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Narratives of trauma and resilience from street soccer players
Abstract

Trauma exposure is a global public health concern, with lifelong psychological, social, behavioural, and physical health detriments. There is a growing need for trauma-informed interventions, with Sport for Development (SfD) programmes identified as one set of promising interventions. This narrative inquiry explores the lives of soccer players taking part in two SfD programmes (e.g., Street Soccer Scotland, Street Soccer USA) that serve populations with high rates of trauma exposure (e.g., homeless, immigrant, refugee). Through interviews with players and significant others, it became clear that the Street Soccer programmes were using the popularity and appeal of the sport to achieve broader goals. Beyond this, they have embraced the core tenets of trauma-informed programming, cultivating growth and resilience amidst an ecological framework with interrelated systems.

Keywords: homeless, immigrant, refugee, sport for development, sport-based youth development
Exposure to trauma (e.g., abuse, neglect, substance abuse, mental health problems, community violence, armed conflict, natural disasters) is a global public health concern, with over two-thirds of individuals likely to experience at least one traumatic event in their lifetime (Benjet et al. 2016). As awareness of its prevalence has grown, the body of research identifying both individual and societal consequences of trauma have expanded, from lifelong psychological, social, behavioural, and physical health detriments (e.g., Anda et al. 2006) to accumulating costs and productivity losses (e.g., child welfare, medical care) (e.g., Fang et al. 2012). The risk is especially grave for those with complex (i.e., exposure to multiple or prolonged traumatic events) and developmental trauma exposure.

One population with high rates of complex and developmental trauma exposure is the homeless population (SAMHSA 2014). Those affected by homelessness are not only struggling with social, psychological, and behavioural health issues due to complex and developmental trauma, but these are compounded by serious health problems (e.g., mental illness, substance abuse, infectious and chronic diseases) and other challenges (e.g., extreme poverty, hunger, increased risk of assault) connected to homelessness (Hwang and Dunn 2005). Another population with high rates of trauma exposure are immigrants, with common experiences ranging from physical maltreatment/abuse/assault, domestic violence, and community violence to grief, loss, anxiety, and depression (Beehler, Birman, and Campbell 2012). Refugees are a subset of the immigrant population with higher rates of trauma exposure, given their experiences are more frequently characterized by war, violence, torture, persecution, poverty, hunger, displacement, and forced separation (Ellis, Murray, and Barrett 2019). Additionally, the resettlement and acculturation process can be quite arduous due to factors like isolation, discrimination, identity invalidation, cultural dissonance, and unfamiliarity with language,
transportation, and educational, medical, and legal systems (Beehler, Birman, and Campbell 2012; Ellis, Murray, and Barrett 2019). All of these populations also navigate barriers to long-term housing, employment and educational opportunities, rehabilitation and resettlement programmes, and beyond. Given these concerns, there is a need for interventions that directly address the potential ramifications of past traumatic experiences and current realities, facilitating pathways out of homelessness and/or support during the resettlement and acculturation process.

A growing number of promising and evidence-informed interventions have been developed to help those with trauma exposure, often describing their approach as ‘trauma-informed’ (e.g., Beehler, Birman, and Campbell 2012; D’Andrea et al. 2013). Core tenets of trauma-informed practice are described by the four ‘Rs’: (a) realizing the ubiquity of trauma, (b) recognizing the signs and symptoms of trauma, (c) responding by translating the science of trauma into practice and policy, and (d) resisting retraumatisation (Purtle 2018; SAMHSA 2014).

A common theme in these interventions is the cultivation of resilience (Bethell et al. 2017; Massey and Whitley 2020), defined as the capacity to sustain one’s well-being and achieve positive outcomes in response to trauma (Zolkoski and Bullock 2012). Resilience is understood to be a multi-dimensional construct with individual, family, community, and environmental determinants (Ungar, Ghazinour, and Richter 2013). The most promising interventions for populations with high exposure to complex and developmental trauma (e.g., homeless, immigrant, refugee) are those which cultivate resilience while intersecting various systems within an ecological framework (Bethell et al. 2017; Cronley and Evans 2017; Massey and Williams 2020; Montgomery 2011).

Sport for Development (SfD) programmes are one set of interventions with great potential to serve homeless, immigrant, and refugee populations, given their popularity and
appeal, commitment to trauma-informed practices, focus on growth and resilience (rather than prevention or deficit-reduction), and intersection with interrelated systems (D’Andrea et al. 2013; Massey and Whitley 2020; Massey et al. 2015; Whitley, Massey, and Wilkison 2018).

Two such programmes are Street Soccer Scotland (SSS) and Street Soccer USA (SSUSA), which provide year-round services for their players (e.g., sport programming, clinical services, educational and employment opportunities) and serve as national partners of the Homeless World Cup. Across four cities in Scotland, SSS welcomes individuals from a variety of backgrounds, including homelessness, mental health issues, addiction, and long-term unemployment. In 14 U.S. cities, SSUSA offers programming for children and youth living below the poverty line and attending under-performing schools, along with specific populations not restricted by age (e.g., homeless families, individuals in recovery, refugees). Both SfD programmes prioritize safe spaces, caring and trained coaches and support staff, and an evidence-based, trauma-informed curriculum to cultivate growth and resilience in their players.

There is also an appreciation of their programmes’ intersectionality, with strong connections to systems and services that support steps toward education, recovery, housing, language learning, job training, and beyond.

