

Resolutions

**When concerns are
raised: complaints,
resolutions pathways
and investigations**

When concerns are raised

Concerns may be raised with:

- a sport or recreation organisation
- the Sport Integrity Commission Te Kahu Raunui
 - can be anonymous
 - can come from anyone
- both



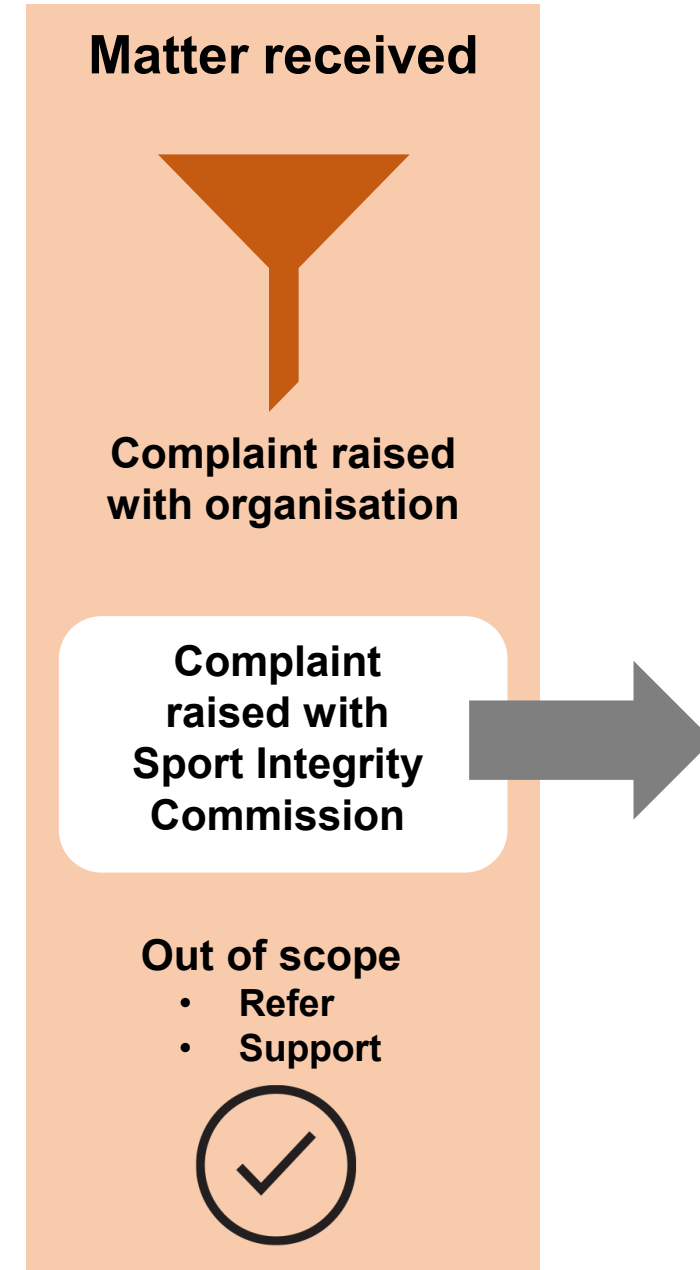
Roles in handling concerns

Sport and recreation organisations:

- manage many complaints themselves
- apply their own policies and processes

The Commission:

- receives complaints
- provides resolution services
- investigates
- may refer elsewhere and/or offer support



When someone contacts the Commission

Our first focus is the participant.

Initial steps will include:

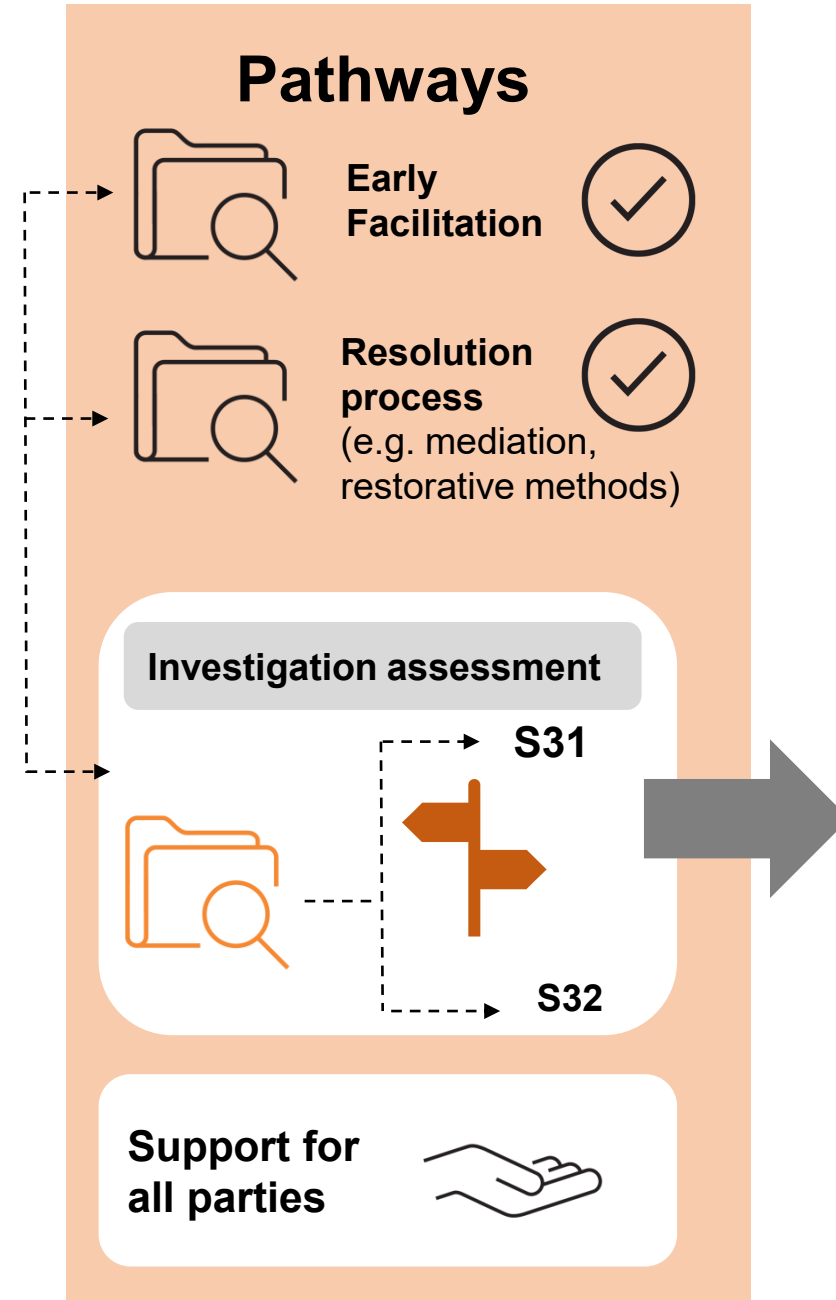
- listening to the concern
- triaging to understand what has happened
- offering support, including counselling
- explaining options and seeking consent for next steps
- Matters can conclude here



