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Concussions in Minor League Hockey Players: The Impact of Rowan's Law on Coaches

by

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B.A.A. (Honors) Humber College of Institute and Technology, 2017

A thesis submitted to the Department of Criminology in the Faculty of Human and Social
Sciences in partial fulfillment of the requirements
for the degree of Master of Arts in Criminology

Wilfrid Laurier University

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Abstract

Claims makers in the social problem game successfully constructed youth sporting concussions in Ontario as a social problem in need of remedying after the death of 17-year old Rowan Stringer on the rugby field in 2013. Rowan's Law was implemented five years later in 2018 to attempt to identify and manage youth concussion injuries. The present study explores the impact of Rowan's Law on coaches in minor league hockey at the triple A Bantam (U15) and Midget (U17) levels. The goal of this study was to determine if the policy change of Rowan's Law was facilitating change on the cultural level of sport where athletes are socialized into a style of play which values athletes who risk their bodies for sport, play through pain and hide injury. I conducted 12 in-depth interviews with coaches. I utilized a social constructionist framework to study the social problem of youth sporting concussions which has become increasingly medicalized. The results of this study provide evidence that Rowan's Law may be enacting some cultural change at the coaching level, but ultimately it is not enough to enact an across the board cultural change at the coaching level. This study ultimately concludes that the policy change as a result of successful claims making did not result in the cultural change necessary to prevent 1) coaches from knowingly or unknowingly returning athletes to play too soon and 2) athletes from returning to play after experiencing concussion pain or injury.

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Chapter One - Introduction

In July 2019, the Government of Ontario implemented Rowan's Law after Rowan Stringer, a 17-year old female rugby player who tragically died after suffering two sports-related concussions (SRC) in one week. A sports-related concussion is a traumatic brain injury induced by biomechanical forces, for example, a hit to the head or body that occur while playing sports (McCrory et al., 2017). A concussion often results in functional neuropathological disturbances to the brain, which can occur instantaneously or after minutes or hours (McCrory et al., 2013). An autopsy concluded that Rowan Stringer died as a result of Second impact syndrome (SIS). SIS occurs when an athlete's brain is still healing after the initial concussion, and an athlete receives a second impact to the head (Rowan's Law Advisory Committee, 2017; Tator, 2018). The implementation of Rowan's Law was in response to her death and the growing concern of concussions in youth sport in Ontario.

Concussions have received a tremendous amount of attention in North America since the death of Mike Webster, a famous National Football League (NFL) player known for his grit and hard hits on the football field. Webster received a post-mortem diagnosis of Chronic Traumatic Encephalopathy (CTE) in 2003, which may be a result of Webster suffering multiple concussions during his career (Furness, 2016; Malcolm, 2020). CTE is a progressive degenerative brain disease that some doctors have linked to repetitive head injuries in sports, such as football and hockey (Mez et al., 2017). Following Webster's diagnosis of CTE, head injuries in sport have drawn attention from a variety social institutions, for example, the sports media, sports leagues, science, technology, academia, community organizations, and families who have been advocating for change (Malcolm, 2020). Since 2003, the health and safety of youth have gained heightened concern with the discovery of CTE in younger athletes (Loseke, 2017; Malcolm,

2020). For example, Mez et al. (2017) found CTE in the brains of 91 percent of college football athletes and 21 percent of high school football athletes they examined. While Rowan Stringer did not have CTE (she died of SIS), her death was the catalyst to Rowan's law in Ontario. Rowan's Law is a policy meant to help prevent, identify, manage, and treat concussions through education of coaches, athletes, and parents (Government of Ontario, 2020b).

The goal of this research project is to provide insight into how coaches are adopting Rowan's law in Ontario minor league hockey. The research project adopts a social constructionist perspective to frame concussions as a social problem (Loseke, 2017; Best, 2012), that has become increasingly medicalized in sports (Malcolm, 2020). In Ontario, Rowan's law was legislated as a solution to help combat youth concussions and make sports safer. Drawing on interviews with minor league hockey coaches in Ontario, the study answers the following research questions: how do coaches make sense of Rowan's Law? How do coaches perceive Rowan's Law to impact their coaching? How are coaches managing concussive injuries? Is Rowan's Law changing the culture of hockey? If so, how? In answering these questions, I will argue that Rowan's Law is not enough to change the culture of hockey.

Before I describe Rowan's Law, it is important to review the literature on how athletes and coaches understand sports-related concussions in the cultural context of sports and specifically hockey in Canada. Next, I review the literature on concussion policy changes in youth concussion legislation in North America, with a focus on Rowan's Law, to underscore the significance of this research project. I conclude by providing a review of the chapters in this thesis.

Sport Cultures

Sports often have their own culture and set of rules, values, and norms that differ from other social institutions in society (Atkinson & Young, 2008; Hughes & Coakley, 1991). For instance, behaviours considered acceptable or normal for athletes would be considered deviant or pathological in the larger society. For example, an ice hockey fight versus a bar fight receives very different reactions and responses from the public. A bar fight, for instance, is punishable by law and depending on the severity, the individual may receive jail time. Not to mention the societal reaction to a bar fight is generally one of distaste and socially frowned upon in society. Whereas, hockey players who engage in on-ice fighting may be penalized for a short amount of time but often receive praise from coaches and teammates and are cheered on by fans (Atkinson & Young, 2008). Since the sporting world abides by its own set of cultural rules, athletes often conform to ingrained sporting values to maintain acceptance on their team (Atkinson & Young, 2008; Hughes & Coakley, 1991).

The sport ethic is an ideology that proposes that there is socialization of athletes into a sporting culture that values athletes who sacrifice their bodies for the game by striving for distinction, risking injury, hiding pain and refusing to accept limits (Hughes and Coakley, 1991). Hughes and Coakley (1991) argue that athletes conform to these values as a result of an over conformity to sporting goals. This over conformity means that athletes who wish to achieve fame, fortune and contracts must sacrifice it all to attain those sporting goals. Athletes learn to abide by these values through peer and coach pressure (Caron et al., 2013; Hughes & Coakley, 1991). When athletes do not adhere to the sport ethic, they may be ostracized and described as weak and lacking toughness for refusing to risk their bodies for the game (Safai, 2003; Young et

al., 1994). Whereas, teammates and coaches often praise athletes who abide by these cultural values (Caron et al., 2013; Hughes & Coakley, 1991).

By conforming to the sport ethics, athletes learn to value dominance and violence on the field. Messner (1990) explains how athletes socially learn these norms and behaviours which they engage in to maintain their masculinity. Messner (1990) describes sporting violence as a way to maintain gender hierarchy. In order to rise to the top of the gender hierarchy, men must participate in a culture of sporting violence. Being a top of the hierarchy ensures dominance and privilege over women, and subordinate masculinities, who do not play violent sports (Connell & Messerschmidt, 2005; Messner, 1990). Messner (1990) describes how societal changes, like women joining the workforce, threatened the gender hierarchy, which placed men as the dominant gender. At this time, contact sports came into popularity, such as boxing and rugby. Men used violence in sport as a tool to assert their masculinity and maintain their spot atop of the gender hierarchy. Through the legitimization of violence as a tool to assert masculinity, violence in sport became a learned behaviour. This legitimization of violence as a way to maintain dominance is defined as hegemonic masculinity (Connell & Messerschmidt, 2005; Messner, 1990). The issue with this is that being violent in sport includes using their bodies as weapons to achieve dominance over other athletes. For instance, a hockey player uses his own body to body check another athlete, which can cause harm to both athletes. Athletes believe in these masculine ideals and participate in the ideology of the sport ethic to maintain their masculinity and achieve success in sport.