Over the past decade, researchers have begun exploring the impact of the Homeless World Cup on Street Soccer players selected to attend the annual global tournament and participate on national teams (e.g., Australia, UK, France). However, much less research has explored the impact of Street Soccer programming, such as SSS and SSUSA, on their players’ lives. Given that one-off SfD events like the Homeless World Cup can produce different experiences and outcomes for participants, with distinct challenges and limitations (e.g., social and psychological pressure of competition, sustainability, lasting impact) (Magee and Jeanes,
2013; Schulenkorf 2016; Trejo, Attali, and Magee 2015), there is a need to better understand the impact of Street Soccer programming separate from the Homeless World Cup – especially since most Street Soccer participants will not get the opportunity to participate in the Homeless World Cup. Both Sherry and O’May (2013) and Jarvie and Ahrens (2019) focused on SSS (and the Australian Street Soccer programme for Sherry and O’May) in addition to the Homeless World Cup, although findings specific to SSS programming were rarely isolated from the tournament’s impact. This research suggested that the Homeless World Cup, in combination with Street Soccer programming, can contribute to health (e.g., joy, reduced symptoms of mental illness), develop capabilities (e.g., coping, self-improvement, leadership, confidence), build social capital (e.g., bonding, bridging, and linking), and cultivate pathways (e.g., access to social and health services). Sherry (2010) also explored the impact of the Homeless World Cup and the Australian Street Soccer programme on their players, with the central focus on the tournament’s impact. Findings specific to the Australian Street Soccer programme highlighted how social inclusion is cultivated by both players and support staff, resulting in enhanced self-esteem and sense of belonging. Programming also provides valuable links to housing, rehabilitation programmes, employment and educational opportunities, and extended community support networks.

Despite this body of research, there is still limited evidence on the impact Street Soccer programmes may have on their players – as well as how and why this impact may occur. This aligns with broader concerns about the SfD evidence base, with hundreds of programmes around the world using sport in innovative ways to impact the lives of individuals and the communities in which they live, and yet there continue to be questions about the quality of research on these very programmes (Whitley et al. 2019a, 2019b). Additionally, the studies which do exist often overlook the voices and perspectives of the participants themselves (Darnell, Whitley, and
Massey (2016), who can help us better understand their lived experiences with complex and developmental trauma, homelessness, immigrant and refugee status, and beyond. A recent meta-study by Massey and Williams (2020) cited the value of narrative inquiry when considering how scholarship may expand our understanding of trauma survivors’ experiences in sport and enhance evidence-informed practice. Given that homeless, immigrant, and refugee populations are among the most marginalized and silenced groups in society, with stigma, discrimination, exclusion, and isolation pervasive to their everyday experiences (Beehler, Birman, and Campbell 2012; Ellis, Murray, and Barrett 2019; Hwang and Dunn 2005), it is critical to provide these individuals with a platform to share their lived experiences to inform practice, policy, and research efforts. Thus, this study was designed as a narrative inquiry, with multiple in-depth interviews with SSS and SSUSA players exploring their life histories and current realities. This includes a focus on their experiences in Street Soccer programming, along with interrelated systems and services. This adds to the small, but growing, body of literature within SfD that prioritizes the voices of those with lived experiences (e.g., Magee and Jeanes 2013; Parker, Meek, and Lewis 2014; Young and Okada, 2016).

Additionally, to better understand the contextualized and multifaceted nature of their lives and their participation in Street Soccer programming, interviews were conducted with family members, friends, Street Soccer coaches, and others, with these interviews facilitating the exploration of interrelated systems in the players’ lives. This research design is a direct response to Massey and Williams’ (2020) call for gathering multiple perspectives from diverse stakeholders, along with Massey and Whitley’s (2019) call for a systems approach to SfD research. Additionally, this study is a multi-site design with individuals from two SfD programmes located in different countries (i.e., Scotland, U.S.). Overall, this approach responds
to recommendations for more innovative, diverse, and rigorous research methods in SfD research (Darnell, Whitley, and Massey 2016; Massey and Whitley 2019; Whitley et al. 2019a, 2019b).

Methodology

This narrative inquiry draws from a larger study in which we seek to understand the SSS and SSUSA players’ life histories and current realities, along with the longitudinal impact of Street Soccer programming and the Homeless World Cup. Our study is underpinned by philosophical assumptions of ontological relativism (i.e., there are multiple, created, mind-dependent realities) and epistemological constructionism (i.e., knowledge is socially constructed and subjective) (Smith and Sparkes 2009). In line with these assumptions, narrative inquiry was selected as it enables exploration of the complexity of human life in and across time, along with social, cultural, and public narratives about trauma, homelessness, immigrant and refugee status, resilience, and beyond – and the intersection of sport and interrelated systems (Frank 2010; Smith 2016).

Positionality

We embraced our roles as storyanalysts, not storytellers, and recognize that we jointly construct the stories shared by players (McGannon and Smith 2016; Smith 2016). Thus, our own lived experiences affect the research process, requiring awareness of our positionality and engagement in reflexive practice. The primary Scottish researcher ([First Name 1]) is a PhD student and former soccer coach with experience living and working in Scotland’s most disadvantaged communities, along with multiple years embedded within SfD programmes to explore their inner mechanisms and evaluate their impact. The primary U.S. researcher ([First Name 2]) is a former university athlete and coach with both positive and negative sport experiences, along with extensive experience in qualitative research and in designing,
implementing, and evaluating SfD programmes in under-resourced communities. Both of us have had strong multi-year partnerships with our respective Street Soccer programmes (i.e., SSS, SSUSA). Beginning with the first conversations about this study with one another and with SSS and SSUSA, we engaged in a reflexive process about how we communicate with players and the Street Soccer programmes, along with how we are shaped by the players’ stories (McGannon and Smith 2015).

As for researcher roles, [First Name 1] conducted all SSS interviews and performed initial analyses of their stories, while [First Name 2] did the same for SSUSA. [First Name 3] collaborated with [First Name 2] on the study design and multi-site data collection. [First Name 3] also served as a critical friend for [First Name 1] during the analysis of the SSS stories, as did [First Name 4] for [First Name 2] with the SSUSA stories. Throughout this study, the research team worked from an interdisciplinary lens (i.e., sport psychology and sport sociology), recognizing the potential to advance trauma-related work within the SfD field from both psychological and sociological perspectives.