Finding the right pathway

After triage, a concern may move to:

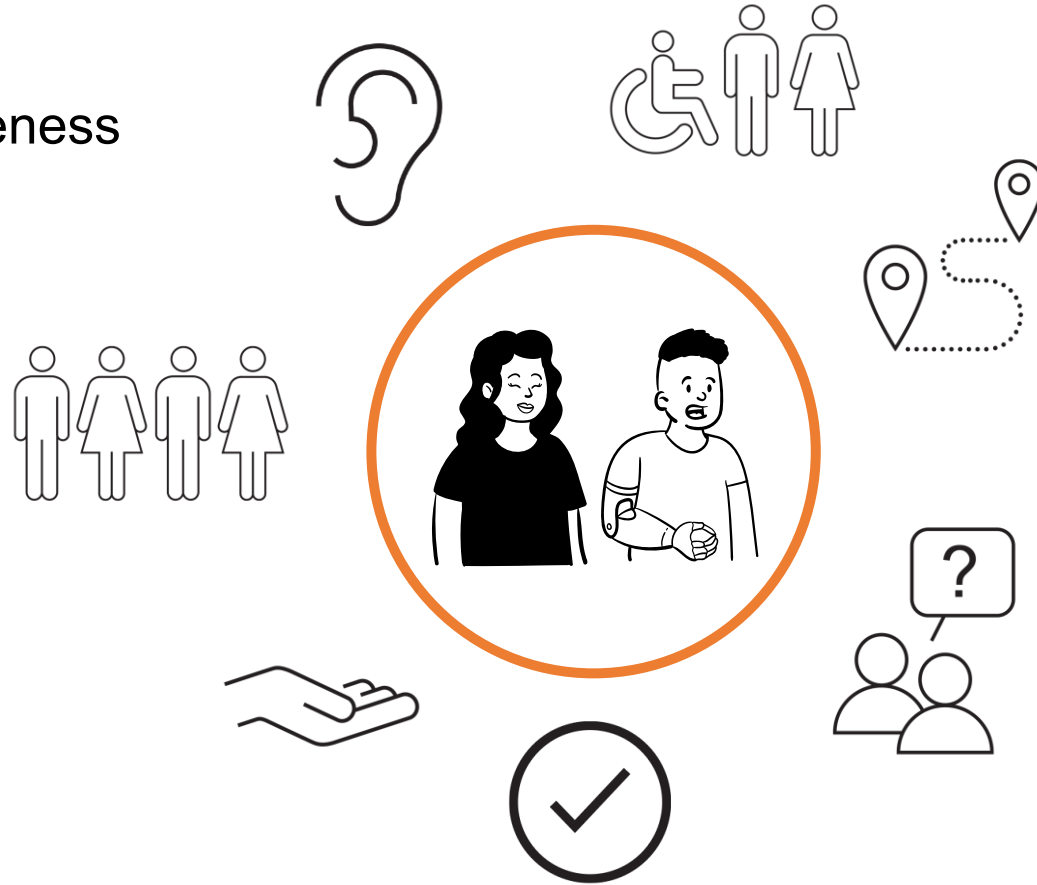
- early facilitation
- resolution e.g. mediation
- referral back to the organisation with support
- refer to another appropriate agency
- investigation assessment



Participant centred approach

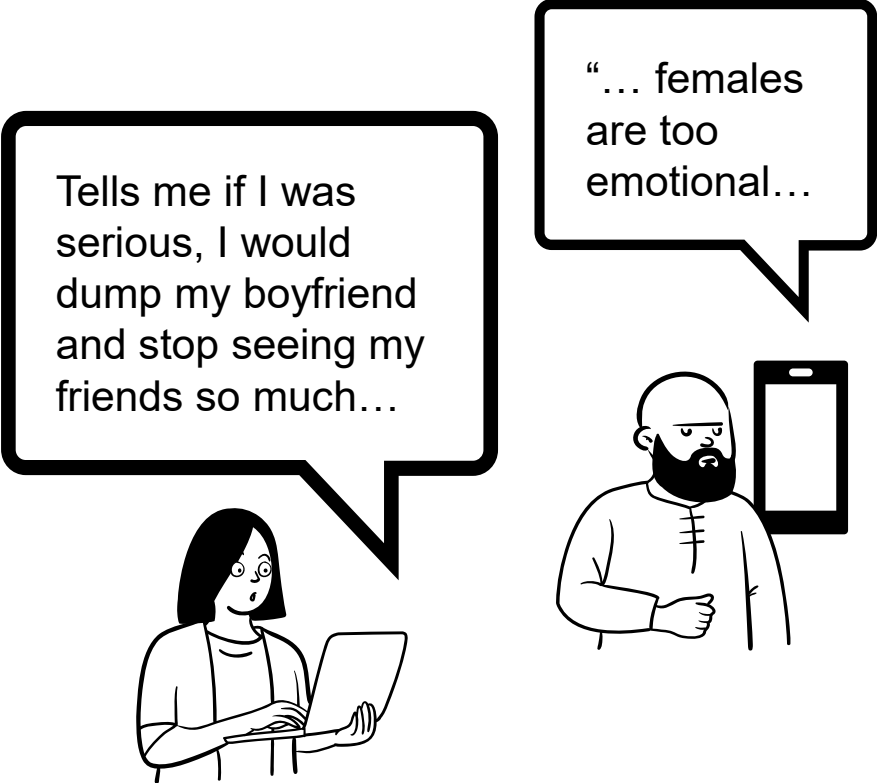
Key considerations include:

- the voice of the child and age appropriateness
- culturally appropriate approaches
- participant safety and well-being
- fairness for everyone involved
- ongoing support for all parties
- self determination



Scenario

A young participant in a national sport programme contacts the Commission with the support of her parent:

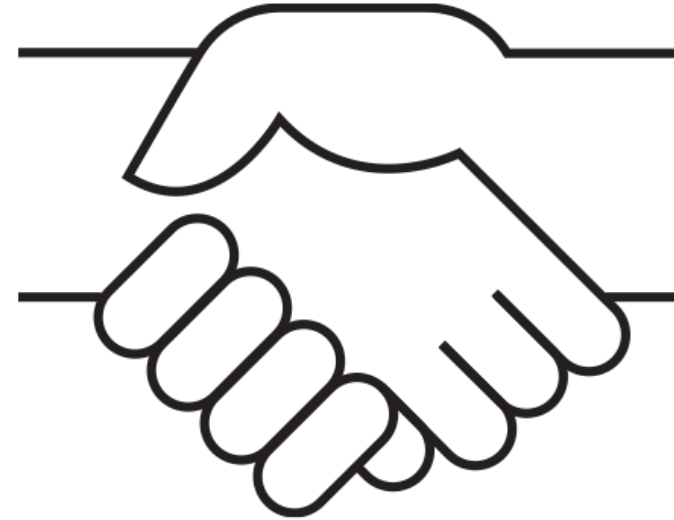


Possible pathway

Early resolution.

Options may include:

- facilitated discussion
- mediation
- Working with the organisation to address behaviour
- organisation may decide to proceed with disciplinary action, education



The situation changes

Same scenario as above, but instead of one participant there are now five.

Says I have no discipline...I try really hard...



He laughs at my accent and when I get my words wrong



He constantly messages me at night.



Said if I complain, I won't be picked



I'm injured but ignored and forced to play



The organisation has adopted the Integrity Code

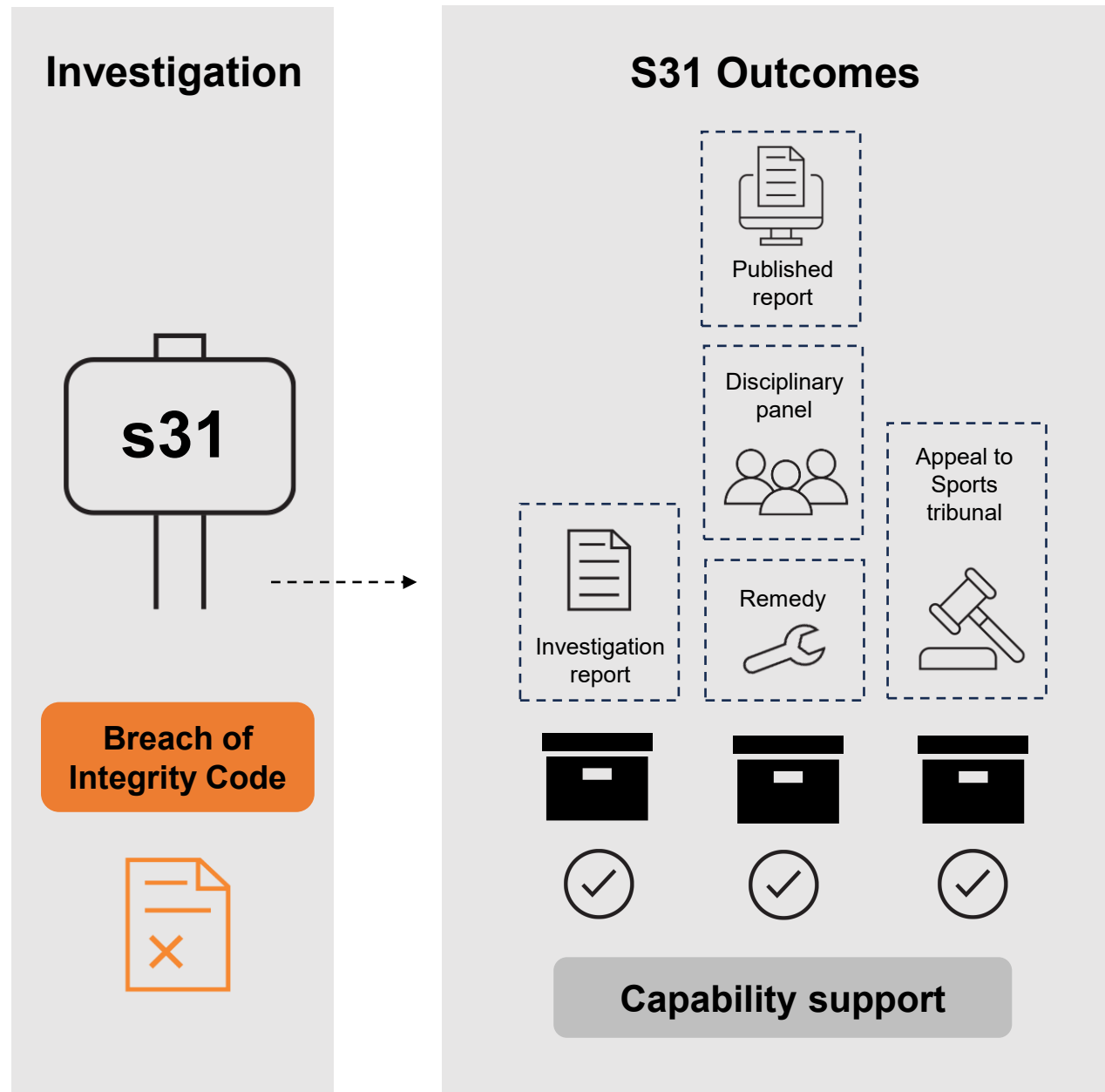
- the same process will be followed
- an obligation on the Coach exists to engage with the Commission
- an investigation for breach of the Integrity Code will be considered