The sport ethic has been found in all levels of participation in sport (Liston et al., 2016; Torres Colon et al., 2017). Initially, research on the cultural values termed as the sport ethic focused on professional athletes whose contracts and finances could be at risk if they were not

willing to play through pain and enact violence onto other players (for example, Caron et al., 2013; Hughes & Coakley, 1991; Messner, 1990). However, athlete's participation in the behaviours termed as the sport ethic exist across all types of sport, level of play and gender (Safai, 2003; Torres Colon et al., 2017). For example, Caron et al. (2013) found these cultural norms present in male professional ice hockey players, whereas Safai et al. (2003) discovered these values consistent in women and men who played contact and non-contact sport at the intercollegiate level. Torres Colon et al. (2017) found that youth, amateur athletes were found to be hiding injuries, playing through pain and risking it all in order to retain their athletic identity. Athletic identity is the status an athlete takes on both within and outside of sport, which establishes their identification as an athlete (Hughes & Coakley, 1991). According to Hughes & Coakley (1991), athletes may value their athletic identity due to the feeling of superiority felt from being an athlete and from the collective commitment they feel from being a part of their team. Even to an amateur athlete, sport can be how they define themselves and retaining their athletic identity includes learning the norms, values and expectations of sport to ensure athletic membership (Donnelly & Young, 1988). Some athletes become so involved in sport and the culture associated with it that they are unaware of who they are without sport (Coakley, 2011; Dean, 2019). The athletic identity presents a strong reason why amateur athletes who are not participating in sport for fame or money, will continue to play after suffering an injury (Dean, 2019; Torres Colon et al., 2017).

Early research on these cultural sporting values which promote athletes to sacrifice it all for the game focus on injuries more broadly (Hughes & Coakley, 1991; Messner, 1990; Young et al., 1994), however contemporary research has focused specifically on concussive injuries. The research focused more specifically on head injuries reveals the complex nature of

concussions when athletes are abiding by the ideologies of the sport ethic (Caron et al., 2013; Dean, 2019; Torres Colon et al., 2017). Specifically, concussions are an invisible injury that can be easily concealed, compared to, for instance, a broken limb. The invisibility of concussions means that if an athlete admits to a concussion injury and removes themselves from play, teammates, coaches and other actors may perceive the athlete as weak, opposed to an athlete who can no longer play due to a broken limb, where the injury physically prevent them from continuing to play (Caron et al., 2013; Young et al., 1994). Since it is easier for an athlete to hide a concussion due to its invisibility, there is an expectation that athletes should not reveal their injury. This behavioural expectation may be one of the reasons why there is substantial research on concussion reporting amongst youth athletes. Youth athletes who value the masculine ideals associated with the behaviours of the sport ethic have been found to hide their injuries more frequently than those who do not value masculine ideals (Kroshus et al., 2017; Pearce et al., 2017; Sanderson et al., 2016). Not reporting a concussion is seen as conforming to sporting norms in the subculture of sport where athletes are encouraged to risk it all for sport, which includes hiding pain and injury (Hughes & Coakley, 1991). Researchers have found that it is usually boys who are maintaining masculine ideals and are not reporting concussion (Kroshus et al., 2017; Pearce et al., 2017; Sanderson et al., 2016); however, Kroshus et al. (2017) found that girls were just as likely to continue to play after experiencing symptoms of a concussion, suggesting that female athletes are also engaging in masculine norms.

Additionally, Torres Colon et al. (2017) discovered that despite athletes being aware of the seriousness of playing with concussions, athletes regularly continued to play after head injuries. Dean (2019) explains that if his doctor did not involuntarily remove him from play, he would have continued playing despite the severe concussion symptoms he was experiencing.

Dean's account aligns with reports from retired NHL players who admitted returning to play with blurry vision and pounding headaches (Caron et al., 2013). It is the cultural sporting norms of hiding injury as well as playing through pain coupled with the invisibility of concussions, which makes it important to explore if Rowan's Law will be able to prevent, identify and manage concussion if athletes are still engaging in the ideologies of the sport ethic and maintaining masculine ideals.

Hockey in Canada

Hockey holds both symbolic and cultural importance in Canada. Being a hockey player in Canada produces a privileged nationalism in athletes which is attained by participating in a sporting culture which promotes the behaviours described as the sport ethic (Allain, 2013; 2019). For example, Don Cherry, who had a popular segment on Hockey Night in Canada for many years, encouraged athletes to play tough and hide injury in response to masculinity in crisis (Allain 2015; Norman, 2012). Don Cherry often spoke out about the decrease in fighting and the increase in concern over injuries in ice hockey, promoting that these changes were not for the better. Don Cherry, who for many years was watched by young hockey players, contributed to the normalization of young athletes participating in a tough style of play. The elitism associated with playing hockey in Canada provides additional pressure on athletes to conform to sporting norms which promote risking their bodies for the game.

More specifically, hockey in Canada promotes the socialization of men into an aggressive nature of play (Allain, 2013). Allain (2013) conducted interviews with elite Canadian ice hockey players and found that athletes view Canadian-style hockey on a level of masculinity, which aligns with research on hegemonic masculinity. Allain (2014) proposes that male athletes are

socialized to play tough to assert themselves over those who firstly, do not play hockey (since hockey holds a specific symbolism in Canada) and secondly, do not make the sacrifices for the game of hockey that they do. Hegemonic masculinity is further present in Canadian ice hockey when we look at the lack of participation of women in hockey (Allain, 2014). Canadian women hockey players are rarely celebrated and are often not viewed in the same way as male hockey athletes as representing the national symbol of Canada.

Over concern of concussions and other serious injuries which appear in ice hockey, there have been social controls implemented to prevent injuries in youth athletes. Social controls, in this instance, are measures put in place in an attempt to prevent sports related injuries including concussions. For example, in September 2013, Hockey Canada eliminated body checking from the peewee level (U13)¹ and implemented the introduction of body checking at the bantam (U15) level (Hockey Canada, 2020). This decision sparked a debate in the media, with some people and groups advocating for the elimination of body checking from youth hockey entirely and others arguing that removing contact from hockey is ruining the game (Adams et al., 2015). Adams et al. (2015) discovered that those against the elimination of body checking in youth hockey contended that we need to preserve the essence of hockey in Canada (i.e. the hyper-aggressive, competitive style of play that promotes toughness and strength). The opposite side of the debate advocates for the safety of youth. The discourses that advocate for the safety of youth are increasing with the awareness and education about the dangers of playing hockey and concussion injuries (Adams et al., 2015). Coaches were among the advocates for maintaining body checking and contact in hockey to preserve the essence of hockey in Canada. Since coaches were among

¹ As of September 2020, Hockey Canada is eliminating the previous labels associated with the age groups of minor league hockey (i.e. peewee, bantam, midget) and replacing them with age level categories (i.e. U13, U15, U17). Since I conducted this study when the old labels were in effect, both will appear in this thesis.

those against previous social controls, it is important to research how they are responding to the new social control of Rowan's Law. The next section will focus on literature that explores the role of coaches and their relationships with athletes.

Role of Coaches

Coaches play a critical role in how athletes are socialized in sports cultures that promote winning at all costs, even if it means sacrificing your body in the process (Kroshus et al., 2015b; Liston et al., 2016; Sanderson et al., 2016). Coaches place more pressure on athletes to participate in sporting norms such as playing through pain and injury than parents and teammates do (for example, Caron et al., 2013, Kroshus et al., 2015b). Coaches have a significant influence over athletes due to the nature of their job in determining the role of an athlete on the team (i.e. how much ice-time an athlete receives) (Kroshus et al., 2015b). Athletes who do not listen to their coaches may receive consequences, such as less playing time or isolation from peers who do obey the coach. Researchers have found that coaches often normalize injuries as a natural by-product of sport (Karimipour & Hull, 2015; Kroshus et al., 2015; Messner, 1990) and encourage athletes to play through pain and injury (Hughes & Coakley, 1991; Kroshus et al., 2015b). This has been found across multiple sports, levels of play, and gender, for example, in gymnastics (Cavallerio et al., 2016) and cricket (Arvinen-Barrow & DeGrave, 2019), as well as contact sports such as football (Hughes & Coakley, 1991) and hockey (Caron et al., 2013). Additionally, coach socialization of athletes into the ideologies of the sport ethic is present in both amateur (Kroshus et al., 2017; Liston et al., 2016) and professional (Hughes & Coakley, 1991; Messner, 1990) levels of play, and exists in research on female (Coker-Cranney & Reel, 2014; Sanderson et al., 2016) and male athletes (Messner, 1990).