**Study design**

Following approval from institutional ethics committees at both researchers’ institutions, along with selection of the Homeless World Cup teams by SSS and SSUSA, [First Name 1] and [First Name 2] met (independently) with SSS or SSUSA staff to discuss team members who may be possible study participants. Programme staff were involved: (a) to ensure that individuals invited to participate would feel comfortable being interviewed, (b) to enhance the diversity of the participant pool, and (c) because staff were needed on occasion for logistical purposes (e.g., access to facilities for interviews).
The researchers then held individual conversations with each possible participant about the study purposes, voluntary nature of participation, and ability to terminate data collection. It was stressed that their decision to participate in the study would not impact their participation in Street Soccer programming and/or the Homeless World Cup. Additionally, their rights to confidentiality were explained, including the steps taken to ensure programme staff could not access identifying information, even if they knew who was participating. If the player indicated interest in participating in the study, they read the informed consent form, asked questions as necessary, and signed the form. The final sample was comprised of eight SSS players and eight SSUSA players, with time participating in Street Soccer programming ranging from less than one year to 11 years. Players (seven female, nine male) ranged in age from 18 to 45, with 11 players identifying as white, four as black, and one as Latinx. Five players were immigrants or refugees born outside of the U.S. or Scotland.

Players took part in the initial interview (time-point one), with [First Name] conducting all SSS interviews in person ($M = 28$ minutes) and [First Name 2] conducting seven SSUSA interviews in-person and one over videoconference ($M = 61$ minutes). These interviews encouraged players to reflect upon their life stages and domains in an approach consistent with life history interviewing (e.g., Cowan and Taylor 2016). A semi-structured interview guide, informed by SfD literature, homeless, immigrant, and refugee population literature, and the researchers’ own experiences as practitioners and scholars, elicited further reflections on the role of Street Soccer programming and interrelated systems and services. Additional reflections focused on the upcoming Homeless World Cup, and subsequent interviews explored the impact of the event itself (time-point two) and the long-term impact (time-point three). However, players’ experiences in this tournament is not the focus of this paper.
At the end of the time-point two interviews, players were asked to identify family members, friends, Street Soccer staff, and/or others who could provide additional perspectives. It was explained that these secondary participants would know the SSS and SSUSA players were study participants, but the researchers would not discuss any details shared by players in interviews, so that confidentiality was maintained.

These secondary participants were contacted via telephone or email that included a brief study description, the consent form, and a request to schedule an in-person or telephone meeting. If a meeting was arranged, [First Name 1] (with possible SSS secondary participants) and [First Name 2] (with possible SSUSA secondary participants) described the study purposes, voluntary nature of participation, rights to confidentiality, and ability to terminate the interview. It was stressed that their decision to participate in the study and/or their responses would not impact the players’ engagement in SSS or SSUSA programming. If they indicated interest in participating in the study, consent was obtained. The final sample was comprised of three SSS secondary participants and eight SSUSA secondary participants: two (step)parents, one friend, one sister, and six Street Soccer coaches all over 17 years of age.

Secondary participants then took part in the interview, with [First Name 1] conducting all secondary SSS interviews in person ($M = 53$ minutes) and [First Name 2] conducting all SSUSA interviews over telephone ($M = 31$ minutes). These interviews explored their relationships with the players, along with the individual’s life stages/domains (e.g., childhood, school, family, homelessness, immigrant and refugee status) and experiences in Street Soccer programming, the Homeless World Cup, and interrelated systems and services.

*Data analysis*
Thematic narrative analysis was selected as the most appropriate analytic approach, focusing on the story content (i.e., *whats*) rather than the *hows* of stories. The analysis followed Smith’s (2016) seven-step guidelines, with the understanding that this was a cyclical and iterative process. The first step in this guide is writing, which we began early and returned to throughout the entire analytic process. The data were transcribed and files organized, followed by narrative indwelling where the researchers (re)read the interview transcripts while listening to the recordings and writing memos with initial impressions. Narrative themes and thematic relationships within stories were then identified for each player, with [First Name 1] performing this initial analyses of SSS stories and [First Name 2] doing the same for SSUSA stories. Serving as critical friends to challenge assumptions and suggest alternative interpretations of data (Smith and McGannon, 2017), [First Name 3] and [First Name 4] reviewed these themes and thematic relationships, engaging in critical dialogue on discrepancies with their country-specific colleague. Next, [First Name 1] and [First Name 2] described and interpreted these themes and thematic relationships for each player, which was again reviewed by and discussed with their critical friends.

At this time, themes and thematic relationships across players (first within country, then across programmes) were identified and critically discussed, along with more detailed descriptions and interpretations of these themes and thematic relationships. Throughout these analytic steps, we sought to keep the stories intact, seeking both manifest and latent meanings of data without segmenting the data into fragments. In the final step, we represented the results through a realist tale, going through multiple iterations as we sought to capture the key content in an engaging, insightful manner.

**Experiences and impact of complex and developmental trauma**
All players in this study experienced complex and developmental trauma, yet due to space limitations, narratives which were especially powerful and representative are shared below (and in the following sections). Themes across players are identified in Tables 1, 2, and 3. All names are pseudonyms commonly used in the U.S. and Scotland (to ensure anonymity), with the exception of those born in another country.

[INSERT TABLE 1 HERE]

**Corinne**

Corinne grew up with an inconsistent support system (e.g., family, peers), including a series of abusive/destructive relationships that featured violence, assault, drugs, control, and verbal abuse (e.g., ‘you’re a fat piece of shit’). She was diagnosed with bipolar disorder which resulted in heavy medication at a young age leading to substantial weight gain. These experiences led to a set of struggles that influenced Corinne quite significantly. First, she had very low self-esteem and self-worth (believing ‘I’m nothing’), leading to the use of cocaine to ‘check out’ and numb her feelings. Throughout her adolescence and into early adulthood, Corinne experienced minimal autonomy and independence, beginning when her doctor prescribed medication leading her to feel controlled by the drugs. Later on, her boyfriend controlled every part of her life, and she never advocated or ‘showed up’ for herself. Additionally, Corinne experienced extreme social anxiety amidst an unstable world around her, without a place to call home for years as she bounced between schools and treatment centres. In addition, she was hesitant to share her story with others (even with family), with her abusive boyfriend further drawing her away from others that resulted in feelings of isolation. She described him this way:

He was very abusive. Towards the end I almost died…He pulled a gun, it jammed. It was a devastating relationship. He beat me. I have a healed cheek fracture, I have healed skull
fractures. He was awful. He was an alcoholic. He’d black out and beat me. He ended up
assaulting me in the same way that I had been assaulted before. This reality led to a suicide
attempt, where Corinne received help (at first) but then returned to her abusive boyfriend,
demonstrating the cyclical nature of her behaviour and environment.