S31 investigation

Where behaviour may breach the Integrity Code:

- the Commission can investigate under section 31 of our legislation
- there are several possible outcomes here



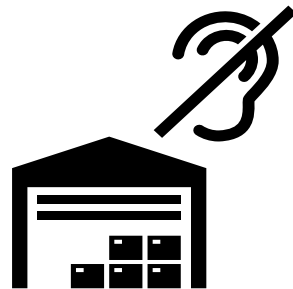
The situation evolves

Additional information is provided about previous occurrences.

We're shocked this is still happening. We've told our story before...



We're at the point where we don't want to play anymore



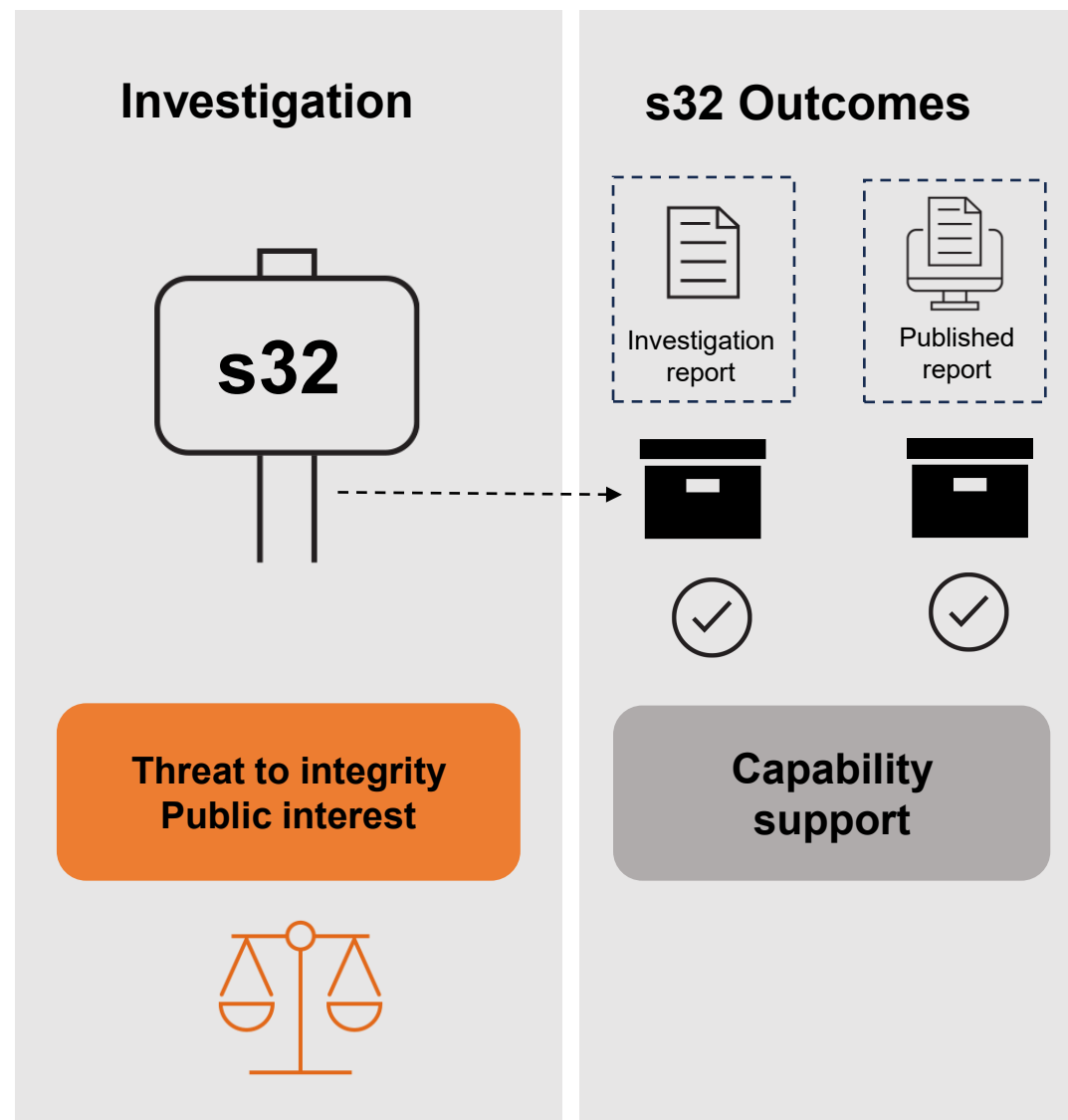
I feel terrible. As team manager - I knew what was happening but was powerless because he was so nasty all the time.