More recently, scholars have suggested that how an athlete perceives their relationship with their coach can impact the way athletes engage in a variety of behaviours, both within and outside of sport (Chow et al., 2019; Coker-Cranney & Reel, 2014; Jowett et al., 2017). For example, if athletes perceive a positive relationship with their coach, it can impact their overall well-being (Jowett et al., 2017), or it can prevent destructive behaviours such as alcohol abuse (Chow et al., 2019) or eating disorders (Coker-Cranney & Reel, 2014). The perceived positive relationship can also combat the pressure athletes feel to conform to the ideologies of the sport ethic. For example, coaches who display caring attitudes with motivational and task-oriented autonomy can lead to decreased sporting pressure (Pearce et al., 2017; Waldron et al., 2019). Alternatively, an athlete who has a perceived negative quality of their relationship with their coach could lead to more negative outcomes and destructive behaviours (Coker-Cranney & Reel, 2014; Waldron et al., 2019). Hence, a perceived negative relationship with their coach can further socialize and pressure athletes to conform to sporting norms that value athletes who sacrifice their bodies for sport.

A significant contributing factor to why athletes sacrifice their well-being stems from their relationships with coaches. The role of coaches in the lives of their athletes shapes their experiences in sport. An athlete's perceived positive relationship with his coach can significantly impact his behaviour, by creating an environment which encourages him to be honest about his injuries (Coker-Cranney & Reel, 2014; Waldron et al., 2019). Given the research on coaches and athlete relationships, the current research is important to understanding how coaches are interpreting and responding to the implementation of Rowan's Law and if this policy is changing the way they are responding to concussions.

Policy Changes

The purpose of Rowan's Law is to better prevent, identify and manage concussions (Government of Ontario, 2020b). The main guidelines of the law focus on educating all of those involved in sport (i.e. parents, athletes, coaches) and removing an athlete from play if they are experiencing symptoms of a concussion and only returning them to play when it is safe (the law is described in more detail in chapter four; pages 44 to 45). Rowan's Law is the first youth concussion law implemented within Canada, but the United States has already implemented youth concussion laws. For example, the implementation of Lystedt Law occurred in Washington State in 2011, and since then, all 50 states have adopted it for their state or have implemented a similar youth concussion law (Cook et al., 2014). Rowan's and Lystedt Laws have similar origins. Both incidents were the result of SIS (Tator, 2018). Zackery Lystedt received a concussion in a football game and went back into the game to play (Cook et al., 2014). He suffered from SIS and collapsed on the field. Unlike Rowan, Zackery survived but currently suffers from permanent damage to his brain (Cook et al., 2014; Tator, 2018).

There has yet to be research involving the study of the social actors involved in youth sport (parents, coaches, athletes) conducted on Rowan's Law, however, there have been a handful of research completed on Lystedt Law and similar concussion protocols in the United States. The majority of the research on Lystedt Law has used quantitative surveys of parents, coaches and athletes to evaluate the success of the law (Bompadre et al., 2014; Murphy et al., 2012; Mrazik et al., 2015; Shenouda et al., 2012). These quantitative studies have found success in the laws from an increase in education and awareness of concussions among parents, athletes and coaches (Adler & Herring, 2011; Albano et al., 2016; Baker et al., 2012; Bompadre et al., 2014; Chrisman et al., 2014; Murphy et al., 2012; Mrazik et al., 2015). Chrisman et al. (2014)

explored the different levels of understandings of concussions between parents, coaches and athletes and found that coaches' awareness increased more than parents and athletes. Chrisman et al.'s findings are consistent with other studies that reported high rates of coach awareness, albeit not comparatively between coaches, parents and athletes (Murphy et al., 2012; Mrazik et al., 2015). There was an overall consensus across studies that Lystedt Law was successful in increasing the awareness and education of the danger of concussions; however, there were also a variety of concerns with the law.

Researchers have argued that youth concussion legislations are vague and lack specified directions for parents, coaches and athletes to follow (Cook et al., 2014; Harvey, 2013; Mrazik et al., 2015). Specifically, four major criticisms have emerged in the literature. These include (1) lack of detailed education outline for coaches; (2) primary concussion prevention; (3) penalties for non-compliance; and, (4) the lack of research conducted before implementing the laws.

The first critique is that there is a lack of consistency in concussion management education among coaches in different districts and areas (Harvey, 2013; Mrazik et al., 2015). For example, coaches reported different ways they received concussion education materials. These sources included; their associations and peers, print resources, conferences and the internet. In addition, the extent of education for coaches often varies from state to state (Harvey, 2013). Out of the 44 states and Washington DC, who had concussion legislation at the time of the study, only 25 states required coaches to take educational training. Within those 25 jurisdictions, only five required follow up to ensure the effectiveness of the coach at following the law's guidelines.

A second common finding from this research was the lack of primary concussion prevention that Lystedt Law entails. Both Harvey (2013) and Concannon (2016) critically analyze Lystedt Law, and they point out that though the law may improve concussion education

and secondary concussion management by removing athletes from play after a concussive injury, it does not provide guidelines for preventing the initial concussive injury. Harvey (2013) argues that more sport-specific concussion prevention should be involved in these legislations to increase the safety of youth athletes.

A third common issue was the absence of accountability to ensure that coaches, parents, and athletes were complying with the law's requirements. Researchers suggest that adherence to the legislation will ultimately be a problem (such as coaches and athletes refusing to adhere to removal from play protocols) since there are no specified consequences such as fines or dismissal from positions designated in the law (Adler & Herring, 2011; Cook et al., 2014). Murphy et al. (2012) further found that even though all coaches reported knowledge of Lystedt Law, only 44 percent of coaches reported changing their behaviour to adhere to the guidelines of the law. Although it is possible that coaches were already behaving in accordance with the law and the lack of consequences had nothing to do with the absence of behavioural change, it is possible that coaches chose not to change their behaviour due to the lack of ramifications.

Finally, another major issue with the youth concussion legislations in the United States was the lack of research conducted before the implementation of the law (Harvey, 2013). Adler and Herring (2011) suggest that education is a necessary component of the increased safety of youth in sport, but it is not sufficient as the only strategy. Concannon (2016) concludes her research by reminding readers that laws are living documents that governments can amend. Future scholars should explore how to prevent better primary concussive injuries and further increase the management of secondary ones.

The research on Lystedt Law is quantitatively expansive with some qualitative discourse analysis and does successfully highlight both the positive impact and the concerns with the laws.

The research, however, fails to adequately portray the opinions and perceptions of the individuals who the law specifically impacts: coaches, parents and athletes (Malcolm, 2020; Murphy et al., 2012). While no qualitative or quantitative research has studied the impact of Rowan's Law on social actors, researchers speculate that it will face the same challenges found with Lystedt Law (Malcolm, 2020; McCradden & Cusimano, 2018). McCradden and Cusimano (2018), for instance, express concern over the ambiguity of Rowan's Law regarding the 'designated person' phrasing in the requirements for the removal from—and return to—play protocols, as well as the vagueness around the type of education required for parents, coaches, and athletes. As such, it is important to investigate how Rowan's Law is impacting social actors in a Canadian context and if it is indeed facing the same challenges as Lystedt Law.