Gary

His parents’ divorce, domestic abuse, and alcoholism evoked fear, confusion, and anger
in Gary.

The physical abuse with my step-dad…there didn’t have to be a reason for it, for when it
would happen. It would just happen. So, I was kind of [walking on] eggshells…that’s
how my behaviour, that was my coping mechanism. My defence. Start being this bad boy
and try and keep people at arm’s length.

To cope, he took drugs (e.g., cannabis, ecstasy, cocaine), was regularly truant from school, and
isolated himself from others. Gary ultimately left his family home at 16 to live in homeless
shelters, which accelerated his drug use and criminal behaviour (e.g., housebreaking). ‘At this
point, it was torture. Absolute torture, because I didn’t want to be around about anybody. I had
gone right into my shell. I was a recluse. Scared of my own shadow, and it was absolute torture.’

Ultimately, he spent nine months in a young offenders’ institution. Eventually, Gary
attempted suicide, which led his father to send him to another country for safety and structure. In
the midst of this respite, trouble found Gary once again with a brutal mugging and beating. He
returned home for treatment and reunited with friends and family, but he became addicted to
heroin. This led the mother of his children to move away and restrict access to his children.
Though Gary remained resilient and tried to continue working during his addiction, he felt he
had disgraced his family, leading to mental health problems (e.g., anxiety, fear).
I maintained jobs throughout my using, my addiction, but on the surface, I maybe looked alright to people, but underneath it wasn’t…I maintained the feeling of self-loathing that I’ve got in myself, all the damage I’m causing my family members.

He ultimately lost his job when his boss found drug paraphernalia in the company vehicle.

**Sophia**

Until recently, Sophia’s life was defined by her destructive and dysfunctional family dynamics, along with isolation, exclusion, abuse, violence, and hatred. Sophia was born to a young mother not yet ready for kids and a father who sabotaged birth control efforts. Her alcoholic father ultimately cheated, resulting in divorce when she was just five. Her mother found a new husband to make ends meet, but the man she married was abusive and ‘verbal about his racism and his bigotry towards gays’, requiring Sophia to hide her true identity. She was removed from her home by the government when her sister accused her stepfather of sexual abuse, but they returned without any real form of counselling or support. These experiences led to avoidance behaviours, drug use (e.g., marijuana, ecstasy), and severe depression and anxiety. Sophia was also afraid to be alone, as she was seeking acceptance, inclusion, and connection. In response, she stayed in a destructive relationship (e.g., dismissiveness, bitterness, resentment, fighting) where she had no decision-making power, and she used drugs when ‘I felt alone, I felt lack of connectedness to anything and so I turned to using as an escape.’

Through meditation and therapy, she realized she was co-dependent on others, had PTSD from childhood trauma, and had prioritized surviving and making others happy. At this point, Sophia began prioritizing and advocating for herself, along with acknowledging and accepting her identity. This led to further isolation, exclusion, abuse, violence, and hatred, with close relationships shifting between acceptance and disgust, hatred, and exclusion. A series of events
that involved police led her to homelessness (where she was mugged several times) and isolation from her children. A cycle then emerged, with Sophia returning to avoidance, numbing (this time with drugs like crack and methamphetamines), depression, and anxiety. She described this time period this way:

I was just feeling pretty hopeless… was livin’ on the streets for a good amount of time…I still wanted to smoke crack, I still had so much that I couldn’t handle and process and because [crack] wasn’t really around, it became meth amphetamines and I started using that. Pretty much started becomin’ an everyday occurrence…I have had everything stolen from me about three or four times…I probably was assaulted about three different occasions, one person pulled a gun on me.

Makena

Violence, instability, and change were constant for Makena as her family sought a better life, living in three different African countries (one in a refugee camp) without any formal schooling before finally moving to her current country for ‘a better future’. Later on, she struggled with understanding the meaning of ‘homeless’, as her conceptualisation of ‘home’ was not clear in the first place. This led to two overarching and persistent themes. First, Makena experienced tremendous isolation and exclusion, explaining how ‘my whole life, I was getting bullied,’ often due to the language barriers (among other factors) each time her family moved. Makena’s experience in the refugee camp was even more isolating, with everyday norms (e.g., soccer with peers) disrupted. When her family moved to her current country, she experienced intense/frequent bullying, as she was black, from Africa, and didn’t speak English. She felt excluded both by her home country’s culture and black culture, and ultimately was suicidal. Another theme in Makena’s life was minimal autonomy, with her parents making most decisions
without informing her or her siblings of their reasoning. These norms, combined with expectations that she conform to specific gender roles and meet familial expectations as the oldest female child (where she cooks, cleans, and cares for siblings), have prevented her from being herself and having her own time/freedom.

**Prior to engagement with Street Soccer programming**

[INSERT TABLE 2 HERE]

**Growth and resilience in response to trauma**

Growth and resilience were common threads across players’ narratives, with some able to sustain their well-being and achieve positive outcomes in response to trauma before they engaged with Street Soccer programming.

**Ousmane.** Ousmane’s first 15+ years in Africa were challenging, as he was poor, frequently hungry, and unable to consistently attend school. In his words, ‘we were really poor was a really big challenge for me. Sometime we can spend one day without eating nothing.’ However, his supportive mother did her best to provide for him, and ultimately convinced his father (whom he did not know) to bring him to his current country to improve his life. Since his arrival, he has felt ongoing pressure to support his family members still in Africa. In response, he is driven to meet the goals he has set, including plans for college and helping others in his future profession. Ousmane experienced separation and isolation from his family in Africa, as well as from his father when they lived in a shelter for six months and when he chose to go into the foster care system. This, combined with verbal abuse from his father and lack of support from his first foster family (e.g., he was not given keys, often sleeping outside till they got home), made him realize he must carve his own path. For example, he chose to go into ‘the foster programme’ rather than stay with his father. He explained that ‘I’m gonna put maybe a distance between us
[his father]. Be in the foster programme. Use my resources and try to develop myself without him.’ Ultimately, I want to ‘try to improve my life so I can achieve my goals.’

