ‘old’ men’s studies” (Messner, 1990, p. 137); instead the storyteller (i.e., participant) decided the context and content (Walk, 2000, p. 33) of the stories that followed. Story telling during the interview was a natural, rather than forced, preference for the participants to detail their experiences and practices they were subjected to within the SA culture (Messner, 1990; Tong, 2018). Towards the conclusion of the discussion, Author 1 revisited points within their stories that remained unclear before finalising the interview.

After the interview, Author 1 refined the participants’ stories (i.e., removed ums and identifiable information) into discrete narratives. Some of the stories told by the participants were not sequential or told in a linear way, however still provided important details relating to their gender-based violence, subordination, and trauma. This is unsurprising, given that trauma may affect people’s ability to tell a story with emplotment (i.e., detailing a comprehensive account) and sequence (Day & Wadey, 2023; Neimeyer & Levitt, 2001). Therefore, in some instances, and as a way of developing the female coaches’ narratives a little further (Moon, 2010; Sparkes, 2009), a back-and-forth process between the interviewer (Author 1) and the participant occurred, allowing for additional information to be added (e.g., background or context specific information). The impetus of this back-and-forth process (between

Author 1 and participant) stemmed from the guide provided by SAMHSA's (2014, 2023) for relaying trauma information. Thus, when relaying trauma information, the three E's of trauma should be made known, including (1) the trauma Event[s], (2) Experience of the event[s], and (3) the Effect. By foregrounding the participants' experiences using this format, details around what occurred can be made known, along with their feelings of hurt, humiliation, embarrassment, or betrayal relating to the trauma event, so both the lay reader and academic audience might better understand trauma. In this way, narrative trauma representations can be used as a pedagogical tool for learning and shared understanding (Douglas & Carless, 2009; McMahon, 2013; McMahon et al., 2018).

Following narrative development, deductive reflexive thematic analysis (Braun & Clarke, 2006, 2019) was performed, and themes relating to hegemonic masculinity and gender-based violence were identified. The first stage in this process involved familiarisation with the narratives by the co-authors. This was achieved by engaging in multiple readings of the participants' accounts and collaborative discussions (between authors) that centred on analytical sensibility within and across the stories. This process aided in drawing out keywords and phrases that directly related to the core tenets of hegemony (i.e., practices representative of social manipulation, social censure, or social mechanisms) or gender-based violence. Using a collective critical approach between Author 1 and critical friends (Authors 2 and 3), the themes were refined and finalised. Finally, the analysis of the data corpus (i.e., series of individual narratives) occurred through illustration and analysis by using social theory (e.g., hegemonic masculinity) to interpret events in extracts from the narratives.

Pseudonyms were used to protect participants' identities; however, as the data related to events, including interactions with past and present employees of SA, the development of narratives relating to identifiable events could potentially compromise participants' safety. Therefore, the locations and timing of interaction/events required layers of confidentiality (Pittman & Maxwell, 1992). This was done in consultation with each of the participants, who were "central to decision making around their security and anonymity" (p. 109).

Evidence-based Trauma-Informed Practices Applied to Research

We were acutely aware from the outset of this research that the experiences of female coach participants could contain themes of trauma and gender-based violence, particularly as Author 1 had witnessed their poor treatment during his own immersion in the SA culture. What Author 1 (primary interviewer) was not fully prepared for was the sharing of personal trauma experiences and the ongoing legacy of it on the participants and their lives. Upon first hearing the stories, Author 1 found himself, at times, shocked and angry, and by the end of data collection, frustrated by what was found.

Given the ongoing legacy of trauma on these female coach participants, the importance of researchers needing to be trauma aware (SAMHSA, 2023; Wall et al., 2016) by implementing trauma-informed practices is very much needed, so potential further harm is minimised. SAMHSA (2014, 2023) outlines six key principles of a trauma-informed approach, of which two were largely influential in this research. While these two principles are expanded on below, there was indeed overlap across all six principles.

