A Collaborative Rapid Response to Abuse in UK Gymnastics Using a Group Focused Acceptance and Commitment Therapy (FACT)-based Programme

Abstract

Whilst abuse is commonplace within sport, the abuse scandal in gymnastics has left many current and ex-gymnasts traumatised by their experiences. When the scandal emerged, we recognised an immediate need for support for survivors of this abuse within British Gymnastics; this paper documents our response. This paper presents practice-based evidence on how a FACT-based intervention programme was designed and delivered to four different groups: parents/guardians, older ex-gymnasts, adolescent gymnasts (13yrs – 18yrs) and younger gymnasts (9yrs -12yrs). In total 90 individuals attended the group sessions across a period of seven months. The intervention was found to be helpful in helping the group members to overcome current and historical traumas resultant from their experiences in gymnastics. The group programme was efficacious in establishing psychological safety, imparting ACT-based skills, improving family relationships, and providing a healing group experience.

Keywords: Focused Acceptance and Commitment Therapy, gymnastics, group therapy, abuse in sport

Context for the Intervention

Over the last decade, the normalisation of abusive, damaging practices, and behaviours with detrimental effects on athlete wellbeing in sport, has been exposed (Battaglia & Kerr, 2025; Feddersen & Phelan, 2021). It has been found that sport, in the pursuit of medals and competitive excellence, justifies and normalises a range of practices that place

athletes at risk, and which would not be tolerated in other contexts (Feddersen, Morris, Littlewood & Richardson, 2020; Gervis, Rhind & Luzar, 2016; Hartill & Lang, 2014).

The 'Athlete A' documentary, and the Larry Nassar case in the USA (Novkov, 2020; Way 2023), became the catalyst for gymnasts world-wide, traumatised by abuse, to publicly raise their voices and make complaints about their governing bodies. In the UK, it was shown that British Gymnastics (BG), failed to acknowledge or protect gymnasts from a systemically abusive culture. This led to the commission of a judicial review by governing bodies UK Sport and Sport England of the Whyte Review (2022). The review found evidence of systemic abuse, poor resourcing of safeguarding, absence of monitoring and compliance, and a culture of valuing achievements over the athletes' welfare. Indeed, these findings support the literature which has found evidence in gymnastics of issues such as forced overtraining, belittling, shouting, corporal punishment, weight shaming, overlooking injuries, and diminishing athlete needs (Kerr et al., 2017; Salim & Winter, 2022).

Traditionally, the culture in gymnastics is for gymnasts to spend long hours training from very young ages to the extent that the coach-athlete relationship becomes more important than, and subsumes, the relationship with their parents (Gervis & Dunn, 2004; Salim & Winter, 2022). This attachment-informed perspective highlights that the coach should be a safe and trustworthy figure for the gymnast. However, this is not always the case and many will inevitably be exposed to traumatising relationships and environments, through normalised authoritarian coaching styles (Kerr et al., 2017; Stirling & Kerr, 2008; Way, 2023). These insecure relationships can damage and traumatise (Van der Kolk et al., 2007; Van der Kolk, 2014), this can lead to long-term mental health difficulties for gymnasts (Kerr, Wilson & Stirling, 2020; Salim & Winter, 2022).

Given that the culture of gymnastics is tacitly permissive of abusive behaviours by normalising them as a part of the sport, the culture renders the abuse invisible (Gervis &

Dunn, 2004; Stirling & Kerr, 2008; Kerr & Dacyshyn, 2000). The 'Athlete A' documentary, amongst other accounts, revealed the reality for gymnasts, and in so doing, made the invisible, visible (Abrams & Bartlett, 2019). This resulted in hundreds of British gymnasts saying "#metoo" and it became abundantly clear that these abused gymnasts should be offered appropriate psychological support. This paper details the delivery of this support.