Abdou. Abdou demonstrated an incredible willingness and ability to adapt throughout his life. He learned English at 17 after moving from Africa, and relocated within this country for his family and his job. He also developed a growth mindset, defined as understanding his abilities can be developed through dedication and hard work. One example of this was his commitment to correcting his English when others made fun of him:

I was started getting to know English maybe like six months little by little, I’m start speaking after 6 months ’cause I have no choice but to speak it. So even people used to make fun of me and that make me stronger, that make me feel better, ’cause I would learn my mistakes.

Additionally, Abdou became homeless for some time, explaining that ‘it was hard for me. I didn’t got no place to stay. I was sleeping in the street.’ While he initially felt self-hatred during this time, he found a way to believe in himself and his abilities – working hard to find a place to live and jobs to support himself. Overall, Abdou demonstrated a drive to survive and a voracious work ethic.

Supports, systems, and services

Prior to engagement with Street Soccer programming, most players sought supports, systems, and services, demonstrating a willingness to reach out for help and an interest in taking advantage of every opportunity available.

Juan. As a result of his childhood experiences, Juan was uncertain and fearful of his future; he responded to this in two ways. First, he takes advantage of every support system offered to him, seeking out ‘counselling and going to AA meetings and NA meetings…and anger
management classes.’ He also takes advantage of opportunities offered to him. For example, he
earned his high school diploma while in a recovery housing programme and used the free food
pantry at his community college. Second, Juan actively networks (‘he’s big on meeting people’) and takes advantage of key connections who serve as turning points for him. For example, his
boss connected him with a shelter when he was homeless, a high school advisor helped him earn
his diploma, and his caseworker helped him with university applications, access to free food, and
access to free bus passes. All of these experiences led Juan to realize he can carve his own path
forward, cultivating resilience along the way. He now sees that he has made mistakes in his life, but he can come back from them and learn from them. In other words, he no longer feels defined or constrained by his mistakes; instead, he feels a sense of control over his path. This realization was critical for him when he relapsed right before the HWC, as he was able to get right back on track without judging himself too harshly.

*Sophia.* Ultimately, Sophia found acceptance, inclusion, and belonging at a homeless shelter for women and kids and, later on, with Street Soccer. This had three key impacts for her. First, she finally had the guidance and support she’d been seeking her entire life, along with meaningful opportunities for a better future. This included ‘tough love’ when the shelter learned she was still using and kicked her out, reinforcing her commitment to stay clean. Second, she finally began prioritizing her mental health, learning to process and cope with past traumas and recurring behaviours. ‘They helped me with emotional support, a little bit of behavioural understanding of the traumas that I experienced. Definitely a big understanding of co-
dependency in the relationships that I had, why they were the way they were in the past, so that was a really big thing, boundary development which was awesome.’ Third, she started making decisions for herself and learning how to live independently. This began with getting clean, but
then she started volunteering and completed a job readiness programme where she received help with resume writing, interview skills, and job opportunities. She also started trying to get back in touch with her children.

**Ben.** While sleeping on the streets, Ben regularly reflected on his adverse childhood experiences (e.g., absent mother, abusive stepfather) and internal struggles (e.g., ‘I always thought there was something wrong with me’). His drug use did not mask his pain, as explained here:

- What I was taking [e.g., heroin, crack] wasn’t taking [away] what I was feeling inside.
- So, basically rock bottom. Basically, lost all my relationships with my family, getting told to sort of ‘eff off at the doors from everyone; my brother, my sister, my woman and my kids and basically ended up walking about my own town in a sleeping back, totally lost. Nowhere to go.

In the midst of this reality, he received instrumental support from a Christian church. Though hesitant of their religious underpinnings, their warmth and kindness helped Ben be vulnerable and share his story without fear of judgement. In his words, ‘They just listened to me. They didn’t judge me for what I had done or what I had been through, and I started building healthy relationships with people.’ These caring relationships and his newfound faith provided Ben with love that was absent from his childhood, along with the ability to process past adversities and begin building resilience for the future.

- I didn’t even know if it’s grieving. My whole flipping life has been a trauma. So, when the waves come, they come and they go. But when they come, I now know for the first time in my life, I’ll overcome it.

**Street Soccer programming**
Before focusing on Street Soccer programming, we must acknowledge the influence soccer had on players born outside of their current countries of residence. For example, soccer has been a lifelong respite for Ousmane, where he can relax, have fun, and be with friends. For him, soccer has always been about community building, where people come together and help one another despite their differences. Similarly, soccer has had an incredible influence on Abdou’s life. In general, it provides him with an opportunity to escape and experience happiness, as it reminds him of his home country and his experiences playing in the streets. On the field, he feels competent and in control of the outcome, which contrasts sharply with other parts of his life. Both Faraj and Makena shared how soccer was just for them, in a life so often focused on serving others. Makena also described soccer as an outlet where she could dream of a different future.

As for Street Soccer programming, there was often a shift in the players’ narratives once they joined, with trauma-informed practices, growth and resilience, and intersectionality each playing a role.

As for Street Soccer programming, there was often a shift in the players’ narratives once they joined, with trauma-informed practices, growth and resilience, and intersectionality each playing a role.

[INSERT TABLE 3 HERE]

Abdou

Street Soccer’s inclusivity cultivated a sense of community, while also developing Abdou’s sense of competence as he improved each week and felt the coaches’ support. Street Soccer also provided stability with weekly training and games, supportive adults who did not demonstrate favouritism, and a positive environment. In his words, ‘I could be homeless, but when I’m in the field, I forget about everything in the worry. I’m just happy.’ Street Soccer also helped Abdou develop better self-regulation skills. He explained how ‘I used to be so tempered back when I play soccer, I used to get mad like if someone kick me. “Ref what’s going on, like
can you call a red card…?” But now… I’m getting better at it.’ The coaches helped Abdou learn
to regulate his emotions in soccer, which has translated into better anger management off the
field as well. He now dreams of starting a soccer academy in his home country, with Street
Soccer showing how soccer can help youth.

