CLASSIFICATION OF SEVERITY OF NON-ACCIDENTAL VIOLENCE IN SPORT

SEPTEMBER 2022



1	Introd	uction	2
	Methodology		
		Decision-Making Framework	
Ann	ex 2	Classification of Severity	7
Ann	ex 3	Contributors	. 11



1 Introduction

Background & Purpose

- 1.1 Although there is increasing research in the area of safeguarding in sport, there are no universally established guidelines for determining the severity of harassment and abuse.
- 1.2 Guidelines for determining severity are necessary for:
 - a qualitative examination of severity based on community and expert perceptions to recognise the psychological impact of non-accidental violence on affected parties;
 - remedying through interventions such as provision of psychosocial support;
 - raising awareness through education of the long-term effects non-accidental violence can have;
 - supplementing the Assessment of Seriousness within the Singapore Safe Sport Programme's harmonised decision-making framework
- 1.3 New research models in the area of violence against children in sport are being used. One of the most recent being the quantitative survey in the Child Abuse in Sport: European Statistics (CASES)¹ with expert ranked severity for inter-personal violence in sport against children.
- 1.4 However, current instruments do not account for case specific factors which may impact the final classification of severity. Examples of these factors include the frequency of the incident, the intent of the Respondent, and the vulnerability of the Affected Party etc.

Singapore Safe Sport Programme's Harmonised Decision-making Framework

- 1.5 To provide clarity and promote consistency in case management, the harmonised Decision-Making Framework (Annex 1) in the Safe Sport Programme sets out a structure for coming to a decision at the following stages of case management:
 - a. Step 1 Determine breach Determine on the balance of probabilities if Misconduct has taken place
 - b. Step 2 Assessment of Seriousness Undertake an assessment of seriousness considering the factors for culpability and harm caused
 - c. Step 3 Determine sanctions Consider if there are aggravating factors or mitigating factors and determining the most appropriate measures and sanctions.

¹ Child Abuse in Sport: European Statistics (CASES) (2021) - Centre for Child Protection and Safeguarding in Sport Edge Hill University Research Centre



2

- 1.6 However, the Assessment of Seriousness (Step 2) does not provide specific guidance on the severity within the two parameters (1) degree of culpability; and (2) degree of harm caused.
- 1.7 A clear and consistent approach is crucial in assessing the severity of Misconduct under the Safe Sport Unified Code at two specific points in the Response and Resolution Process:
 - Triaging to determine the mandatory/discretionary jurisdiction of the Safe Sport Commission; and
 - Resolution when the Disciplinary Committee applies the Assessment of Seriousness in the harmonised Decision-Making Framework.
- 1.8 The Singapore Medical Council experience² demonstrates the need for clear guidelines³ on assessment of severity and continuing calibration over time.
- 1.9 Nonetheless, it is still pertinent to make a distinction between:
 - the Decision-Making Framework, which is to arrive at the appropriate sanction and is thus driven by principles of natural justice
 - the Classification Guidelines, which extends beyond classification and gives recognition to impact on Affected Party

2 Methodology

- 2.1 As with the principles guiding the establishment of the Safe Sport Unified Code, an open consultative approach with expert opinion combined with community input was taken.
- 2.2 A set of guidelines for the assessment of severity was first developed with reference to sentencing guidelines across various common law jurisdictions and assessment tools for mental health⁴.
- 2.3 Seventeen (17) experts (practitioners, policy makers and advocates) were asked to provide written feedback to the initial set of guidelines and their opinions were collated. This was followed by the first Calibration Exercise with the same group of experts in a physical meeting to fine-tune the guidelines. De-identified cases were used during the session to provide an application of the guidelines.
- 2.4 Thirty-one (31) key sporting stakeholder representatives were then invited to participate in the second Calibration Exercise (Morality Conference) to provide feedback to the

² Parliament: SMC's disciplinary hearings are slow, sentences sometimes unfair, says Gan Kim Yong, <u>The Straits Times</u>, 1 Apr 2019