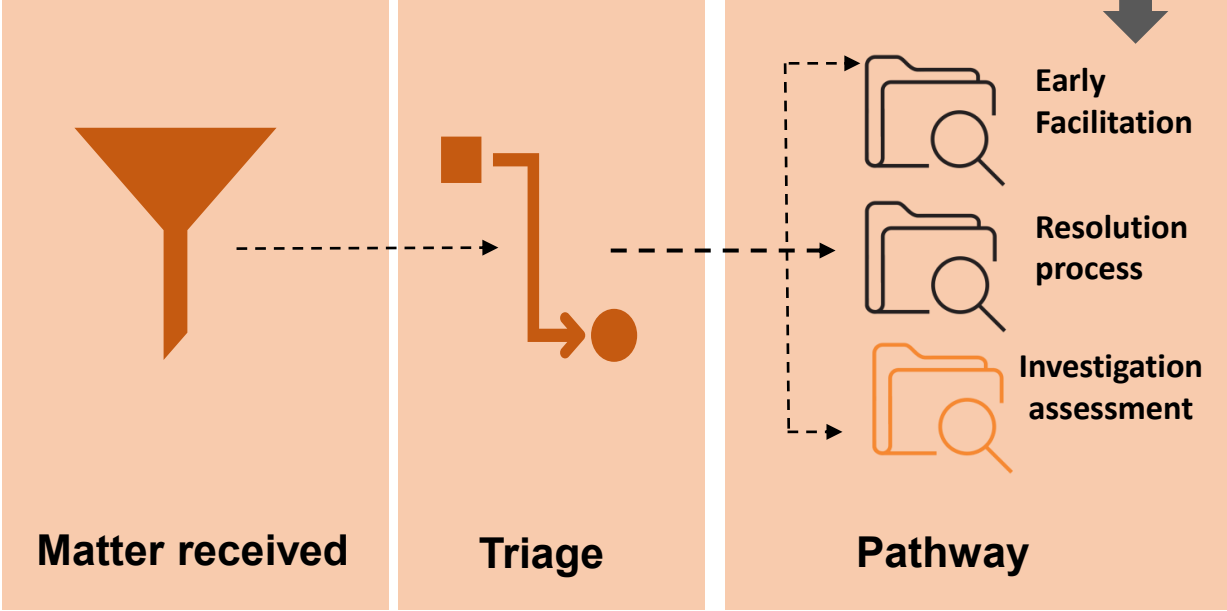
S32 Investigation

Where behaviour may create a threat to integrity and an it is in the **public interest**.

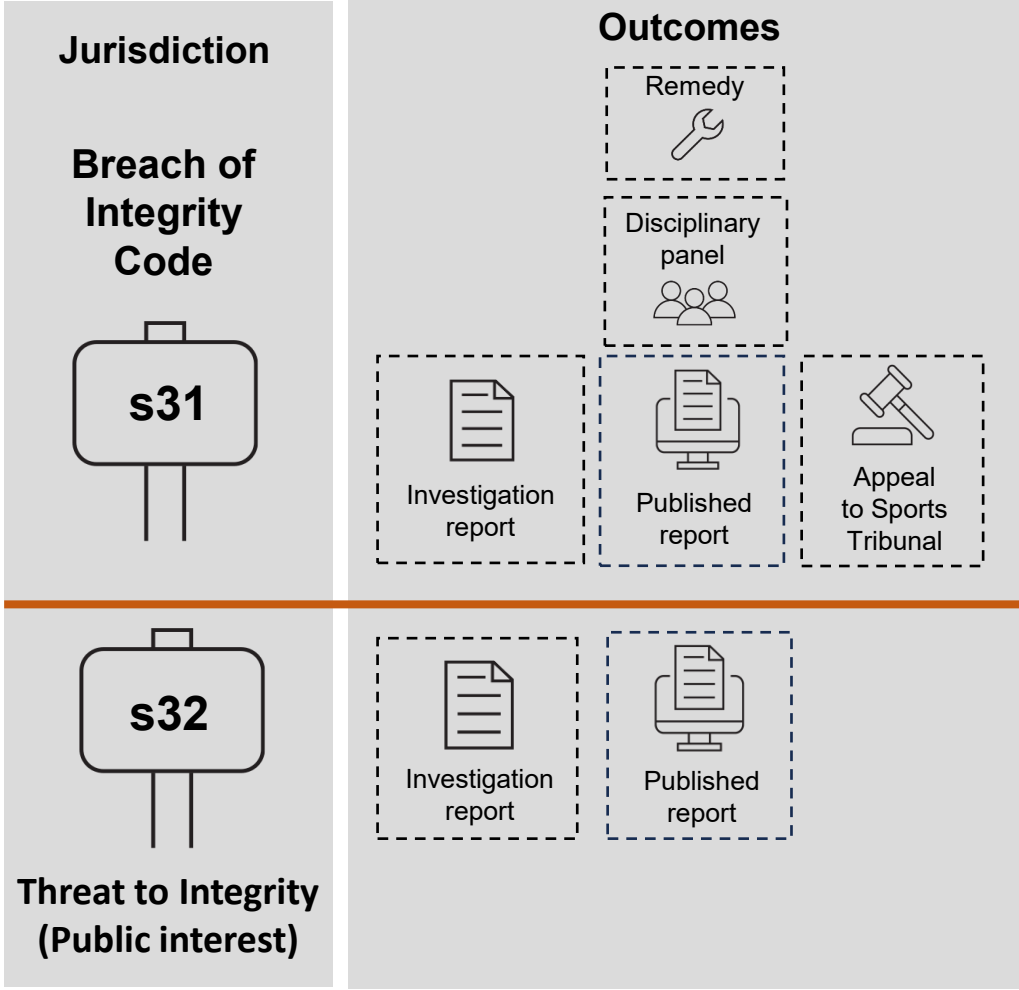
- the Commission can investigate under s32 of our Act
- there are less tools and possible outcomes