*Emma*

The welcoming and caring environment of Street Soccer contrasted with the clinical
support Emma was receiving in her accommodation. ‘The girls gave me hugs. It was the first hug
I had had in months and it felt like I belonged. I was part of a team again. I felt like I was worth
something.’ Street Soccer provided Emma with an opportunity to develop meaningful
relationships, which she was seeking as ‘I wanted to feel part of something again. I wanted to
find friends. I wanted to have laughter. I just hoped that I could find it here and I one hundred per
cent have.’ In this safe space, Emma shared her story of abuse which she could not divulge to
family or friends, and her confidence and self-esteem began to flourish.

Furthermore, her consistent attendance enabled more personal development as she
engaged in volunteering and was encouraged and supported to attend various educational courses
facilitated by Street Soccer and implemented by partnering organisations and institutions (e.g., a
course on ‘mental health awareness’). Street Soccer staff explained that with her resilience,
‘nothing will stop’ her, with Emma likely to achieve her goals of gaining qualifications and
becoming independent.

*Juan*

Through Street Soccer, Juan received consistent support and clarity about his personal
development and future, with his coaches helping him recognize and reduce the pressure he puts
on himself to excel in various domains (e.g., staying sober, getting all As). He felt acceptance
and a sense of belonging, with the coaches and players becoming ‘his family.’ This was especially apparent with one of the coaches: ‘ever since I met [the coach], he’s been there for me. We text, we call, we talk. He’s always there for me.’ Additionally, Street Soccer was a safe space for Juan to confide with others, where he openly shared his struggles and successes with the team (without judgment) and then played soccer together, allowing him to work through these feelings in a productive manner. His coach described the Street Soccer environment this way:

The beginning of our practices really do feel like a 12-step meeting. We get together, we talk about the soccer skill of the day and the street skill of the day, and it’s really an opportunity and a platform to share what you’re struggling with, how you’ve succeeded, and that does give Juan a platform where he can share with people that he really, really trusts. ‘Hey this is what I’m goin’ through right now.’ And then after sharing all that and kinda getting it off his chest, we just like run around for 2 hours and you work through it…and I think another big part of it is having somebody that believes in you. If Juan’s got a group of teammates and coaches and myself and some of the shelter staff, if he’s got people that he knows are gonna support him whether he slips up or not, that almost takes the pressure off to not use. If you’re so worried and say, ‘oh man, these people are only gonna accept me if I’m sober,’ then that causes stress, and stress causes you to use. And so I think just having a non-judgmental space where he can be himself is really important.

Juan has also benefitted from Street Soccer facilitating connections to opportunities (e.g., job, housing): ‘to me, [Street Soccer]’s changing my life. It’s making me a better person. It’s creating all of these opportunities that were blind to me.’ Finally, he is recognized for his
leadership abilities, with his Street Soccer coaches helping him develop coaching skills by leading his peers. Overall, the biggest life lesson for Juan has been the Street Soccer mantra of ‘showing up’. Juan consistently takes advantage of every opportunity, every person, and every experience within Street Soccer and beyond.

Gary

Gary learned about Street Soccer at an addiction centre. Though he was nervous at first, the coaches gained his trust by sharing their own stories (e.g., criminal behaviour, addiction, mental health struggles). ‘I was used to being was judged all my life, and they didn’t judge me. They just made me feel welcome…I kept coming back because I felt safe. And I started to build friendships here.’ Although he was already a competent soccer player, he appreciated the focus on ‘personal development’ within Street Soccer programming, which aided his recovery. The people and the environment helped him ‘see the positive in himself.’ Street Soccer also helped Gary explore new possibilities by connecting him with additional services and supports, such as a non-profit organization where he travelled to another country for valuable volunteer experience. Gary’s continued attendance and ultimate selection for the Homeless World Cup acted as a catalyst for him to rebuild a relationship with his father. For Gary, [Street Soccer]’s been a massive part of where I am today. Without Street Soccer, and the people in it directing me towards what I do today, I don’t believe that I would be here. I still believe that I would be out using and living that life.

Discussion

Exposure to complex and developmental trauma was prevalent in players’ narratives, with these experiences compounded by issues affecting homeless, immigrant, and refugee populations. These included caregiving and household issues (e.g., abuse, neglect, domestic
violence, substance misuse, mental health problems, instability, destructive and dysfunctional family life and relationships, restrictive/overwhelming family expectations), community issues (e.g., isolation, exclusion, bullying, hatred), and other challenges (e.g., hunger, poverty, inconsistent access to education). Repercussions for players included lifelong psychological, social, behavioural, and physical health detriments, from mental health problems and mental illness (e.g., low self-esteem, low self-worth, feelings of incompetence, maladaptive processing of emotions, fear, anger, depression, anxiety, PTSD) to co-dependence, subservience, conformity, substance abuse, assault, suicide attempts, and beyond.

In spite of this, growth and resilience were common threads across players’ narratives, with many seeking pathways to new possibilities. This does not mean that pathology and distress were no longer present, but that most players were able to positively adapt such that they could sustain functioning (Ellis, Murray, and Barrett 2019). The data suggested that one key to this was embracing a growth mindset, along with a drive to survive – and even thrive – in response to or in the midst of trauma. Players shared stories where they sought feelings of normalcy, happiness, inclusion, and competence, all while seeking to connect with others and find/be their true selves. Ultimately, some individuals were able to cultivate and act on their dreams for the future, with this future orientation sustaining their efforts in the present. This was not achieved in a silo, with the more resilient players seeking help from others and taking advantage of opportunities. The number of supports, systems, and services utilized by players highlights the intersectional nature of trauma-informed practice, given that resilience is a multi-dimensional construct with individual, family, community, and environmental determinants (Ungar, Ghazinour, and Richter 2013).