³ Guidelines for medical disciplinary tribunals on when to be harsh, when to be less severe, <u>The Straits Times</u>, 15 Jul 2020

⁴ Practitioner's Guide, Sentencing Practice in the Subordinate Courts (2013); Sentencing Guidelines, The Sentencing Council for England and Wales; Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (2013)

refined guidelines qualitatively. The participants comprised community members who had previous knowledge of the safeguarding framework from their involvement in the Safe Sport Unified Code consultations, including:

- a. Athletes
- b. Coaches
- c. Organisational Leaders
- d. Practitioners (Medical Doctor and Sport Psychologist)
- e. Safeguarding Officers and Sport Administrators
- f. Volunteers and Parents
- 2.5 Unlike the Unified Code Consultations where the participants were divided into separate focus groups by roles, the participants were mixed within the groups in order that different perspectives and views could be shared and reflected in the calibration. De-identified cases were used during the session against which the guidelines were tested.

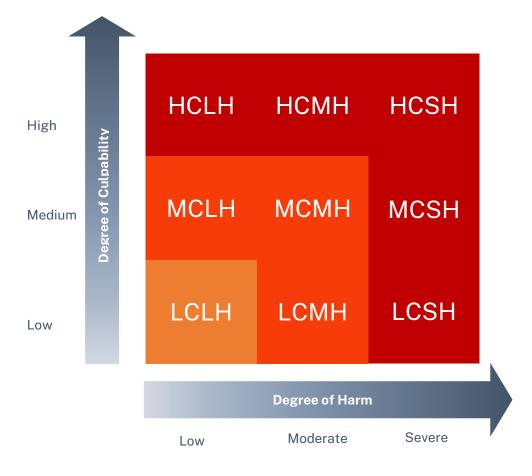


- 2.6 A revised set of guidelines (Annex 2) for the assessment of severity was developed following the feedback from the expert groups and the key sporting stakeholders.
- 2.7 The Safe Sport Commission has approved the use of these guidelines in the triaging and resolution processes.
- 2.8 A review of the guidelines would be conducted every four (4) years as the guidelines are applied to more cases over the years.



Annex 1 Decision-Making Framework

Appendix 1, Safe Sport Programme Handbook⁵



Category A – High Culpability or Severe Harm

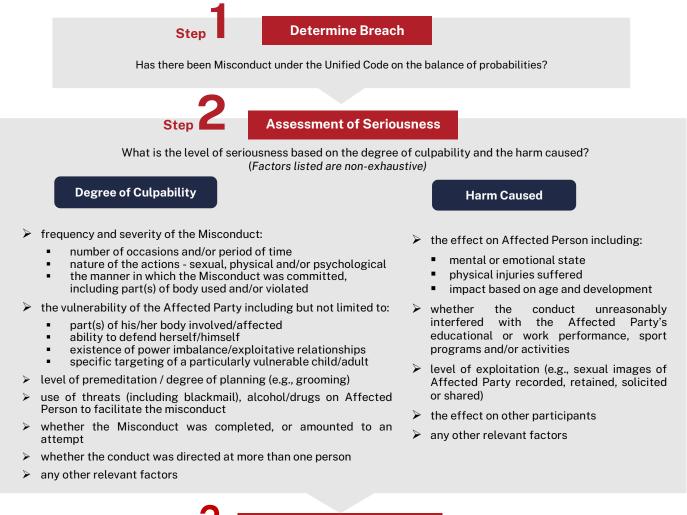
Category B – Medium Culpability or Moderate Harm

Category C – Low Culpability and Low Harm

⁵ The Safe Sport Programme Handbook can be found at <u>https://www.safesport.sg/safe-sport-programme/ssp</u>



Section 8, Annex 2 - Safe Sport Programme Handbook



Cham N

Factors Impacting Sanctions

Aggravating Factors

- steps taken to prevent the Affected Party from reporting an incident, obtaining assistance, assisting or supporting the investigation
- > attempts to dispose of or conceal evidence
- failure of Respondent to respond to previous warnings and/or comply with previous directions
- presence of others, especially minors
- commission of Misconduct whilst under the influence of alcohol or drugs
- the duty of care owed by the Respondent
- any other aggravating factors