Significance of Current Research

The current research project is significant for several reasons. First, while scholars have researched youth concussion legislations in the United States, this is the first study to understand how Rowan's law is impacting hockey coaches in Ontario. Second, this research project is significant because of the focus is on coaches. Coaches play a significant part in the socialization of athletes into sporting cultures, which teach athletes to play through pain and not sit out after concussions (Hughes & Coakley, 1991; Kroshus et al., 2015b). They also play an important role in the athlete's health and safety, even when there is a trainer present (Harvey, 2013).

Interviewing coaches will allow a more in-depth analysis of the impact of Rowan's Law on coaches. Third, and perhaps most significantly, Rowan's Law was implemented as a social control to combat the social problems of youth sporting concussions. The literature reviewed in this chapter highlights how culturally ingrained the notions of the sport ethic are in sport

cultures, even at the amateur level. In this project, I will examine how coaches are adopting the legislation and if it is changing the culture of hockey. This research will provide insight into how Rowan's Law is, if at all, impacting the culture and game of youth hockey in Ontario by emphasizing the voices of coaches who play a critical role in the socialization of athletes.

Chapter Summaries

In the next chapter, *Chapter two*, I describe the theoretical framework for this research project. The research project utilizes a social constructionist perspective to frame concussions as a social problem (Loseke, 2017; Best, 2012), that has become increasingly medicalized in sports (Malcolm, 2020).

Chapter three explores the methodological approach of this research project. I used qualitative methods to conduct 12 in-depth interviews with triple A minor hockey coaches at the bantam (U15) and midget (U17) level. In this chapter, I detail my research process, including ethical considerations, recruitment, data collection, data analysis and positionality.

Chapters four to six are the analysis chapters of this thesis. In chapter four I explore coaches responses to the Government's overarching goal of Rowan's Law to better identify and manage concussions in youth athletes. In chapter five (?) I discuss coaches responses to the Government's specific objectives at the coaching level to achieve the overarching goal of Rowan's Law. These three objectives are; enhancing coaching knowledge, increasing consistency among coach decision making and increasing accountability of coaches. In chapter six, I analyse coaches responses of the actual perceived impact of Rowan's Law. Specifically, I explore coaches perceptions of the consequences of Rowan's Law and its perceived impact on the culture of hockey at the athlete level. These three analysis chapters will ultimately showcase evidence to the overall argument of this thesis; that the policy change of Rowan's Law is not a

sufficient solution to the social problem of youth sporting concussion in Ontario because it is facilitating little cultural change.

Chapter seven provides an overall conclusion wherein I summarise the main findings and contributions of the study by connecting my findings to the broader issue of the social problems game, discuss the limitations of the study and make future recommendations for research.

Chapter Two - Theory

In this chapter, I explain the theoretical foundation for this research project. I use a social constructionist approach to study the social problem of youth sporting concussions (Best; 2012; Loseke, 2017), which have become increasingly medicalized (Malcolm, 2020). I use this theoretical framework to explore how coaches are responding to Rowan's Law, a policy solution to youth sporting concussions. In this chapter, I begin by explaining the importance of using a social constructionist framework to study social problems. I define the social problems game and explain how claims makers attempt to persuade audience members that there is a social problem in need of remedying. I apply this framework to youth concussions and explain the role of medicalization. Finally, this chapter finishes with an overview of how the current research project benefits from using a social constructionist framework to study the impact of Rowan's Law on coaches as a solution to the social problem of youth sporting concussions.

Social Constructionist Framework

Social constructionism is a theoretical approach to studying social problems. Social constructionism originated from the work of Malcolm Spector and John Kitsuse in 1977 (Loseke & Best, 2017). Spector and Kitsuse (2017 [1977]) challenged objectivist perspectives on studying social problems by advocating that we should examine how some putative conditions, alleged to exist, become recognized as significant problems in need of fixing or changing, rather than just focusing on the indicators which showcase a problem exists. For example, a constructionist may be concerned with how society has constructed concussions in sport as a social problem in need of remedying, but society has not deemed other sporting injuries as such a substantial problem. Whereas scholars studying the social problem of sporting concussions from

solely an objectivist perspective may focus on the rising rates of concussion injuries in sport or expert medical research, which has found CTE in 99 percent of NFL athletes (Mez et al., 2017), to illustrate that there is a social problem at hand. Kitsuse and Spector purport that the central concern for sociologists studying social problems should be the process of definition rather than the objective indicators.

The issue with using objective indicators to showcase a social problem is that it places too much weight on statistics and expert opinions, which both come with a variety of concerns. Best (2012) argues that claims makers use statistics to convince people that a social problem is occurring. Those who seek to convince others that there is an issue tend to use numbers as a way to persuade audience members of the social problem. The issue with this is that most people accept statistics without question when, in fact, there are many issues with statistics. For example, statistics can be misunderstood from one author to the next or reported wrong altogether. Further, even though statistics are objective indicators, they reflect the judgements of those who compile them. Statistics are also often a by-product of incomplete data. For instance, when we view the statistics produced by Mez et al. (2017) that diagnoses 99 percent of NFL athletes with CTE post-mortem, we must remember that the brains were donated to Boston University by athletes and family members who believed the deceased to have been suffering from CTE. The statistics might not appear as drastic if researchers examined every deceased NFL athlete's brain. Another important issue with the utilization of statistics in social problems is that there are often competing statistics. For instance, advocates for the social problem of concussion in sport used high rates of concussion injuries and CTE to illustrate the need to recognize concussions as a problem in sport. Whereas both the NHL and NFL significantly

downplayed concussion statistics to support the opposite claim; that concussion in sport is *not* a social problem (Malcolm, 2020).

Further, claims-makers rely on expert opinions to give authority to their claims. Loseke (2017) explains that relying heavily on expert opinions comes with a variety of concerns. First experts cannot be completely objective, and they often bring in their own bias. Second, science brings a plethora of uncertainty, which leaves much up to interpretation and may be interpreted differently by different experts. Third, experts often change their minds throughout time. Expert opinions may also bring false or misleading information into evaluations of social problems. Social constructionists encourage putting aside objective indicators in favour of exploring the definitions used in constructing social problems since the understanding of a social problem comes from the meaning placed on it by social actors, not by potentially biased statistics and opinions.

The concerns with statistics and expert opinions exemplify why it is crucial to explore social problems through a subjective social constructionist lens opposed to an objectivist one. The existence of objective indicators do not constitute a condition as a social problem; a condition becomes a social problem when a collective of people define it as one. When we look at the social problem of concussions in sport, it is not the high prevalence of concussion injuries or the results of the Boston University study, which makes it a social problem. Instead, it is when a collective of society deemed concussions in sport as a significant issue that is causing harm to society that needs a remedy. In the next section, I will explain how conditions become to be constructed and defined as social problems by exploring the construction of the concussion crisis in sport as a social problem.

Claims Making in Social Problems

Social problems are conditions that society deems as causing harm to a group of people, and that needs a solution to rectify the issue (Loseke, 2017; Spector & Kitsuse, 2017). Social problems are a result of claims-making by individuals and groups who make assertions of harm about a particular issue. Those involved in the construction of a social problem participate in what Loseke (2017) describes as the social problems game. In the social problems game, there are two specific roles; claims makers and audience members.

Claims makers are the people or groups who assert the existence of conditions and define them as problems in need of rectifying (Spector & Kitsuse, 2017; Loseke, 2017). Claims makers attempt to convince audience members, who vary depending on the condition and claim, that a particular condition is a problem. Claims makers can be anyone but are often journalists, doctors, politicians or social activists. Audience members are the people or groups who evaluate claims and decide whether the condition proposed by claims makers is indeed a social problem in need of remedying. Ultimately the goal of claims makers is to create change to remedy the social problem either through cultural change or policy change or both.