Physical and Psychological Safety

When undertaking a trauma-informed approach, the principle of safety is essential because people who have experienced gender-based violence or trauma often perceive the world as 'unsafe' (Menschner & Maul, 2016; SAMHSA, 2014, 2023). This means that if the female coach participants experiencing trauma were to feel physically, socially, or emotionally unsafe at any time in the research process, it could lead to them experiencing anxiety or even re-traumatisation (Menschner & Maul, 2016). Therefore, when designing and implementing this research, we realised that addressing the physical and psychological safety of the female coach participants needed to be prioritised to ensure that the risk of causing them further harm was limited.

Before we even commenced the research design, Author 2's experiences as an abuse victim, abuse survivor, and trauma survivor within the SA context were drawn upon. As SAMHSA (2014, 2023) highlights, it is important to utilise an individual with lived experience of trauma (i.e., Author 2) to help identify how "the physical and psychological experience can be more trauma-informed" (SAMHSA, 2014, p. 21). Therefore, much of the interview design was centred on Author 2's insider experiences of abuse and trauma, in conjunction with the trauma-informed guidelines outlined by SAMHSA (2014, 2023). The first primary concern outlined by Author 2 was the gender differentials between Author 1 (the interviewer), who is a male former swimming coach, and the female coach participants. This point was of particular concern as male coaches were primarily the perpetrators of the female coach participants' harm. As Hira et al. (2023) state, gender differentials can be an interpersonal trigger for women experiencing trauma that can lead to re-traumatisation; therefore the consideration of gender differences is very much needed. As a way of addressing gender differentials and this potential trigger in the interview process, the female coach participants were provided with the option of completing the interview process with Author 1 (former male coach) or Author 2 (former female swimmer who was subjected to abuse by male coaches in the SA culture). While the recommendation of Hira et al. (2023) relates to the application of trauma-informed practices in the medical field, they state the importance of providing women with access to and choices regarding the preferred gender they would like to engage with. While

the female coach participants in this study were provided with options and choices, all the participants expressed that they were happy to undertake the interviews with Author 1. Nonetheless, as an additional precaution and option, Author 2 remained available during each scheduled interview, ready to dial in if needed.

As a cultural insider of SA, Author 1 (coach) had a particular history and knowledge within this 'coaching' subculture that proved beneficial. This meant that he had an intricate understanding of how power was and is deployed in and through the coaching sub-culture, which was integral to the subsequent conversations and shared understanding that ensued in interviews. This is not to suggest that as a male coach, Author 1 could fully recognise the social forces experienced by female coaches. Instead, as a past coach, cultural insider, and reflective researcher, he had an elevated understanding of the possible ways that ideological force or coercive power could be deployed in this hierarchical environment. As such, he could share, and validate, coaching stories with participants, enhancing the richness of the conversations (Goodson & Gill, 2011).

Another suggestion made by Author 2 relating to the participants' safety in the interview process was to implement online interviews rather than conducting them in a face-to-face mode, an approach that was incorporated by her in her research with athletes' survivors of abuse (McMahon et al., 2023). As Veletsianos and Houlden (2019) explain, the online environment is far more predictable; therefore unforeseen events can be limited, thus enhancing the physical safety of the participants (McMahon et al., 2023). This consideration is important because spatial triggers (e.g., distance between two people and small rooms) have been identified as a potential cause of re-traumatisation for women affected by trauma (Hira et al., 2023). Further, as explained by Marlowe (2019), in contexts where there are gender differentials, online approaches are preferred because in a face-to-face context, situations may prove more difficult for the person (i.e., participant) to control. Online settings therefore enable people with 'implied control' over the time (i.e., when the female coach participants chose to complete the interview) and location chosen by the participant (e.g., home, garden, or in a parked car) (McMahon et al., 2023; Veletsianos & Houlden, 2019). Moreover, through the implementation of online interviews, the maintaining of healthy interpersonal boundaries could also occur between Author 1 and the female coach participants, along with elevated levels of physical comfort (Veletsianos & Houlden, 2019).