Background to the Intervention

After the British Gymnastics (BG) abuse scandal made UK headlines, the British Athletes Commission (now British Elite Athletes Association, BEAA, an independent representative body whose role it is to support elite athletes) became the replacement organisation for complaints against BG, as they are independent and, therefore, perceived to be neutral. In response to this immediate need, the lead author contacted the BEAA, to offer psychological support for those who had experienced abuse in gymnastics. This was agreed with the BEAA, resulting in a fully funded working partnership between the BEAA, the National Society for the Prevention of Cruelty to Children (NSPCC), and the authors (to note, the use of 'we' going forwards refers to the therapists that delivered the programme). Our programme aimed to deliver free group therapy to as many abused gymnasts as possible. We knew it was vital to respond quickly to the public outcries of abuse in order to minimise the damage and potential re-traumatisation that the scandal could catalyse in the gymnasts.

It was deemed essential, given the financial constraints of the programme, to use an online, group-based, brief intervention model to maximise the number of people, spread across the UK, that could be supported. For this reason, we decided to work using Focused Acceptance and Commitment Therapy (FACT). FACT is anchored in the three principles of acceptance, mindfulness, and values-based change, and allows practitioners to apply the same treatment methods, skills, and metaphors as Acceptance and Commitment Therapy (ACT),

but in a streamlined and condensed format (Strosahl, Robinson, & Gustavsson, 2012). FACT is transdiagnostic, emphasising efficiency, flexibility and adaptability, and works with the processes that underpin suffering, rather than any diagnostic criteria or syndrome-based protocols (Dindo, Van Liew & Arch, 2017; Strosahl, Robinson, & Gustavsson, 2012). FACT can be used to facilitate increased psychological flexibility and behaviour change across a broad range of problems within a short period of time (Strosahl, Robinson, & Gustavsson, 2012).

Readers are referred to Table 1 for an overview of the key constructs used within FACT. The efficacy of FACT has been widely evidenced (Dindo, 2015; Dindo, Recober, Marchman, Turvey, & O'Hara, 2012), alongside its use in group settings (Glover el al., 2016; Kanzler et al., 2022), and online (Otared, Moharrampour, Vojoudi, & Najafabadi, 2021; Trindade et al., 2021; Klimczak et al., 2023).

Table 1

Key constructs and definitions in ACT and FACT

Construct	Definition
Transdiagnostic process	"ACT is transdiagnostic (applies to more than one condition), process-focused, and flexibly delivered." (Dindo et al., p.546)
Psychological flexibility	"An individual's ability to connect with the present moment fully, as a conscious human being, and to change or persist in behaviour that is in line with identified values" (Ciarrochi, Bilich & Godsell, 2010, p.5)
Fusion	"In the state of cognitive fusion we are inseparable from our thoughts, we are welded to them, bonded to them, so caught up in them that we aren't even aware that we are thinking. Cognitive fusion basically means that our thoughts dominate our behaviour" (Harris, 2019, p.19)
Workability	"In ACT, we don't focus on whether a thought is true or false, but whether it is workable. In other words, we want to know if a thought helps the client move towards a richer, fuller and more meaningful life" (Harris, 2019, p.22)
Experiential avoidance	"Trying to avoid, get rid of, suppress or escape from unwanted 'private experiences'" (Harris, 2019, p.23)

Aims of the Intervention

The aims of the intervention were:

1) To create a safe space for gymnasts, and carers of gymnasts, to talk about their shared traumas, stemming from abuse in gymnastics;

2) To empower group participants to identify fusion, unworkable action and experiential avoidance, in line with FACT, and borne from their experiences of abuse in gymnastics;

3) To introduce skills to develop psychological flexibility and to foster positive behavioural change.

Implementing the Intervention

Three HCPC and BPS accredited, chartered practitioner sport and exercise psychologists delivered the intervention. All the therapists were trained in, and had extensive experience practicing with, ACT, FACT, and trauma-informed ACT (TrACT). Furthermore, the therapists had extensive expertise and lived experiences in gymnastics and sport. Three weekly one-hour online sessions were offered per group with a maximum of eight participants in attendance per session. The first session ran for 1 hour and 15 minutes to allow for initial introductions and agreement of group ground rules, and subsequent sessions ran for an hour. Three therapists delivered the intervention, one of the three was an ex-international gymnastics coach, another an ex-elite artistic gymnast, and all three were trained in FACT.