I will illustrate the process described above as the social problems game by explaining how the youth concussion crisis emerged in sport in North America prior to the death of Rowan Stringer. Researchers have primarily written about the emergence of the concern for concussions in sport from a professional sports setting. The vast majority of writings claim that the death and discovery of CTE in Mike Webster was one of, if not the most, significant event which prompted society to construct the concussion crisis in sport as a social problem (Furness, 2016; Malcolm, 2020). Though it was the events of professional athletes that sparked more media attention, and which assisted in constructing concussions as a social problem in sport, similar events occurred

amongst youth athletes which constructed youth sporting concussions as a social problem. It is not possible to pinpoint which events played a more significant role than others in the construction of the social problem of youth sporting concussions; however, there are a few that played a prominent role. There was a rise in the deaths of young athletes by suicide or other causes that were diagnosed with CTE post-mortem. These deaths initiated claims-making by the parents of these athletes who created different awareness campaigns and foundations to bring attention to the issue (see, for example, *Faces of CTE* or *The Patrick Risha CTE Awareness Foundation*). Further, in 2018 family members of athletes who had died after playing youth football came together and wrote a book, *Brain Damaged*, sharing the stories of the children and athletes they lost. These different claims-making avenues played a role in advancing the message of the dangers of youth sporting concussions. It was, however, the injury to 14-year old Zackery Lystedt, which resulted in the construction of youth sporting concussions as a significant social problem in the United States. After his accident, Washington State legislated Lystedt Law in 2009, and by 2011 there was youth sporting concussion legislation in all 50 States (Cook et al., 2014; Tator, 2018).

In the social problems game, the final goal is enacting a solution to change or remedy the condition which claims makers have persuaded audience members is a social problem (Loseke, 2017). Loseke (2017) explains that these solutions often come in the form of policy changes, cultural changes or both. The implementation of youth concussion legislations across all 50 States is a sign of a policy change solution since there was legislation enacted to attempt to remedy the problem of youth sporting concussions. Sometimes policy changes are enough to remedy the social problem. For example, when society constructs the mentally ill as dangerous people, a policy change that involuntarily confines them to hospitals is seen as a successful

solution that needs no cultural change from society (Loseke, 2017). A successful cultural change requires a change of attitudes on the condition. For example, claims that men and women should hold equal power in their marriage cannot be legislated, rather a change in attitude within society must occur, which values equality in marriage (Loseke, 2017). Frequently the successful solution to a social problem claim, however, requires both policy and cultural change, as is with the case for the social problem of sporting concussions. Due to the engrained cultural norms in sport which value athletes who play through pain and risk injury, along with the invisibility of concussions as an injury, policy changes may not be sufficient enough to remedy the issue.

Sometimes social problem claims which result in policy change solutions fail to adequately address the cultural change necessary to remedy the condition. For example, Nelson (1984) found that the construction of the social problem of child abuse led to an array of programs that dealt with the symptoms of child abuse. These programs failed to focus on the root causes of the social problem of child abuse and failed to facilitate cultural change. Further, Staudenmaier (1989) explored urine testing in the workplace as a solution to the rising concern of the drug crisis affecting the quality of work. Staudenmaier found that this workplace policy did not remedy the social problem and instead led to a series of unintended consequences.

Loseke explains that a successful solution depends on the construction of the social problem. For example, if we refer back to Loseke's (2017) mentally ill example, if society constructed the mentally ill as rational actors opposed to dangerous, involuntarily confining them would not be an appropriate solution. Instead, a more community-based solution that includes both policy and cultural change would be necessary to enact a successful solution. This example is similar to the construction of the youth sporting concussion. If concussions were a visible injury (similar to a broken leg), it might require a simple policy change requiring the removal of

athletes from play. However, the ingrained culture of sport suggests that athletes will continue to hide concussive injuries and play through pain despite legislation requiring them not to.

Therefore, a cultural change is also necessary, where athletes, and other individuals in sport, change their attitudes towards admitting to injury and not playing hurt. It is unknown whether the policy changes in youth sport will result in a cultural change as well.

Successful claims making depends on a variety of factors, and claims makers use a variety of tools to persuade audience members. Often victims of a condition are used to highlight the need for public worry about an issue. Children also specifically appeal to audience members' emotions as there is a greater concern for the young (Loseke, 2017; Malcolm, 2020). The death of Zachery Lystedt in the United States and Rowan Stringer in Ontario illustrates the emotional appeal of victims and, specifically, the young. Additionally, as explored earlier, objective indicators (statistics, expert opinions) are often used by claims makers to showcase how widespread and concerning the issue is. These are often successful tools despite the concerns with accepting statistics and expert opinions without question. The list of potential tools and factors which play a part in certain claims making is endless; however, one additional tool needs explanation; the medicalization of social problems.

Medicalization and Sport

Medicalization refers to the process that occurs when a regular activity within society, for example, sport, becomes constructed as part of the medical field (Conrad, 1992; Malcolm, 2020). Conrad (1992) proposes that for something to become medicalized, society must define and describe it as a problem in medical terms, adopt a medical framework to understand it and treat it by medical intervention. Though historians can trace sport back to the time of ancient Greek and

Romans, the development of sport as we know it today began to emerge in the late 19th to 20th century when sport began to be professionalized (Waddington, 1996). As sport began to entail more athletic competitions, the concept of the trained athlete developed, and the medical field began to construct athletes as automatic medical patients who required medical supervision and medical support.

Conrad and Schneider (1980) explain that the medicalization of a condition may occur on three levels; the conceptual, the institutional and the interactional. At the conceptual level, society defines the problem using medical vocabulary. On the institutional level, organizations adopt a medical approach to address the problem. The interactional level includes the patient-doctor relationship and the response to the treatment of the problem. Malcom (2017; 2020) uses the framework formed by Conrad and Schneider (1980) to explain the medicalization of CTE across the three levels. I will use a similar framework to explain how youth sporting concussions specifically have been medicalized across two levels; the conceptual and the institutional. At the conceptual level, youth sporting concussions became defined as a medicalized social problem. The medicalization of youth sporting concussions at the institutional level, where organizations adopt a medical intervention to address the problem, can be seen through the introduction of Rowan's Law and return to play protocols. However, at the interactional level, where there is a focus on the patient to athlete relationship to solve the issue, is where we see concerns that may impact the ability for youth sporting concussions to be addressed and remedied through medical means. Malcolm (2017; 2020) confirms that this is the least resolved currently, as athletes may be resisting these social controls due to the ingrained cultural norms which encourage athletes to hide injuries and play through pain, which means, that at the interactional level athletes may be resisting social controls and still hiding concussion injuries.

The term medicalization was first used in social science literature to describe a condition which was made medical (Conrad, 1992). Now, medicalization is often used in social science literature to explain the overmedicalization of a condition that can lead to a variety of social controls. By medicalizing a condition, the problem becomes not the individual, but the condition. For example, by medicalizing alcoholism, the problem becomes not the individual alcoholic but the disease of alcoholism. Once claims makers medicalize an issue, medical professionals assume responsibility for managing and controlling the issue (Pawluch, 1996). In the example of alcohol, the medicalization of alcoholism has led to rehab centres and groups meant to support alcoholics (Loseke, 2017).