Mitigating Factors

- no previous disciplinary warnings, relevant convictions, and/or sanctions
- Respondent's voluntary disclosure of the offense(s), acceptance of responsibility for the Misconduct, and/or cooperation in the process
- previous good character and/or exemplary conduct
- age and/or lack of maturity where it affects the responsibility of the Respondent
- mental disorder or learning disability, particularly where linked to the commission of the Misconduct
- demonstration of steps taken to address offending behaviour
- any other mitigating factors

Measures & Sanctions



Annex 2 Classification of Severity

GUIDELINES FOR THE CLASSIFICATION OF SEVERITY OF NON-ACCIDENTAL VIOLENCE IN SPORT

Definitions

Affected Party	An individual who reports or experiences an act or acts of alleged or proven Misconduct
Misconduct	Acts and/or behaviours set on in Article 4 of the Unified Code which relate to sexual, psychological and physical abuse and harassment
Respondent	A Person against a report is made alleging Misconduct

Severity

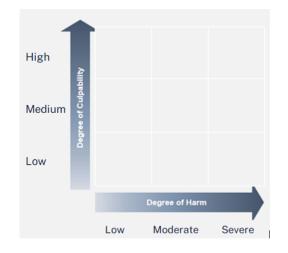
The classification of severity is used to determine the seriousness of Misconduct which are based on:

a) Main Factors

- (1) Degree of Culpability
 - Culpability is a measure of the Respondent's responsibility for the act of Misconduct
 - These may be by acts of commission or omission (e.g., neglect).
 - The degree of culpability may be rated as Low, Medium or High.

(2) Degree of Harm

- This means the severity and type of injury caused to the Affected Party
- The degree of harm may be rated as Low, Moderate or Severe.



b) Sub Factors

See Sub Factors set out in pages 9 and 10



Guide to Using the Sub Factors

- Whilst there have been descriptors prescribed to the level of severity in each sub-factor, it is a combination of different sub-factors which paints the picture for classification.
- The guidelines are formulaic only to the extent of providing a consistent approach but should not be used as a mathematical exercise.
- For example, if four out of five of the sub-factors are rated as a Moderate, it does not necessarily mean that the main factor must be rated as a Moderate.

Note on Psychological Harm as part of the Assessment of Seriousness

- Assessing Psychological Harm
 - Experts agree that psychological harm can be subjective and that time of reporting is not a significant factor in determining the level of psychological harm.
 - Level of psychological harm is case specific and dependent on many factors (e.g., access to psychological support, trauma history).
 - Only a percentage of people who experience a traumatic event develop Post Traumatic Stress Disorder (PTSD). Research shows that the risk of developing PTSD is also dependent on the trauma type, with the highest being sexual abuse such as rape (19%)⁶.
- Psychological harm in sexual offence sentencing⁷
 - In assessing psychological harm, a factual basis is undertaken (without necessity for expert evidence for psychological harm).
 - It is assumed that there is a basic level of psychological harm inherent in a sexual offence.
- Although there is growing acceptance and research on the impact of conduct which results only in psychological harm in sport (e.g. IOC Consensus Statement 2016), recognition that these types of behaviours should be censured and/or sanctioned is still in its nascent stages.



⁶ Kessler, R.C., et al. (2017). Trauma and PTSD in the WHO mental health surveys. European journal of psychotraumatology, 8(sup5), 1353383.

⁷ UK Sentencing Council - Sexual Offences Guidelines (2022)

Degree of Culpability

*All Sexual Misconduct (except Sexual Harassment) will have a starting point of Medium Culpability.