Only people who had experienced abuse in gymnastic contacted the BEAA. These people were then triaged by trauma-trained NSPCC staff through in-depth interviews. Potential attendees were then offered a free place in the programme if they felt it was

something that would be beneficial to them. Four different types of therapy group were created: parents and carers, older ex-gymnasts (18+yrs), adolescent gymnasts (13yrs – 18yrs) and younger gymnasts (9yrs -12yrs). In total, 40 group sessions were delivered across a period of seven months to the 90 individuals attending the programme.

Two therapists facilitated each group session to share responsibility, enhance the quality of the sessions, and ensure participant needs were met (e.g., if an attendee was overwhelmed or very distressed, one of the therapists could provide additional care in a breakout room with the individual). Additionally, this structure promoted reflection on each session and therapist self-care through peer supervision (Quartiroli, Martin, Hunter & Wagstaff, 2023). Each session was constructed using elements from the key eight-step framework outlined by Strosahl, Robinson and Gustavsson (2012), namely:

1. **Prelude** (know what the issue is – it was understood that all members were attending the group to address their experiences of abuse in gymnastics, thus the prelude was already established),
2. **Introduction** (informed consent, group ground rules including a confidentiality policy and its limitations, note taking and expectations for group conduct. The two therapists provided an overview of their sporting backgrounds, the concept of FACT and how it could help support individuals to start addressing their experiences),
3. **Snapshot of the issue** (each member was given space to introduce themselves, provide a 'snapshot' of their experience and how it has impacted their life),
4. **3 Ts** (unpacking the Triggers, Timing, Trajectory of the issue),
5. **Focusing questions** (identifying workability, experiential avoidance, and fusion),
6. **Re-framing** (cultivating new perspectives on the problem that enhance psychological flexibility,

7. **Active intervention** (developing ACT skills that allow the individual to better navigate the problem),
8. **Session rating/reflection** (practitioners and group members reflected on the session by answering the question: "what has been helpful or important to you today?". This reflective question was asked at the end of every session).

Whilst all groups followed these steps, it is important to note that the therapists utilised different methods when working with the younger gymnasts. Thus, going forwards, reporting on the 'adult intervention' will refer to parents and carers, older ex-gymnasts (18+yrs), and adolescent gymnasts (13yrs – 18yrs) groups, and will be separate from reporting of the 'youth intervention', which refers to the youngest gymnast (9yrs -12yrs) group. Furthermore, whilst aims and activities were set for each session, it must be noted that the therapists were flexible and adapted to meet the needs of each unique group. Thus, no session was ever the same. Finally, only steps three to seven will be discussed in detail, given this describes the therapeutic substance of the intervention. Group member reflections will be addressed with the practitioner reflections.

Adult Intervention

Session 1

The therapeutic vehicle that was used to explore the 3 'Ts' was 'The Choice Point' (Harris, 2019). The Choice Point, a construct central to ACT, was presented through practitioners sharing a lived example. The Choice Point is a diagram that is explains that behaviour can be either an 'away move' (experiential avoidance) or a 'towards move' (values-guided action). The process of populating a Choice Point helps individuals to delineate how fusion (hooks) leads to experiential avoidance and unworkable action, and how 'helpers' (e.g.,

values, skills, support, strengths) can facilitate towards moves. Individuals were invited to explore their own Choice Point as a means to understand any 'stuck' points in their own lives.

As a consequence of engaging with the Choice Point, it was apparent that group members were experiencing, in the moment, the very hooks they were identifying. This led to the practitioner leading the 'active intervention' of the grounding technique ACE (**A**cknowledge thoughts and feelings, **C**ome into your body through postural adjustments and grounding, **E**ngage with the external world) (Harris, 2019). All members were encouraged to practise ACE as 'homework' and asked to complete their own Choice Point to use in the following session. To facilitate this, group members were given supplementary written instructions, a blank Choice Point template, and audio recordings of ACE.