Sports medicine is now an entire branch of modern medicine and includes a wide range of medical social control. Perhaps most relevant to the current project is the treatment of sporting injuries. As Waddington (1996) explains, the process in which sports became medicalized was due to the increase in the desire to win sporting competitions, whether this is at the Olympic level or a sport-specific level such as winning the Stanley Cup in the NHL. A part of reaching peak performance was ensuring the health of athletes, which frequently experienced sporting injuries. Solutions and social controls quickly came into play, such as penalties for violent plays to prevent injuries and professional leagues having trainers to immediately treat injuries after they occur (Malcolm, 2017). Often these injuries entailed broken limbs, slashes and visible injuries that are preventable, easy to observe and treatable. Concussions, however, added another layer onto sports medicine, because they are often an unobservable injury with much still unknown about them.

Malcolm (2017) explains the role of Paul McCrory, an Australian neurologist and sports doctor, for constructing concussions as a medicalized issue in discourse. McCrory criticized

existing research of concussions for the variety of neuromythology, which overwhelmed the discourse. For example, McCrory criticized that the majority of concussion research in sport came from boxing. McCrory argued that the sport of boxing entailed constant head impact throughout the match, whereas other contact sports experienced much less frequent head contact. Therefore, adequate sporting concussion research cannot solely rely on the sport with the most head contact. Additionally, McCrory in 2001 began participating in a series of agreement/consensus statements on concussion in sport, which still occur presently every few years. In the 2017 conference, McCrory et al. write the "Concussion in Sport Group (CISG) consensus statement is designed to build on the principles outlined in the previous statements¹⁻⁴ and to develop further conceptual understanding of sport-related concussion (SRC) using an expert consensus-based approach" (p 1). These conferences confer experts in the medical field and provide medical terminology effectively constructing sports concussions within the medical domain.

Medicalization of social problems is a common tool for claims makers. Claims makers medicalize problems and conditions (Loseke & Best, 2017). By medicalizing a condition, especially those to do with children, claims makers are effectively averting the attention away from constructing the individual as the cause of the social problem, but the underlying biological process as the issue. For example, when we look at sporting concussions, by medicalizing the problem of concussions, it becomes not the fault of the athlete (which may intentionally be hiding a concussive injury), but the problem of an ingrained social culture which returns athletes to play too early after head impact. The medicalization of sport, and more specifically concussions, has led to medicalized social controls to treat concussion injuries. There is now medical surveillance at all levels of sport to ensure both the prevention and treatment of

concussion injuries. The implementation of Rowan's Law is an example of a medical social problem to address the increasingly medicalized social problem of sporting concussions.

The Current Research

Claims makers, society and some doctors have constructed concussions as a medicalized response to the social problem of youth concussions in sport (Malcolm, 2017; 2020). With this construction, there have been a variety of medicalized social controls put in place to help prevent both primary and secondary concussive injuries. The legislative changes in the implementation of Rowan's Law is a successful 'win' for the claims makers who advocated for the construction of youth sporting concussions as a social problem. However, due to the unknown nature of concussions and the invisibility of the injury, the requirements instilled by Rowan's Law may not be enough to prevent athletes from hiding concussive injuries and continuing to play through them. The invisibility of concussions is a concern when we consider the extensive research which showcases the ingrained sporting, cultural norms that encourage and pressure athletes to play through pain, hide injury and do whatever it takes to win. The invisibility of concussions coupled with the engrained sporting norms is why it is critical to explore how the social actors in sport such as coaches, parents and athletes, are responding to the social control of Rowan's Law. This research explores if the medicalized social policy control of Rowan's Law is changing the culture of sport, and if more generally, policy changes facilitate cultural changes in social problems. Further, this research considers the consequences of medicalized social controls to address youth sporting concussions.

Chapter Three - Methods

This chapter will detail the qualitative methods used to complete this research project. I start by explaining the importance of using qualitative methods and Charmaz's (2014) constructivist grounded theory. I then explain the steps taken in chronological order, including; recruitment and participants, in-depth interviews and data analysis. Finally, the chapter concludes with a reflection on my role as a researcher and the ethical considerations I had throughout the research process.

Qualitative Methodology

Qualitative methods are used by researchers to obtain a deeper understanding of their participants and what they perceive to be central and essential to them (van den Hoonaard, 2019). I chose a qualitative approach for this research project because I wanted to explore how Rowan's Law impacted coaches' decision making, which required a methodology that allowed coaches to speak more openly about their ideas, thoughts, and opinions. Further, I chose a qualitative methodology due to the lack of qualitative research that explores the impact of concussion legislation on the social actors involved in youth sport (coaches, parents, athletes). The research around the introduction of youth concussion legislations, for the most part, has used quantitative methods. These research projects usually aim to evaluate the success of the law. They do this either through assessing the awareness of coaches, parents and athletes around youth concussion legislations (Murphy et al., 2012; Shenouda et al., 2012) or through assessing whether the legislation has led to an increase in concussion reporting (Baker et al., 2017; Bompadre et al., 2014). These are important quantitative aspects to investigate as the main facets of these laws are to create concussion awareness and lead to more youth reporting their

concussions. However, these quantitative evaluations fail to portray the voice of the actors the law impacts (coaches, parents, athletes). These voices are missing from the literature and should be assessed qualitatively (Malcolm, 2020).

Further, studies that have explored the design of youth concussion legislations and similar interventions suggest that there is little evidence that these social controls are playing out as intended (Cusimano et al., 2009; Kroshus et al., 2014; Kroshus et al., 2015a; Rivara et al., 2014). Malcolm (2020) proposes that a more fundamental issue that these legislations need to address is the lack of theoretical insight and a failure to understand the actors involved. It is specifically important to explore how coaches are interpreting Rowan's Law due to the significant role coaches play in athletes' lives. Additionally, since coaches often play a role in socializing athletes into a style of play which encourages athletes to risk their bodies for the game, it is essential to explore how coaches are responding to social controls which attempt to prevent the style of play which values athletes who sacrifice their bodies. Therefore, qualitatively exploring the impact of Rowan's Law on coaches is an important first step in informing future reforms to these laws.

Constructivist Grounded Theory

Aligned with the theoretical framework of this project, constructivist grounded theory is a qualitative methodological approach in which scholars suggest that research is constructed, not merely observed (Charmaz, 2014). Constructivist grounded theory uses an inductive approach to generate theory from the data. Opposed to letting a theory guide the research project, I worked within the data and reflected on my experiences as a researcher to theorize about my research.

How I utilized a constructivist grounded theory for my research project will be explored further in the more specific steps I took to complete my research.

Recruitment and Participants

After obtaining ethics approval from the Wilfrid Laurier University Research Ethics Board, I created a list of eligible participants. Since concussions are perceived to occur at a higher rate in contact sports (Malcolm, 2020), I decided to interview coaches from contact levels of hockey in Ontario. I chose three hockey associations: Alliance Hockey, the Northern Ontario AAA Hockey League, and the Ontario Minor Hockey Association (OMHA), which includes two different leagues: Eastern AAA Hockey League and the South-Central Triple A Hockey League. All of these teams had head coach emails available to the public on their team websites, with some teams also making available assistant coach emails. I emailed all 80 head and assistant coaches from these associations who coach triple A bantam (U15) and midget (U17) to ask if they wished to participate in the study (see Appendix A for email script). Twelve coaches agreed to participate.

The sample included three coaches from bantam (U15) and nine coaches from midget (U17). In terms of location, there were five coaches from the South-Central Triple A Hockey League, four from the Eastern AAA Hockey League, two from the Alliance Hockey League and one from the Northern Ontario AAA Hockey League. These twelve coaches had a wide range of experience coaching hockey. The newest coach reported coaching for approximately five to six years, and the most experienced coach stated over 30 years of experience coaching hockey. The average range was approximately 15 years, with many coaches reporting over 20 years of coaching and some reporting between 5 and 10.