Sub-factors	Low	Medium*	High
Premeditation	 Sudden provocation; acted on impulse; opportunistic. Opportunity was not intentionally created No pre-planning of the target person(s), place, method and time. 	 Some application of the mind to detail and/or to a number of the following domains: target person(s), place, method and time. 	 Significant application of the mind to detail and/or in most or all of the following domains: target person(s), place, method and time.
Intention	 No intention to cause harm Genuine but mistaken motivation to act in the interest of the Affected Party. and/or Unaware that the misconduct will result in physical or psychological harm (e.g., intended as humour). 	 Negligence Failure to act in a way that a reasonable person would have, resulting in physical or psychological harm. or Knowingly / Rashly Knew or should have known the risk of causing physical or psychological harm. 	 Intentionally Intentional and deliberate in causing physical or psychological harm. Includes attempted harm that is very likely to cause physical or psychological harm if successful (e.g., attempting to punch a person but missed)
Intensity	Frequency - One-off incident and/or Duration - One-off incident	Frequency - Few incidents and/or Duration - Short period of time (days to weeks).	Frequency - Many incidents. and/or Duration - Long period of time (months to years).
Power Imbalance	 Non-existence of a Power Imbalance relationship (as defined in the Unified Code). 	 Affected Party is in a Power Imbalance relationship (as defined in the Unified Code) Respondent does not necessarily have to be in a supervisory, evaluative or duty of care over the Affected Party (e.g., Senior-junior athlete) but there might be a disparity in age, size, strength, or mental capacity Inclusive of contract-related vulnerabilities (e.g., athlete which livelihoods or funding are tied to meeting of targets contingent upon Respondent's influence) 	 Affected Party is in a Power Imbalance relationship (as defined in the Unified Code) where Respondent clearly has a supervisory, evaluative, or a duty of care over the Affected Party (e.g., Coach-Athlete).
Incapacitation	 Affected Party was not under the influence of substances. 	 Affected Party was under the influence of substances that impaired his/her cognitive ability (i.e., unable to make an informed decision). 	
Disability	 Affected Party does not have a disability or condition which makes it difficult for him/her to seek help. 	 Affected Party has a disability or condition which makes it difficult for him/her to seek help or understand the Respondent's requests or actions. *Definition of disability: person with diminished intellectual disability due to developmental or cognitive delay, or physical disability that affects the person's ability to communicate or to care for self and protect self from harm. 	
Use of Aggravated Means	 No use of aggravated means to facilitate the misconduct. 	 Use of aggravated means, including, l Physical force, threats, intimidati Weapons. Alcohol/drugs. Exploitative methods (e.g., groom to graphic sexual images). 	



Degree of Harm

Sub-factors	Low	Moderate	Severe
Physical Harm	 Harm is transient and/or superficial. Affected Party requires no or limited medical attention. Examples include redness, swelling, minor bruises, scratches, and abrasions. 	 Harm is temporary Affected Party requires some medical attention that does not involve surgical procedures. Examples include extensive bruises, abrasions and minor fractures. 	 Harm is extensive, permanent and/or irreversible. Affected Party requires immediate and/or extensive medical attention that involves significant surgical procedures to rectify. The injuries may result in death, serious disfigurement, or significant impairment of normal functioning. Examples include chronic physical pain, scarring, fractures, damage to organs and bodily parts, disability, contraction of diseases.

The inclusion of psychological harm as a sub-factor serves several purposes:

- To recognise the psychological impact of non-accidental violence on affected parties
- To remedy through interventions such as provision of psychosocial support
- To raise awareness through education of the long-term effects non-accidental violence can have

USING THE GUIDELINES AS PART OF ASSESSMENT OF SERIOUSNESS

When using these Guidelines to supplement the assessment of degree of harm for the purposes of assessing the seriousness of non-accidental violence, the totality of the circumstances should be taken into account.

The degree of psychological harm experienced by an Affected Party at the point of reporting can be subjective as it depends on multiple factors such as the Affected Party's predisposing factors (e.g., history of trauma) and level of psychological support received before the report is made. As such, discretion should be exercised in this respect.