Another benefit of the online format for interviews is that participants can make use of personal comfort or soothing devices, such as their pet or a favourite blanket, to soothe themselves if needed throughout the interview (Marlowe & Allen, 2023). By encouraging personal comforts (e.g., a pet in the room) (McMahon et al., 2023) and the ability to move (i.e., lie down in the room if needed), we hoped their comfort levels would be increased.

The participants' psychological safety was another important consideration, and as explained by SAMHSA, it centred on interpersonal interactions (SAMHSA, 2014, 2023). As described in the method section above, we aimed to promote a sense of psychological safety by limiting instances of 'power over' the participant (i.e., power differentials occurring between the researcher and the researched). As explained by trauma researchers (e.g., Butler et al., 2011; Sweeney et al., 2018), re-traumatisation can occur in the use of 'power-over' relationships and, when applied to research settings, may relate to participants having a lack of agency and control. Therefore, the participants had 'power over' the chosen time and date that the interview occurred. They also had 'power over' the topics of discussion in the interview process, with only points they had listed in their mind map (see example in Figure 3.1 above) being discussed. Moreover, through the employment of narrative inquiry, they maintained 'power over' what they did and did not share with the audience in their storied representations. In this way, the research participants expressed choice (SAMHSA, 2014, 2023) in relation to identifying the topic, detail, and depth of stories and further, which narratives were selected for inclusion in subsequent publications.

Cultural, Historical, and Gender Issues

SAMHSA's (2023) sixth TIP of *cultural, historical, and gender issues* outlined in their 'Guidance for a Trauma-Informed Approach Framework' centres on the idea that within a trauma-informed approach, cultural stereotypes and biases should be moved beyond, with gender responsive practices incorporated, along with providing authentic cultural connections. Given 'gender' underpinned the aim of this research, we felt it was non-negotiable to implement this principle into the research design and researcher practices, so no unintended gender harms resulted. We achieved this in several discreet ways. The first related to the overall aim of the research project, which was *gender responsiveness* to a particular issue affecting women (i.e., female coaches). Indeed, our overall aim centred on the need to find out more about why female coaches are failing to progress in their professions in SA and further why they are leaving the profession all together. In this respect, the impetus of the research was based on attempting to reduce gender inequalities in the SA context and identify gender [mis]treatment within the SA coaching workforce. With this noted, it could be assumed that this research was therefore *gender-biased* due to the impetus and research aim; however, it was hoped that the findings of this research may primarily benefit female coaches, such as through policy change. We also felt that the male coaches could also benefit in the education sense through their engagement with the female coaches' stories, which may assist them to reflect and adapt their mentoring practices (Douglas & Carless, 2009; McMahan, 2013). Likewise, SA, as a predominantly male dominated organisation, may respond by

implementing strategies and procedures to better support female coaches. Subsequently, this may assist them as an organisation in maintaining an equal ratio of gender within their coaching staff (particularly at the higher levels), equal work opportunities, and having power more equally distributed (United Nations, 2023).

The *gender representation* of the research team was another important consideration, given the topic of the research. While the team contained three researchers, equal gender representation was unable to be achieved. However, given the topic of gender-based violence against female coaches, we felt it was important to ‘tip the scales’ by including two female researchers to work with Author 1 (the primary researcher), who was a male. Like Author 1, Author 2 provided a unique ‘insider’ perspective to this project as a former female swimmer within the SA culture who was subjected to abuse by male coaches, which led to subsequent trauma. While Author 3, a sport psychology researcher who has extensively investigated gender equity and psychological safety in sport, was also integral to this *gender-responsive* research. Through the female representation on the research team, a *gendered lens* could be authentically applied to ensure communications were conveyed in a *gender-sensitive manner*. By doing this, we strove for a research process that was *gender transformative* by centralising the experiences of female coaches while also striving for their psychological and cultural safety from a gender equity perspective. Our hope was that this may potentially lead to progressive changes in power relationships between female and male coaches within SA (World Health Organisation, 2011).