Session 2

Session two focused on 'workability' (as conceptualised by ACT) and offering new re-frames and perspectives. It began with practising the active intervention, ACE, to purposefully ground the group and reinforce the skill. Attendees were invited to talk through their Choice Point 'homework' to facilitate a deeper understanding of when they were caught up in their 'hooks' and engaged in unhelpful, debilitating behaviours (i.e., away moves).

To introduce the ideas of defusion and self-as-context, group members were shown The Sushi Train video (Harris, 2017). The sushi train metaphor was used explain how the mind works, whereby the 'chef' represents the mind, and the plates of food represent thoughts and feelings. We delineated between three types of 'plates': hated foods to represent difficult thoughts and feelings, favourite foods to represent enjoyable thoughts and feelings, and foods to represent neutral thoughts and feelings. Group members were invited to work through their own sushi train. In this way, the 'hated food' they selected became a short cut to

access their hooks (i.e., difficult thoughts and feelings). The active intervention that followed reinforced the idea of defusion by helping group members to notice and name unhelpful thoughts when they arise using the framework: “I notice I’m just having an [insert hated food] thought”.

The session concluded by introducing values by asking group members to consider the question: “in the face of this adversity, what do you stand for?”. Individuals were provided with a values checklist to reflect on over the week, and identify their top five values. This concept was then related to the Choice Point as ‘helpers’. They were also encouraged to practise applying the defusion technique to the challenging thoughts and feelings that might arise.

Session 3

The final session focused on cementing the work of the previous two sessions, and began with everyone doing the ACE practice. This further reinforced the skill, but also helped the group come into the session ready to begin the work. The ‘homework’ from the previous session was discussed with each person describing their values, which were then contextualised as ‘helpers’ on the Choice Point. We identified that, by having an awareness of their own values, group members could purposefully use them to facilitate their ‘towards moves’. In so doing, group members were able to create values-guided actions.

The FACT process of re-framing was further facilitated through a discussion whereby individuals selected one value and considered a ‘towards move’ that would be underpinned by this value. Thus, the focus of the work was to create these meaningful connections between values and ‘towards moves’, and decide on committed action, anchored in each

person's life context. Values were the 'why' that supported the behavioural changes the group members wanted to make in their lives, even when they were difficult.

The active intervention used in the final session was the 'compassionate hand' in which attendees were invited to place a hand imbued with kindness wherever it is needed (Harris, 2019). This was chosen because we recognised that there was a need for group members to be kind to themselves, especially given the fusion with guilt and harsh self-criticism that was prevalent. One of the therapists led the group through the key elements of the compassionate hand with everyone participating. Following the session all group members were given access to an MP3 recording of the exercise which they could use reinforce what they had learnt, and to support them going forwards.

Youth Intervention

Session 1

All of the exercises used with the youngest gymnasts were adapted to be age-appropriate, engaging, and accessible. The 'The Hardest Thing' exercise (Gordon & Borushok, 2019, p.101) was used to help the youngest gymnasts articulate and understand the issues they were facing. This was followed by showing the Choice Point in video form (Harris, 2018) to facilitate understanding. Thus, the video became a catalyst to begin to explore their 'hooks'. The 'active intervention' was the ACE practise, as discussed above.

To help the younger gymnasts understand their inner world it was deemed appropriate to utilise art as a therapeutic tool (Waller, 2006). To this end, for 'homework' they were tasked to draw their 'Inner Bully' (Gordon & Borushok, 2019, p.18) in preparation for the following session. To facilitate and encourage engagement, a practitioner showed them a picture of their

own inner bully to demonstrate how to complete the activity. Furthermore, they were encouraged to practice ACE in order to support with grounding skills.

Session 2

The session began with a group practice of ACE and sharing how they had been using it over the past week. Then, to encourage open reflection, one practitioner explained their own inner bully drawing before asking each gymnast to share their picture and explain it to the group (Waller, 2006). The 'Demons on a Boat' video (Oliver, 2010) was then shown to highlight difficult inner thoughts, whilst simultaneously helping individuals to find a way to defuse from their inner bully/demon.