In-depth Interviewing

To understand how coaches are interpreting Rowan's law, I used in-depth interviews. In-depth interviews are open-ended questions that allow participants to share their experiences, perceptions, feelings, attitudes, and more. For example, instead of asking coaches if they thought Rowan's Law was a good law or not, I asked coaches what their opinion of Rowan's Law was. By doing this, I received detailed answers which were specific to each coach's feelings. One coach used this question to explain how he felt Rowan's Law was a mitigation of risk, while another used this question to tell a story about having to put an athlete on concussion protocol because of Rowan's Law. Additionally, I was able to ask coaches about their thoughts on athletes playing through concussion injuries, which allowed me to get a better sense of not only if coaches thought athletes were playing through pain, but why and how athletes were participating in these behaviours. By asking open-ended questions like this, coaches were able to bring their specific experiences and attitudes in answering the questions, which allowed me to get a better sense of each coach's experiences.

The interviews were flexible, and I followed an interview guide I created with 25 questions (see Appendix B). There were five main sections of questions. The first section focused on the coach's knowledge of Rowan's Law. The second section asked questions about concussion injury management (how coaches managed player concussions). The third section entailed questions about how coaches were making sense of Rowan's Law, and the fourth section focused on how Rowan's Law was affecting their coaching. Finally, the fifth section asked questions surrounding how Rowan's Law was in their perceptions affecting the culture of youth ice hockey. In addition to the 25 questions, I also included probing questions that would allow me to prompt the participant to speak more about a particular topic. For example, when I asked

coaches to talk about how much time they spent on the concussion resource, they would often give a rough estimate of time and did not expand more. My additional probing questions allowed me to prompt coaches about how they felt about the concussion resource and if anything stood out about it.

By using in-depth qualitative interviews, I was also able to closely follow a constructivist grounded theory approach to interviewing, which allows flexibility in the interviewing process (Charmaz, 2014). Specifically, they “are open-ended yet directed, shaped yet emergent and paced yet unrestricted” (Charmaz, 2014, p 84). For example, as I interviewed my first couple of participants, I recognized that coaches perceived the age of contact in hockey as linked to a higher incidence of concussions. Therefore, I added this question to my interview guide. This question helped form one of my major findings in this research project; that Rowan's Law is largely reactionary and is neglecting preventative measures. If I had not used a more flexible interview approach, I would never have made this finding.

I conducted ten interviews by phone due to the distance of the coaches from my location and two in-person interviews. Though the nature of the interviews was different, I felt there was no concerning impact on the different interview methods in my research project since I used the same format and conducted the interviews in the same manner both on the phone and in-person. I used an audio recording device in all of the interviews, which participants consented to in the informed consent form (see Appendix C). The interviews ranged in length, with the shortest interview being 21 minutes and the longest lasting 54 minutes. I transcribed the interviews verbatim, and I deleted the audio recordings within 24-hours of meeting with the participants (I explain the rationale for the prompt deletion of audio recordings in my ethical considerations section below).

Data Analysis

I engaged in a data analysis process that followed closely to the process described by Deborah van den Hoonaard (2019), where I trusted the process and used my own reflexivity as a researcher. After transcribing the interviews verbatim, I read through my transcripts several times, focusing on different aspects each time. For instance, when I first read through the transcripts, I was focused on reading quickly through looking for common themes. The second time I read through them, I focused more on what the participant was really saying with their responses. The third time I read through the transcripts, I was attentive to how my role as a researcher could have impacted their answers. While reading through my transcripts, I wrote down my thoughts and ideas, a process called memo writing (Charmaz, 2014; van den Hoonaard, 2019). After I read through my transcripts, I began the coding process. I completed open coding on all 12 interviews in which I coded line-by-line. During open coding, I labelled every thought or idea coaches shared, sometimes with multiple codes. During this process, I had no specific themes or ideas in mind, although I did use my prior knowledge on the topic to classify certain ideas. For example, whenever coaches spoke about athletes playing through pain or injury, I would code "the sport ethic". Even though coaches were not explicitly referring to the term which Hughes and Coakley (1991) termed the sport ethic, it was a clear example for me that coaches perceived athletes conforming (or not conforming) to the ideologies which make up the sport ethic.

Once open coding was complete, I started focus coding by categorizing my codes and identified nine focus codes, which consisted of the major themes found in the 12 interviews. These nine codes were; amateur versus professional athletes, changing behaviours and attitudes, invisibility, proactive versus reactive, responsabilization, risk management, sport ethic,

subjectivity, and unintended consequences. After the identification of the nine themes, I created a separate file for each theme. During this process, I went through the transcripts more succinctly and highlighted each of the nine themes. All of the quotes identified to be a part of a theme, I moved into the theme specific file. These quotes then underwent the memo process in which I was able to connect themes and ideas while linking them with previous literature. During the memo process, I identified sub-themes within some of the focus codes. For example, within the theme of unintended consequences, I developed the sub-themes of parental fear and ruining hockey, which was a common unintended consequence of Rowan's Law, which coaches identified. Further, I worked closely with my codes to relate them to the literature. For instance, I worked with the theme of amateur versus professional athletes to connect what coaches were expressing about the importance of protecting youth over professionals to the literature, which supports that there is a greater emotive concern for the youth (Loseke, 2017; Malcolm, 2020).

By connecting my codes back to the literature and memo writing, I began to make sense of what the coaches were conveying to me. I began to theorize about the major findings in my research. Through this process, I began to construct how my research contributed to the research topic at hand and the social world. After constructing the broader goals of my thesis, I created an outline for each chapter as to how I would tell the story of my research.

Role of the Researcher

Charmaz (2014) explains that social reality is a construct. Those utilizing a constructivist grounded theory approach must understand that researchers are not just observers or unbiased experts but are a part of the research. Researchers using a constructivist grounded theory approach should continuously think about their research and their role in it. For example, researchers must recognize their position to the participants, their privileges over participants,

and their perspectives on their topic. There are two specific positions that I found to be particularly important to recognize as a researcher—one as an athlete, and the other as a woman.

My interest in this topic stemmed from being an athlete. Though I never played hockey or any contact sport (the closest I came was flag football in middle school), I played every non-contact sport available in my high school. I received my fair share of injuries from my participation in sport. One high school year, I played women's basketball, volleyball, and soccer as well as co-ed ultimate frisbee and volleyball. I even was recruited to a representative basketball team, but unfortunately, my family was not in a position to afford the travel costs, which came with a more advanced level of play. In my high school sporting career, I had several sprained fingers and ankles, which would not prevent me from playing sport. Even now, I play ultimate frisbee recreationally, I am fully aware that I have gone out and played when I should not have. Specifically, this past year while completing this project, I got tripped (unintentionally) after running full speed to catch the frisbee, and my head collided hard into the artificial turf. I returned to play. Additionally, I broke my toe that same season (not from sport) but wrapped it with tape and played all season long. It was this recognition that makes me increasingly interested in this research. As an academic who has done extensive literature reviews on the topic of playing through pain, I avidly consider this research incredibly important in preventing athletes from playing with injuries and potentially making it worse. However, as an athlete, I can reflect on how difficult it is to make a decision, even at a recreational level, to stop playing the sport you love. This position has helped inform my research and assisted me in recognizing my biases as both an athlete and a researcher. The circumstances are different for athletes who are playing contact sports and extremely different from the coaches in contact sport. Still, my

experience helped me understand my participants in ways that other researchers may not have been able to.