Process summary



Restorative options



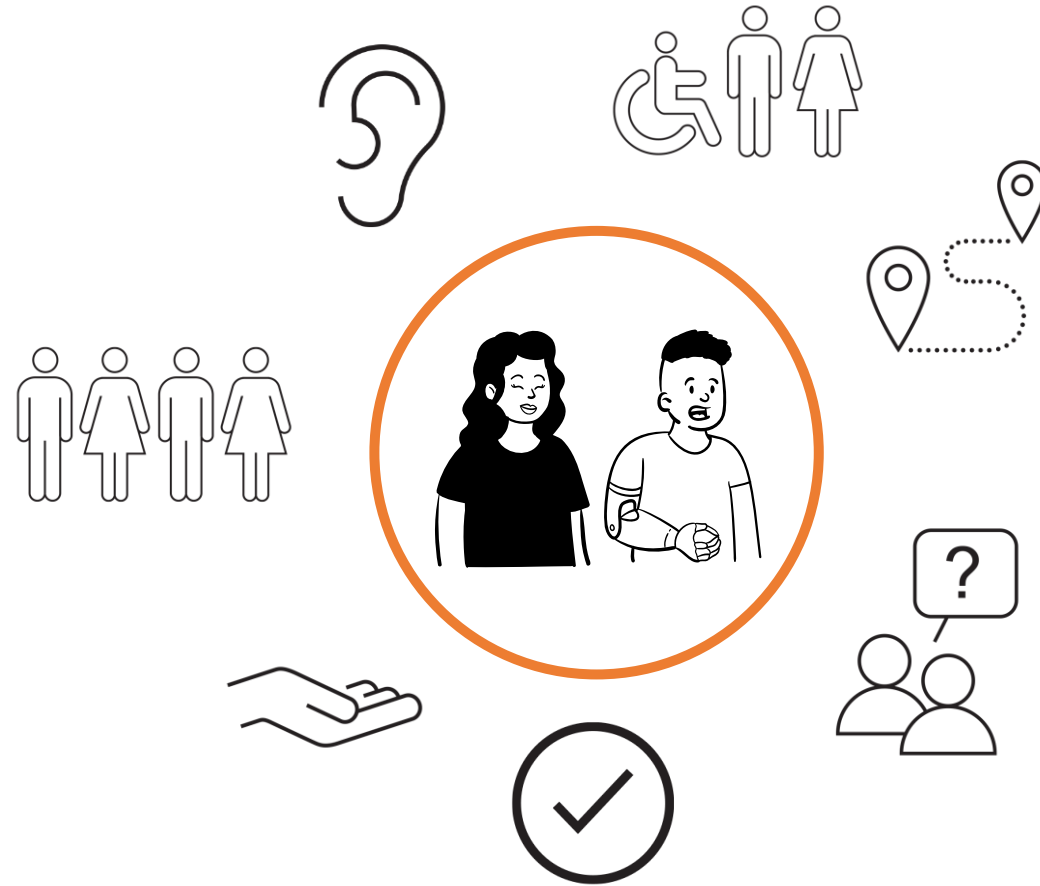
Investigations



When someone raises a concern

Integrity is strengthened when:

- participants feel safe to speak up
- concerns are taken seriously
- the right pathway is used
- responses are fair, proportionate and timely



Trauma informed processes and how best to support people

Topic areas

- What is trauma and how does trauma affect the brain?
- Impact of trauma on athletes
- Trauma informed care (TIC) and principles
- Culturally appropriate TIC
- Case study: Trauma informed care – six steps
- De-escalation
- Vicarious traumatisation
- Questions / Discussion.



What is trauma?

Definition

Trauma is an emotional response to a distressing event that overwhelms an individual's ability to cope (SAMHSA, 2014).

Types

Acute, chronic, complex trauma.

Common sources in sport

Abuse (emotional, physical, sexual), bullying, injury, discrimination, organisational betrayal.

Trauma is individual; what affects one person deeply may not affect another in the same way.

How trauma and PTSD alter the brain

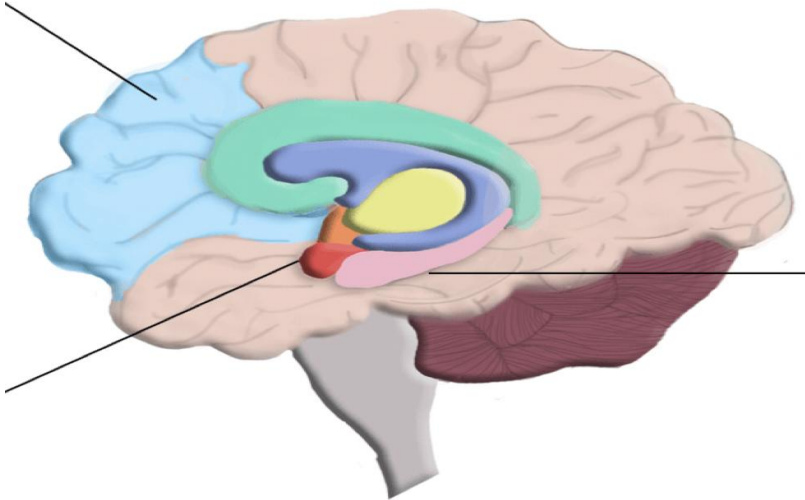
Three primary brain regions affected by PTSD and their functions

Prefrontal cortex

- Abstract thinking
- Personality development
- Behavior regulation
- Planning
- Problem Solving

Amygdala

- Decision making
- Emotional memories
- Regulates behavior
- Initiates response to fear



Hippocampus

- Memory consolidation
- Navigation and spatial memory
- Learning



Brain changes - trauma

**Amygdala
Sensitivity**

**Hippocampal
shrinkage**

**Pre-frontal
cortex
shrinkage**

**Broader
nervous system
impact.**

Impact of trauma on athletes

Physical

Sleep disturbances,
somatic complaints

Social

Isolation, trust
issues with
authority figures

Psychological

Anxiety, depression,
PTSD, dissociation

Behavioural

Withdrawal,
aggression, changes
in performance



Trauma and the complaint process

Complaint process can be retraumatising:

- Retelling traumatic stories
- Facing disbelief or minimisation
- Power imbalances

Potential barriers:

- Fear of retaliation from the subject of the complaint and the sporting body
- Shame, stigma
- Lack of support

Trauma informed care

What is trauma informed care?