The session continued by developing an understanding that the youngest gymnasts can act independently of their thoughts. To demonstrate this in a concrete way, the 'Say It, Don't Believe It' exercise (Gordon & Borushok, 2019, p.109) was undertaken. They were asked to hold their arms outstretched from their sides and move them up and down whilst repeating the thought 'I can't move my arms', thus demonstrating that they could still move their arms whilst experiencing the contradictory thought. This idea was then expanded through the 'You are not your thoughts video' (AboutKidsHealth, 2019). The session also concluded by introducing values, and the gymnasts were given an age-appropriate values worksheet (Gordon & Borushok, 2019) to look through over the coming week.

Session 3

In order for the youngest gymnasts to consider what a 'new' life would be like, we asked them the 'magic wand' question (Harris, 2019). What would you be being doing

differently? What would you start? What would you stop? In this way we were able to get them to identify specific behavioural changes that they wanted to move towards.

The active intervention focused on compassion by asking the youngest gymnasts to think about how they would support a friend who had experienced what they had. They were asked to consider what they would say, and how they would say it. They were easily able to connect with this, and so when we then asked them to consider saying this to themselves, as a means of active compassion, it was very powerful. In so doing, a number of them realised that it wasn't their fault, and that they could let go of the 'I'm not good enough' story and the harsh judgment that they had been carrying within.

Evaluation and Reflections

Participant Perspective

Following the group sessions feedback was collected by the BEAA, including a series of questions such as: 'what did you find most useful about the group sessions?', as well as the reflection question that was asked at the end of every session: "what has been helpful or important to you today?". The response rate was approximately 30%. Given that this work was not a piece of academic research, ethical approval was not sought nor permission to use quotations given. However, we can speak to the themes that we extracted from the feedback.

The key topics that emerged from the feedback related to psychological safety, their group experience, implementation of skills, and improved family relationships. Overwhelmingly, group members spoke of their relief in finding a safe space, where they felt heard and believed. For some, this was the first time they had understood the connection between their experiences of abuse in gymnastics and the impact on their mental health. Group members explained that having their trauma named, acknowledged, and believed was

crucial to their healing. Many said they had never had their experiences validated in this way and many believed, as victims of abuse often do, that they were somehow responsible for the actions of their coaches (Stirling, 2012). The realisation for many that it was 'not their fault' was empowering and freeing and significantly contributed to their healing. Moreover, a number of adult gymnasts said this was the first time the difficulties they were struggling with were explicitly connected to the childhood trauma they had experienced in gymnastics, despite having previously been in therapy.

One hundred percent of respondents said the group space made them feel safe and able to discuss their thoughts and feelings demonstrating that online group therapy can be a useful and powerful tool (Otared et al., 2021). Given the geographical location of all the group members it would have been impossible to reach everyone without using an online approach to therapy. In addition, following COVID-19 people were now used to working and interacting online, which normalised the experience.

The opportunity to meet others with shared experiences helped to challenge that they were alone in their distress, and reinforced that they were not the only person to go through these experiences. Thus, the group setting facilitated deep connection and trust that they had not experienced anywhere else. This supports Van der Kolk's (2014) assumption that the power of the group lies in the knowledge when everyone had similar shared experiences and, hence, trust was immediately felt by all.

Many participants also spoke about the usefulness of the FACT skills that were integrated as part of the therapeutic process. They learned to acknowledge their emotions and appreciate that they did not have to be 'hooked' by them. They were able to feel calmer and more grounded through regular practise of the strategies. Indeed, 90% of respondents stated they have been able to take their learning from the group to put into place in day-to-day life

to support themselves and/or their family. This supports the notion that FACT interventions can have demonstratable improvements in psychological flexibility even with a few sessions (Strosahl, Robinson, & Gustavsson, 2012).

The final element of critical change that emerged was that the therapy impacted family relationships. For parents it enabled them to be more effective in how they supported their gymnast children, and for gymnasts it facilitated new important conversations. Moreover, 100% of parents said they felt the group sessions had been helpful for their child to attend and that the group had helped their child speak about their feelings and experiences. It should be noted that the authors received no negative feedback, however, we acknowledge that undoubtedly not every attendee would have been so satisfied with the programme.