Relating to the cultural component of this sixth TIP while it can also relate to race, ethnicity, and other intersecting identities (SAMHSA, 2014), we focused on cultural issues intersecting with gender occurring within the context of SA. SAMHSA (2014, 2023) explains the importance of having a good ‘cultural fit’ when being trauma-informed. This ‘fit’ can be achieved by using cultural ‘insiders’ when undertaking ethnographic research work to enhance better communication (Goodson & Gill, 2011) and more authentic engagement than what is possible with an outsider (SAMHSA, 2014). Author 1 and Author 2 functioned in multiple roles in the research process by providing much needed cultural insider positions. For example, Author 1, who is an accredited coach within SA with over 25 years of experience and possesses extensive ‘insider’ knowledge of this culture, undertook the roles of primary interviewer and research designer. While Author 2, as a former athlete within the SA culture, was able to provide a unique insider perspective of trauma, abuse, and maltreatment within the SA culture. The ‘insider’ knowledge of both Authors 1 and 2 was imperative because an ‘outsider’ would not be able to share the same cultural insight, knowledge, or expertise, limiting the potential research outcomes and experience for the recipients (McMahon et al., 2022). Goodson and Gill (2011) explain the importance of being a cultural ‘insider’ for collaboration and reciprocation

so that rich and culturally relevant conversations occur (Goodson & Gill, 2011; McMahan et al., 2022). As such, in the interviews carried out, Author 1 adopted appropriate cultural language from SA (e.g., culturally specific terms were used such as mentor, sets, pbs, laps, taper, stroke rates, and information relating to specific camps or trips) to resonate with participants' own understandings (McMahan et al., 2023).

Conclusions

It is important to acknowledge that researchers are not trauma clinicians, but we are encouraged by Greenwald's (2015) assertion that some healing from trauma may potentially occur in non-clinical settings (i.e., research contexts). However, as Bath (2008) explains, potential healing is more likely to result in environments, which are trauma-informed. While we do not suggest that this research is a panacea for healing, we do assert that creating a safe environment for female coach participants through the implementation of evidence-based trauma-informed practices can facilitate meaningful sharing (SAMHSA, 2014, 2023). As such, some degree of the ethical loneliness (Stauffer, 2015) experienced by female coach participants can also be addressed.

As a result of our experience conducting this research and through reflection undertaken when compiling this chapter, we have identified three future directions for conducting research with sport, exercise, and health populations that have experienced trauma. These include (1) greater consideration of the cultural context prior to the study; (2) addressing gender differentials in the research process through evidence-based practices; and finally (3) drawing on the expertise and insight of an individual with lived experience of trauma.

- 1 Understanding the socio-political, cultural, and gender-based systems of privilege and oppression will impact researchers' ability to understand how "these dynamics promote or violate the assumptions of healing centered engagement" (Voith et al., 2020, p. 5). Thus, pre-study engagement with the population should inform trauma-informed research design to learn about their histories, lives, and how these intersect with sport cultures. So, to truly plumb the depths of the system, a deep understanding is first required to be trauma-informed. Such understanding can be achieved when grounded in a historical/intergenerational perspective to learn more about how gender-based violence practices are deeply embedded, recycled, and circulated in the everyday lives of coaches/participants.
- 2 Researchers should consider gender differentials in researcher and researched relationships. This consideration includes the researchers' reflexive recognition of their gendered identities in relation to power and privilege and how these impact co-participants and the research team during the process. This is urgently needed because, as Hira et al. (2023) highlight, gender differentials can be an interpersonal trigger for women

experiencing trauma that can lead to their re-traumatisation. Some strategies to address this are to ensure equal gender representation on research teams, along with a critical eye towards how the gender dynamics in the research team relate to participants, and to ensure research is gender-responsive, to name just a few.

- 3 Finally, we encourage researchers to draw on the expertise of a person with lived experience of trauma and/or work with cultural/contextual insiders, who can advise about the research design and researcher practices throughout a project. As SAMHSA (2014, 2023) explains in the principle of peer support, utilising the lived experience of trauma survivors to co-design research can help identify how “the physical and psychological experience can be more trauma-informed” (SAMHSA, 2014, p. 21). This practice may also facilitate understanding of trauma meanings and experiences throughout the research process to enhance safety and trust (SAMHSA, 2014).

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