Definition

“Trauma-informed care means understanding and responding to all types of trauma, aiming to avoid re-traumatisation and promote healing.”



Goal

To avoid re-traumatisation and promote healing.



TIC is for everyone, not just mental health professionals.



Six Principles of trauma informed care



The 4 Rs of trauma informed care

Dr Scott Giacomucci

1

Realising
trauma's
impact

2

Recognising
trauma's
symptoms

3

Responding
to trauma's
impact

4

Resisting
re-traumatisation



Cultural sensitivity

1

Recognise and respect cultural identities

2

Be aware of gender, race, and historical trauma

3

Avoid assumptions; ask about preferences



Principles for culturally appropriate TIC

Acknowledge and respect cultural identity

Pronounce names correctly, learn about cultural practices.

Holistic approach

Address spiritual, emotional, and communal needs, not just individual symptoms.

Address institutional racism and bias

Engage whānau/family

With permission, involve family or community supports in the process.

Empower through choice

Offer options for cultural practices (e.g., karakia/prayer, use of first language, culturally significant spaces).

Be aware of power dynamics and systemic inequities.

Consult cultural advisors

Work with Māori or Pacific cultural advisors.



Māori models of wellbeing

Te Whare Tapa Whā (Mason Durie, 1984):



Wellbeing is like a wharenui
(meeting house) with four walls:

Taha tinana (physical health)

Taha wairua (spiritual health)

Taha whānau (family health)

Taha hinengaro (mental health)



Māori models of wellbeing – Te Wheke



The head represents whānau. The eyes represent **waiora** (total wellbeing) for the individual and family.

Each of the **eight tentacles** represents a specific dimension of health:

wairuatanga – spirituality

hinengaro – the mind

taha tinana – physical wellbeing

whanaungatanga – extended family

mauri – life force in people and objects

mana ake – unique identity of individuals and family

hā a koro ma, a kui ma – breath of life from forbearers

whatumanawa – the open and healthy expression of emotion.



Pacific models of wellbeing

The cocoon

Time, environment, context

Falealuga

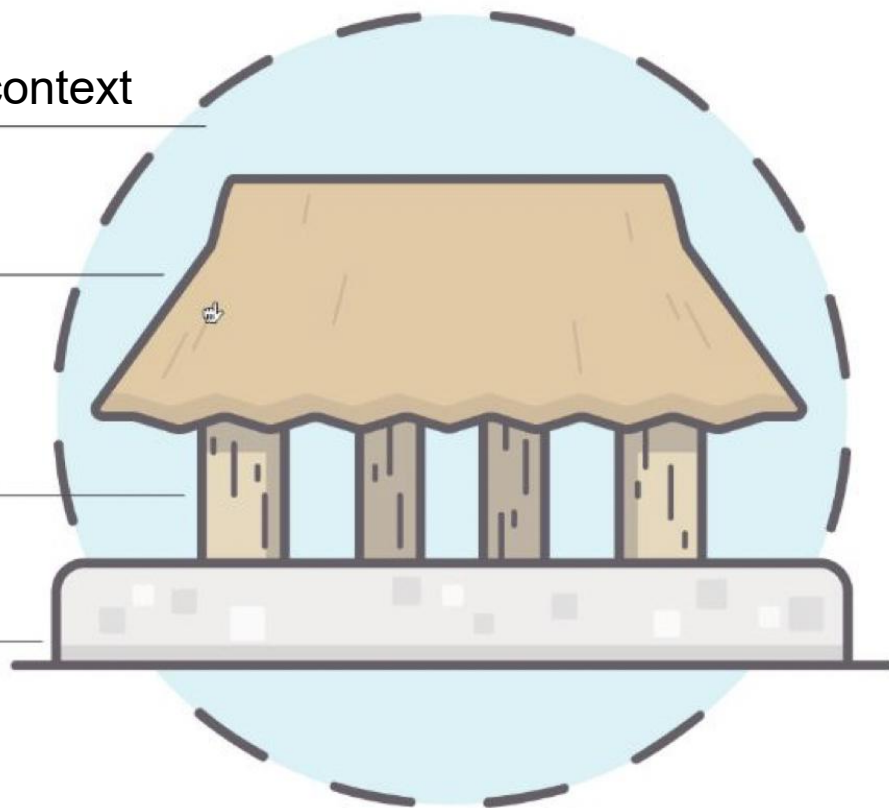
Roof

Pou

The Posts

Fa'avae

Foundation



Foundation

Family – immediate and extended and others who one is bound to – ties to the land, islands, sea, cultures and Gods of the pacific

Roof

Cultural values and beliefs - shelter

Pou (posts)

Spiritual, physical, mental, other (age, gender, sexuality, etc.) – support and connect the roof and foundation

Surrounding

Environment, time, context



Case studies – trauma informed care

Case study – trauma informed care

- Emma – age 17 years, Māori ethnicity, lives at home with whānau
- Elite athlete – Tennis – Likely to be offered an American College Scholarship
- Subjected to psychological and sexual abuse from her coach for five years
- Whānau largely unaware of the extent of the abuse.
- Motivated to complain on learning that another younger player is being subjected to similar treatment
- Concerned that her tennis career will be impacted by making a complaint



Creating a safe environment

- Set the space
- Control the pace
- Limit exposure to triggers
- One time narrative capture
- Safety planning

Cultural aspects

Karakia / opening and closing

Wai and kai

Taonga/grounding item

Environmental cues



Trustworthiness and transparency

- Plain-language roadmap
- No surprises
- Boundaries and confidentiality
- Reliable updates

Cultural suggestions

Whakawhanaungatanga:

Relationship first, process second

Honour commitments

Choice and empowerment

Co-design next steps

Choice - investigation now, or pause

Shared language

Use “we” and “with,” not “I need you to...”