Therapist Perspective

The reflections below are representative of our lived experiences delivering this programme. It was apparent that a supportive community had developed in each and every group. As each group member answered the reflective question: "what has been helpful or important to you today?", the group listened intently and contributed supportively. Group members spoke about their new internal perspectives, and many spoke about the importance of the other group members helping them to understand that nothing that had happened was their fault. These were powerful and important moments.

The success of the intervention was doubtless impacted by the lived experience of two of the therapists, who, because they were able to speak the language of gymnastics, could create 'shortcuts' to understanding for the group members. This strengthened the therapeutic alliance, contributing to the resultant psychological growth and meaningful behavioural

change, as well as the powerful connections that were created with, and within, each group. As such the intervention was uniquely impactful.

We were struck by the group members' openness when sharing their experiences. FACT assumes that a therapeutic relationship already exists (Strosahl, Robinson, & Gustavsson, 2012), and we certainly felt this and were humbled by how deeply members trusted us in sharing such painful experiences. Indeed, the sentiment expressed in the groups, was that the skill of the therapists was valued and that they were grateful to have had the opportunity to take part.

As practitioners we all reflected on our initial anxieties about how successful the programme might be, given the short time frame we had for each group. However, we were also confident in the FACT protocol and that positive change could be realised. Indeed, when individuals returned for session two the positive transformation in many of them was remarkable and we were struck by how powerfully what we had offered in session one had landed. Furthermore, the approach taken to deliver the sessions differently for the youngest gymnasts worked extremely well. The adapted materials and deliberate use of more arts-based therapeutic tools were helpful in maintaining engagement throughout, encouraging participation, and facilitated understanding of FACT principles, which resulted in skill development. Indeed, the session devoted to drawing 'your inner bully' was especially powerful and we would encourage practitioners to consider these methods alongside FACT.

Finally, and importantly, there were many group members who described wrestling for many years with a range of debilitating psychological challenges such as eating disorders, depression, alcoholism, and anxiety. However, none of them connected their adverse childhood experiences in gymnastics to their current struggles and lack of ever feeling completely safe. This realisation was often the breakthrough moment in therapy.

Clinical Implications

There are several critical aspects that have emerged from this psychological intervention programme. First, speed of response is essential in the face of a highly publicised scandal of longstanding abuse to ensure support quickly reaches those impacted, in a timely and targeted manner. This enhances participation in therapy and limits re-traumatisation of survivors. We have demonstrated innovative practice that other practitioners and organisations can learn from to respond quickly, in collaboration with appropriate agencies. When another abuse scandal, in whatever context, surfaces, our experiences of delivering this programme have taught us that a swift response is of the highest importance in order to offer athletes meaningful support in the midst of a media storm.

Second, we found that online group therapy was effective for ameliorating the psychological impact of abuse. We further found that FACT was an appropriate therapeutic method to use in group settings and was efficacious for eliciting fast change and psychological growth. Last, we strongly advocate for the need for more practice-based evidence in applied sport and exercise psychology (Green, 2008). It is essential to elevate the importance of practice-based evidence in the literature to progress the profession and close the practice to research gap.

Conclusion

Overall, there are three main learning points from this intervention programme: 1) the efficacy of the programme, 2) the speed of delivery, and 3) the universality of the programme. First, we used FACT principles to support many survivors of abuse within BG.

The power of the group setting and the sharing of survivors' experiences facilitated meaningful change and psychological healing, helping survivors feel heard and validated.

Second, if in the future another abuse scandal is uncovered in a similar way to the revelations in gymnastics, it is imperative that supporting organisations act quickly to deliver therapy. Indeed, it is the authors' belief that because the support happened so fast survivors were more willing to explore the impact that their experiences had/were having on their lives as it was current. If this process had been delayed, it may not have been so impactful and survivors might not have come forward and identified their need for therapy. Third, the lessons learned, and the intervention created can be applied to support large groups of survivors of abuse irrespective of the environmental context in which it occurs. Finally, we must acknowledge that we genuinely did not know if we would be successful in reaching as many gymnasts as we did, nor that we would co-create with the attendees such a powerful, effective, and novel intervention.

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