Street Soccer programming
As players shared their experiences in Street Soccer programming, it became clear that SSS and SSUSA were using the sport’s popularity and appeal (particularly for those raised in soccer-dominant cultures) to achieve broader goals. Beyond this, they have embraced the core tenets of trauma-informed programming, cultivating growth and resilience amidst an ecological framework with interrelated systems (D’Andrea et al. 2013; Massey and Whitley 2020; Massey et al. 2015; Whitley, Massey, and Wilkison 2018). This intentionality is explored below.

**Trauma-informed practices**

The first step in trauma-informed programming is cultivating a safe, stable environment (Massey and Whitley 2020; SAMHSA 2014), which was evident in SSS and SSUSA. This enabled players to physically and mentally escape from their everyday lives, express and process their emotions through conversation and play, and build capacity for additional growth and development (Bergholz, Stafford, and D’Andrea 2016; Massey and Williams 2020; Massey and Whitley 2016; Whitley, Massey, and Wilkison 2018). Given that homeless, immigrant, and refugee experiences are defined by a lack of safety and stability, the impact of this environment for SSS and SSUSA players cannot be overstated. Fun also emerged as a powerful feature of Street Soccer programming, which is unsurprising as it is often the driving reason for sport participation (Visek et al. 2015). While the nature of sport encourages a fun atmosphere, this is not guaranteed; the environment constructed in SSS and SSUSA combined with sport-specific features (e.g., inclusive of all abilities, fairness, effective sport-skill instruction) made the experience more enjoyable. Also, the ability to be physically active was quite powerful for players, as it helps regulate physiological hyperarousal (e.g., PTSD) and reconnect with one’s physical and emotional self (thereby combatting dissociation, a common trauma symptom) (D’Andrea et al. 2013; Whitley, Massey, and Wilkison 2018).
Similar to Street Soccer Australia (Sherry 2010), SSS and SSUSA cultivated a welcoming, respectful, inclusive climate where all felt a sense of belonging as part of a team, a community, or – for some – a family (Massey and Whitley 2016, 2020; Massey and Williams 2020). Belonging and cohesion have been identified as environmental determinants of resilience (Ungar et al. 2007). For those with homeless, immigrant, and/or refugee backgrounds, respect and inclusion can be elusive as they are among the most marginalized and silenced groups in society, experiencing tremendous stigma, discrimination, exclusion, and isolation (Beehler, Birman, and Campbell 2012; Ellis, Murray, and Barrett 2019; Hwang and Dunn 2005). However, SSS and SSUSA constructed a climate which fostered respect and acceptance (of others and themselves), with players sharing just how powerful it was to connect and share stories with those from similar backgrounds (i.e., peer support; SAMHSA 2014).

While there were a number of features in this climate, the lynchpin was the cultivation of safe, stable, and nurturing relationships (SSNRs) founded upon trust (Bergholz, Stafford, and D’Andrea 2016; Bethell et al. 2017; D’Andrea et al. 2013; Massey and Whitley 2016, 2020; Ungar, Ghazinour, and Richter 2013; Whitley, Massey, and Wilkison 2018; Zolkoski and Bullock 2012). For those who have experienced complex and developmental trauma (including the players in this study), dysfunctional and destructive relationships are often at the heart of their trauma. Despite this, the path to healing is innately relational, requiring positive, trusting, proactive relationships (Bethell et al. 2017). These relationships are the foundation of SSS and SSUSA, particularly with coaches and support staff who made players feel valued, prioritized their holistic development (e.g., academic support, advice, general check-ins), and connected them with supports, systems, and services beyond Street Soccer. The players reflected on how much the coaches believed in them to rise above their backgrounds and current circumstances,
often before they believed in themselves (similar to findings from Whitley, Massey, and Wilkison 2018). While the focus of this study was not on the coaches, it became clear that the training they received – as well as similar backgrounds (Cohen and Welty Peachey 2015) and/or experiences (e.g., working at an organisation serving homeless youth) – were reasons why the coaches were so impactful. Additionally, the coaches and support staff were trained to deliver the evidence-based, trauma-informed curriculum utilized by each Street Soccer programme, which features life and job readiness skills (e.g., show up, adjust the plan) critical for players to promote their own healing and become their own problem solvers (Bergholz, Stafford, and D’Andrea 2016). This type of relevant, contextualized, ongoing training is essential for trauma-informed programming (Bergholz, Stafford, and D’Andrea 2016; D’Andrea et al. 2013; Purtle 2018; SAMHSA 2014; Whitley, Massey, and Wilkison 2018).

**Growth and resilience**

Growth and resilience were infused into every facet of SSS and SSUSA, with the foundational belief that all players can progress towards (if not realize) independent, fulfilling lives. This began with sport-specific skill-building, with an appreciation for their improvement as soccer players and (for some) recognition as skilled players. This aligns with previous work from Whitley and colleagues (Whitley, Massey, and Farrell 2017; Whitley, Massey, and Wilkison 2018), who suggested that task-oriented sport environments focused on learning and development enable players to practice skills in a supportive environment with constructive feedback, ultimately leading to sport skill improvement and enhanced feelings of competence. In SSS and SSUSA, this focus on skill-building extended far beyond sport skills, with players developing life skills that enabled more meaningful engagement in Street Soccer programming, other support services, and other domains (e.g., employment). In particular, the focus on building
self-regulation capacity was quite valuable, as it is a fundamental protective factor (SAMHSA 2014; Zolkoski and Bullock 2012). This aligns with previous research on self-regulation within SfD programmes, including Street Soccer (D’Andrea et al. 2013; Jarvie and O’May 2019). The players in this study also reflected on developing social competence (e.g., communication) and problem solving skills, along with support for finding their sense of purpose (e.g., goals, belief in future); in fact, many shared dreams of helping others (e.g., doctor, midwife, support worker, sport academy founder). These are all attributes of resiliency (Zolkoski and Bullock 2012), suggesting that SSS and SSUSA are cultivating resilience in their players. Additionally, developing and then using these attributes in different contexts (with the support of Street Soccer coaches, support staff, and others) increased players’ self-esteem, self-worth, self-efficacy, confidence, and beyond, which had ripple effects in many parts of their lives (Evans and Cronley 2017).