Sub-factors	Low	Moderate	Severe
Psychological Harm	 Effect of harm has no or negligible effect to daily functioning. Affected Party is able to return to normal daily functioning very quickly. 	 Effect of harm is limited to a few domains of daily functioning. Examples of domains include, physical health, sport, school, work, cognitive level, emotional health, relationships Symptoms subside after some time and Affected Party is able to return to normal daily functioning. 	 Effect of harm is extensive and affects most or all domains of daily functioning. Examples of domains include, physical health, sport, school, work, cognitive level, emotional health, relationships. Symptoms are intensive and continue to persist, and Affected Party has difficulties returning to normal daily functioning. Additional symptoms (not necessary to be present to be rated as severe, but to be rated as severe if present) Presents with suicidal ideation or self- harming behaviours. Clinically diagnosed with mental health conditions (e.g., Post Traumatic Stress Disorder, Depression, Eating disorder).



Annex 3 Contributors

Experts and practitioners

Name of Organisation	Name	Role
Association of Women for	Apoorva Shukla Research & Policy Advocate; Ca	
Action and Research (AWARE)	Corinna Lim	Manager
	Shailey Hingorani	
Actualise Pte Ltd	Jolie Tan	Practitioner (Child Psychologist)
Changi General Hospital	Joshua Li	Practitioner (Medical Doctor)
Children Aid's Society	Cindy Ng	Director, Melrose Home
National Youth Sports	lan Lye	Practitioner (Sport Psychologist)
Institute	Jeevita Sajeev Pillai	
	Neha Malhotra	
	Shermaine Lou	
Singapore Children's Society	Goh Guan Zhen	Research & Policy Advocate
	Lin Xiaoling	Research & Policy Advocate
	Nawal Adam Koay	Senior Counsellor
Singapore Sport Institute	Harry Lim	Sport Psychologist
	Joyce Koh	
	Stevenson Lai	
Pysnaptica, Singapore Bowling Federation	Eesha Shah	Performance Psychologist



Role	Name	Organisation	
	Kerstin Ong	National Athlete, Athletics	
	Koh Jian Ying	National Athlete, Water Polo	
Athlete	Shayna Ng	National Athlete, Spex Scholar, Bowling Member, Singapore National Olympic Council (Athletes' Commission, Women in Sport Committee) Member, Safe Sport Commission	
	Terry Tay	National Athlete, Gymnastics	
	Alvin Koh	Singapore Bowling Federation	
	Vincent Lim	Singapore Bowling Federation	
	Liane Marquez	Overseas Family School	
Coaches	Karen Ella Sales	Overseas Family School	
	Timothy Chan	National Instructors & Coaches Association	
	Raymond Tan	Aqzog Swim School	
	Nicholas De Cruz	Singapore Sailing Federation	
	Chiang Chai Liang	Vice President, Archery Association of Singapore	
	Mark Chay	Nominated Member of Parliament	
Organisational		Chairperson, Singapore National Olympic Council (Athletes' Commission)	
Leaders		Director of Secretariat, Global Esport Federation	
	Sudhershen Hariram	Board Member, Teqball Association of Singapore	
	Yazeen Buhari	General Secretary, Football Association of Singapore	
Safeguarding	Gabriel Choong*	Manager, Performance Pathways, National Youth Sports Institute	
Officers and Sport Administrators	Kang Tze Wei	Assistant Manager, High Performance, Singapore Disability Sports Council	

Members of the Community who participated in Morality Conference (drawn from Safe Sport Unified Code Consultations groups)



12

	Kelly Fan*	Executive Director, Singapore Disability Sports Council
	Kristy Teh*	Sports Manager, Overseas Family School Safeguarding Committee, Singapore Rugby Union
	Ng Jing Hui*	High Performance Manager, Singapore Bowling Federation
	Theresa Goh*	Pathway & Performance Executive, Singapore Disability Sports Council
	Daniel Tay	Parent
	Dolly Lo	Athlete Life Mentor, Singapore Sport Institute Parent of Spex Scholar
Volunteers	Krystle Huan	Volunteer, Playbuddy Team Manager, Aonyx
and Parents	Mimi Tan	Parent, Singapore Disability Sports Council
	Lau Kim Lan	Assistant Director, Disability & Inclusion, SportCares, Sport Singapore
	Wati	Parent, Bowling Association for the Disabled (Singapore)

*safeguarding officers