Problem-solve together

If returning to training is unsafe,
co-create a safety plan

Shared documentation

Draft summaries with the opportunity
for reviewing/editing

Cultural suggestions

Collective decision-making (where wanted)

Shared and culturally grounded decisions.

Respect relational dynamics

Recognise that collaboration may
include voices beyond the individual
(e.g., auntie/uncle/kaumātua).



Collaboration and mutuality

- Menu of options
- Choose the setting
- Choose the people
- Choose communication mode
- Opt-in details

Cultural suggestions

Whānau inclusion

Kawa/tikanga preferences



Cultural safety and humility

Cultural safety and humility (Te Ao Māori)

Ask, don't assume: “What parts of your identity and culture would you like woven into this process?”

Offer Māori practitioners when possible: counsellors, and cultural advisors.

Language respect: Correct pronunciation of her name, places, kupu Māori she uses.

Te Whare Tapa Whā framing:

Taha Tinana: Comfortable seating, privacy

Taha Hinengaro: Gentle pace, validation, reflect feelings back.

Taha Whānau: Invite her chosen whānau/support to attend, share updates, participate in decisions.

Taha Wairua: Offer karakia, allow taonga presence, recognise spiritual impacts of harm.

Manaakitanga in practice: Warm greeting, hospitality, empathy; ensure she leaves each session feeling steadier than when she arrived.



Peer support

Concrete actions

Matched peer

Group options

Cultural suggestions

Māori peer supports



De-escalation

De-escalation

The use of verbal and non-verbal communication to reduce or eliminate aggressive behaviours when a person's behaviour is escalating.



De-escalation rationale and goals

Ensure the safety
of the client, staff,
and others

Help the client
manage their
emotions and
distress and maintain
or regain control of
their behaviour

Prevent conflict
or crisis from
escalating

To facilitate
and maintain
relationships with
clients, providers
and others



Warning signs

- Increased heart rate
- Increased body temperature
- Face flushing
- Shaking
- Increase in volume and intonation of speech
- Nervous laughter
- Sweaty palms
- Clenched fists



Self-check hot buttons

**Need to
be right**

**Need to be
in control**

**Tendency to
compete**

**Need
to please
others/be
accepted**

**Need to
solve the
problem**

Burnout

**Tendency
to blame**

**Protecting
your
reputation**



Grounding techniques

5-4-3-2-1 exercise:

Name 5 things you see,

4 you feel,

3 you hear,

2 you smell,

1 you taste.

Breathing exercises:

Box breathing (inhale, hold, exhale, hold – 4 counts each).

Movement:

Gentle stretching or walking.



De-escalation techniques

- 1. Use a calm, slow, gentle tone**
Avoid raising your voice – even if the person raises theirs.
- 2. Give the person space**
People in distress often feel trapped easily.
- 3. Non-threatening body language**
Your body language communicates safety.
- 4. Acknowledge and validate feelings**
Validation reduces emotional intensity.
- 5. Use active listening**

Summarising

Reflection

To show you have heard their concerns and their emotions

Open-ended questions

Requires more detailed answers

Minimal encouragers

Such as nodding

Pauses/silence

Sends the message that you are willing to listen

De-escalation techniques

6. Give choices (not demands)

Choice = control

Control = reduced distress

Offering choices helps rebuild a sense of autonomy.

7. Keep instructions simple

People in crisis may struggle to process complex information.

8. Maintain boundaries and safety

9. Identify the underlying need

10. Know when to get help

If the person's behaviour escalates beyond what you can safely support, call for help: Safety first



Vicarious traumatisation

Vicarious traumatisation

Vicarious traumatisation (VT) is the **emotional and psychological impact** on helpers who repeatedly hear trauma stories.

It occurs when exposure to others' trauma **changes the helper's inner world**—beliefs, emotions, worldview, sense of safety.

It is a **normal occupational hazard**, not a personal weakness.

Most common in roles involving high empathy and sustained trauma exposure.

Caused by the absorption of trauma narratives



Signs and symptoms of vicarious trauma

Emotional

- Irritability, numbness, sadness, anger, hopelessness.
- Feeling overly responsible for clients.

Cognitive

- Difficulty concentrating, intrusive thoughts, cynicism.
- Altered beliefs about safety, trust, power, justice.

Physical

- Fatigue, headaches, sleep disturbance, tension.

Behavioural

- Avoidance of cases, withdrawal, reduced empathy, overworking, increased mistakes.



Risks and protective factors

Risk factors

Personal

- High empathy; personally relating to the athlete.
- Limited recovery time between cases.
- Past trauma history.

Workplace factors

- High caseloads
- Lack of supervision or debrief spaces.
- Exposure to graphic or distressing content without support.

Protective factors

- Strong professional boundaries.
- Supportive team culture.
- Regular supervision/mentoring.
- Access to wellbeing resources.
- Trauma-informed organisational systems.



Managing VT – individual strategies

1. Awareness and reflection

Notice early signs (irritability, emotional fatigue).

2. Emotional boundaries

Empathy without over-identifying with the athlete.
Intentionally “leave work at work” rituals.

3. Nervous system regulation

Deep breathing, grounding exercises, micro-breaks.
Movement, stretching, hydration.

4. Healthy lifestyle practices

Sleep, nutrition, time outdoors, reducing screen overload.
Reconnecting with hobbies or whānau.



Managing VT – organisational strategies

1. Regular check-ins

Safe debriefing after high-impact cases.

2. Realistic workloads

Managing exposure frequency for investigators or case workers.

3. Trauma-informed workplace culture

Leaders modelling boundary-setting.

Psychological safety to discuss fatigue or distress.

Formalising wellbeing policies.

4. Structured peer support

Peer debrief sessions.

Buddy systems for new staff.