Another key feature was the person-centred approach taken by SSS and SSUSA, with coaches and support staff recognizing the heterogeneity of complex and developmental trauma, the varied experiences of homeless, immigrant, and refugee populations, and the diverse responses that may unfold (Evans and Cronley 2017). Players reflected on their personalized experiences in SSS and SSUSA, with each receiving qualitatively different support based on their needs and strengths as well as contextual and cultural variances (Bergholz, Stafford, and D’Andrea 2016; Ellis, Murray, and Barrett 2019; Ungar, Ghazinour, and Richter 2013; Whitley, Massey, and Wilkison 2018). Street Soccer programming also shared power and control (environmental determinants of resilience; Ungar et al. 2007), cultivating players’ feelings of autonomy within the programme as well as in their lives. This included developing a stronger, more positive sense of their identity, the capacity to act independently, the ability to self-
advocate, and an internal locus of control (Bergholz, Stafford, and D’Andrea 2016; Massey and Whitley 2020; Whitley, Massey, and Wilkison 2018; Zolkoski and Bullock 2012). Many players shared how these attributes had been stripped from their lives, and so (re)building them served as a powerful reminder of their own agency.

Street Soccer also helped players explore and access various opportunities within and beyond Street Soccer programming. For example, some players valued the roles they held within SSS and SSUSA (e.g., leadership roles, employment) and the opportunities they were able to access (e.g., travel, making connections with people nationally/globally). These experiences enhanced their skill building within Street Soccer programming, cultivated a stronger belief in themselves and their abilities, and helped them develop a future orientation. This aligns with research suggesting that access to new and valued roles, people, and resources is critical for maximizing the holistic development of players in SfD programmes (Whitley, Massey, and Farrell 2017; Whitley, Massey, and Wilkison 2018). Street Soccer also facilitated connections with external supports, systems, and services, which is discussed below.

Intersectionality

As evidenced in the sections above, and in alignment with previous research on Street Soccer programmes (Jarvie and Ahrens 2019; Sherry 2010; Sherry and O’May 2013), SSS and SSUSA have a deep appreciation of their programmes’ intersectionality, with strong connections to interrelated systems and services that support steps toward education, recovery, housing, language learning, job training, and beyond. This begins with a robust referral system to Street Soccer programming from other systems and services (and vice versa), as recommended in the literature (Bergholz, Stafford, and D’Andrea 2016; Whitley, Massey, and Wilkison 2018). However, this extends far beyond referrals, with SSS and SSUSA aiming to be part of a multi-
systemic social ecological framework seeking to enhance the quality of supports, systems, and services available to players – as well as the collaboration and partnerships that take place within this framework (Massey and Whitley 2020; Montgomery 2011; Ungar, Ghazinour, and Richter 2013; Whitley, Massey, and Wilkison 2018). For example, SSS has formal partnerships with various organisations and institutions (e.g., Edinburgh Napier University, Celtic FC Foundation) to deliver educational training courses that help their players off the field. This approach avoids sole reliance on the simplistic solution of individual development, which has been rightly critiqued within the resilience and SfD literature due to poor long-term outcomes (Massey et al. 2015; Ungar, Ghazinour, and Richter 2013).

**Conclusion**

These findings must be interpreted with caution, as they are driven by 16 player narratives from two Street Soccer programmes over the same period of time. Additionally, some participants did not engage as deeply in the interviews (resulting in shorter interviews) and/or did not identify secondary participants due to: (a) difficulties communicating their narrative given their early stage of addiction rehabilitation, (b) challenges communicating due to strong medication and/or medication changes to address severe mental health issues, (c) limited social capital, and/or (d) substance relapse. Finally, these players were all selected by their respective Street Soccer programmes as representatives to participate in the Homeless World Cup, suggesting they are regular attendees of SSS and SSUSA programming who likely have had more positive experiences than some of the other participants. Given the critical analysis of SfD to date which indicates that SfD programming does not always lead to positive outcomes (e.g., Hayhurst, MacNeill, Kidd, and Knoppers 2014; Magee and Jeanes, 2013; Trejo, Attali, and Magee 2015), future research efforts should include the voices of those participants who may
have more critical experiences to share (e.g., those who disengaged from programming). Also, there is a need for further descriptive, correlational, and experimental research utilizing innovative, diverse, and rigorous methods (Darnell, Whitley, and Massey 2016; Massey and Whitley 2019; Whitley et al. 2019a, 2019b). This would enable further exploration of how Street Soccer programmes in particular, and SfD programmes more generally, can best support those who have experienced complex and developmental trauma.

In conclusion, SSS and SSUSA are promising interventions for serving those (e.g., homeless, immigrant, refugee) who have experienced complex and developmental trauma. Yet SfD interventions like SSS and SSUSA cannot expect to transform participants’ lives on their own, with the literature identifying numerous faults with this logic (Coalter 2010 2015; Massey et al. 2015). The findings in this study point to the importance of intersectionality, with all participants benefiting from various supports, systems, and services – both before and during their engagement with Street Soccer. For some, participating in Street Soccer was the turning point in their journey, with coaches and other Street Soccer personnel connecting them to additional supports, systems, and services. For others, Street Soccer was one of these additional supports, systems, and services, with other determinants (e.g., individual, rehabilitation programme, educational opportunity, employment) serving as the key driver in their growth and development. The key point is that SSS and SSUSA were not operating in isolation nor harbouring unrealistic expectations about their ability to transform participants’ lives. Instead, these Street Soccer programmes embraced systems thinking, aiming to be part of a multi-systemic social ecological framework through thoughtful collaboration and partnerships with various supports, systems, and services in the community. Additionally, SSS and SSUSA embraced trauma-informed practices that promote growth and resilience through internal (e.g.,
self-regulation, problem solving, self-esteem), external (e.g., safety, stability, play, inclusion, relationships), and environmental factors (Bethell et al. 2017; Cronley and Evans 2017; Massey and Williams 2020). This points to a need for further study on the possibilities of trauma and resilience as critical issues for SfD programming and research, along with further research on how SfD programmes can embrace systems thinking in their programming efforts.
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