A second specific position that was critical for me to recognize was that I was a young woman interviewing men hockey coaches about the boy's hockey teams they coach. This position in my research project of being a female researcher interviewing male coaches of a sport within Canadian society, which holds internalized masculine ideals (Allain, 2014), undoubtedly played a role in how my participants interacted with me. Charmaz (2014) explains that gender can play a heightened role in the interview process, especially when the topics involve directly, or indirectly, notions of masculinity. Allain (2014; 2015; 2019) is a researcher of a population quite similar to my own, as she has interviewed male elite hockey players in the Canadian Hockey League. Allain (2014) reflects on her experience as a female researcher interviewing elite, male hockey players in a hockey society who value masculine ideals. She speaks of these difficulties, including her ability to gain access to the field where she was being questioned of her motives to interview young, male, 'attractive' hockey players. She recognized her position and was constantly aware of the role gender may play in her interviews. By being aware of this, Allain was able to analyze her interviews in a way a male researcher would not have been able to since how her male participants responded to her may have been entirely different if a male had interviewed them, providing a unique account in understanding the experiences of elite male hockey athletes in Canada. I was not in quite as difficult a position as Allain (2014; 2015; 2019) since the interviews were of coaches, not athletes, and I conducted most of my interviews over the phone. However, I was conscious of my gender during my data collection and analysis. For example, I displayed a hockey aptitude and held myself in a professional manner during interviews in hopes that coaches would respect me as a woman researcher. During my analysis, I

used my position to think about how being a female researcher may have influenced how some of the coaches' answered my questions. For example, did being a woman allow for coaches to feel more open to admitting to not associating with the masculine ideals often associated with hockey in Canada? Of course, the opposite may be true, being a woman researcher may have deterred coaches from being open with me about the aggressive masculine ideals that they and their players may participate in. Regardless, recognizing my position as a women researcher in a male-dominated field influenced my research project in ways, I may not have been able to recognize, had I not taken a constructivist grounded theory approach and reflected on my role as a researcher.

Ethical Considerations

Recognizing ethical considerations is something a researcher consistently does throughout their research (van den Hoonaard, 2019). Aside from the general principles of ethics in Canada, which promote respect for persons, concern for human welfare, and justice, there are numerous ethical considerations researchers must partake in from their topic choice right up to their analysis and writing of results.

I successfully received ethical approval to conduct my research from the research ethics board of Wilfrid Laurier University. I followed the advice of Deborah van den Hoonaard (2019) when applying the principles of ethics to qualitative research. Throughout my research, I considered the ethics involved in each step of the research project. Below I have highlighted these ethical considerations throughout the project.

First, I approached my research with an open mind and did not have any predisposed notions of the answers I wanted to receive. My interview guide consisted mainly of 'how'

questions to ensure the participants felt welcomed to answer honestly and comfortably. I asked 'how' opposed to 'why' questions to ensure participants did not feel as if they had to respond in a certain way to any of my questions. Second, van den Hoonaard (2019) writes that you must acknowledge the social and personal situation the participant(s) may be in. The social and personal situation of coaches was of particular importance for this research project since I was asking questions regarding a law in which there was a requirement for coaches to partake in. I needed to be mindful of the fear of retribution some coaches may experience. Further, I was asking coaches to speak about concussions in their athletes that they may not have reported at the time. The research ethics board at Wilfrid Laurier University was particularly concerned that if there was any litigation due to my research that a court could compel me to hand over my transcripts. I dealt with this concern in two ways. First, upon the interest of being interviewed, all participants were sent an informed consent form, which outlined the risks of participating in the study (see Appendix C). Second, I deleted all audio recordings within 24 hours after the interview, and I removed all identifiers, such as names or cities in the transcripts. The removal of identifiers was also noted in the informed consent form to ensure coaches were aware they could speak freely without retribution of any kind. Additionally, each coach has been given a letter as a pseudonym in the study. The letters 'B' through 'H' and 'J' through 'N' are used. The letters 'A' and 'I' were left out to eliminate any potential confusion. The letters were applied randomly, ensuring no means to identify which coach was assigned which letter. These two steps ensured that even if there were such litigation from my research, it would be impossible to identify, even for myself, which coach was associated with which transcript.

Van den Hoonaard (2019) additionally recommends treating your participants on a level playing field and with respect. At all times, I treated my participants with respect and, at no

point, attempted to use any authority as a researcher to influence them. As a researcher, I did my best to follow ethical principles throughout my research project. I am confident that I completed all research stages with ethical considerations of the project and participants in mind.

Summary

This chapter explained in detail the methodological approach I took to conduct my research project. In the first three chapters, I have described the relevance of my research, explored the literature, and detailed my theoretical framework and methodological approach. The next three chapters will now make up the analysis of my research project. *Chapter four* will explore coaches' perceptions of the overarching goal of Rowan's Law. *Chapter five* will discuss coaches' perceptions of the more specific objectives of Rowan's Law at the coaching level. *Chapter six* will emphasize coaches perceptions of the unintended consequences of Rowan's Law and the impact of Rowan's Law on athletes.

Chapter Four - Coaches Perceptions of the Goal of Rowan's Law

I have organized this thesis into three analysis chapters. The first two chapters (chapters four and five) answer the first two research questions proposed for this project; how do coaches make sense of Rowan's Law? How do coaches perceive Rowan's Law to impact their coaching? I will answer these questions in chapter four by exploring how coaches are making sense and perceiving the Government's overarching goal of Rowan's Law; to identify and manage concussion injuries in youth athletes. In chapter five I discuss how coaches are making sense and perceiving the Government more specified objectives at the coaching level with Rowan's Law; enhancing knowledge in coaches, increasing consistency in the decision-making process as to when to remove an athlete from play and responsabilizing coaches to protect their athletes from concussion injury. The third analysis chapter (chapter six) answers the last two research questions; how are coaches managing concussive injuries? Is Rowan's Law changing the culture of hockey? If so, how? In chapter six I will depart from coaches perceptions of the Government's intentions with the implementation of Rowan's Law to discuss coaching perceptions of the actual impact of Rowan's Law on coaches and athletes. This three-chapter analysis will provide evidence for two findings of this research project; 1) Rowan's Law has had some impact on coaching behaviour, but ultimately not enough to ensure that there is consistency across minor league hockey coaches not to return an athlete to play too soon, and 2) Rowan's Law has enacted minimal culture change overall in minor league hockey and has led to an array of unintended consequences. Together, the analysis chapters will show that Rowan's Law may not be sufficient enough to remedy the social problem of youth sporting concussions in Ontario, at least in triple A minor league hockey.

The goal of Rowan's Law is to identify and manage concussions in youth sport. The Rowan's Law Advisory Committee highlights this in their report; "[Rowan's Law] would establish a standard of practice in this province for concussion identification and management" (2017, p. 8). Further, the law itself on the Legislative Assembly document is titled, "Bill 193 Rowan's Law (Concussion Safety), 2018" (Bill 193, 2018). Though there are various objectives in place to achieve the overall goal of concussion safety, this chapter specifically focuses on how coaches make sense and perceive the overarching goal of Rowan's Law. I will begin this chapter by exploring how Rowan's Law came to be the solution for the social problem of youth sporting concussions in Ontario. Next, I will explore the coaches' negative and positive perceptions to the goal of Rowan's Law. Some coaches responded positively to the goal of Rowan's Law because it helps enhance the safety and health of their athletes. Other coaches responded more negatively, citing concerns in the overall goal of Rowan's Law. Ultimately, in this chapter, I will argue that the negative perceptions from coaches on the overall intent of Rowan's Law appear to be preventing coaches from fully supporting Rowan's Law, which in turn may lead to coaches who do not abide by the requirements of Rowan's Law. This chapter will provide evidence to the overall argument of this thesis that Rowan's Law is not sufficient enough to remedy the social problem of youth sporting concussions since coaches are not in full support of the Government of Ontario's goal of Rowan's Law.

Rowan's Law as a Solution to Youth Sporting Concussions in Ontario

The implementation of Rowan's Law occurred in March 2018, five years after the passing of Rowan Stringer and following a juror's inquest into her death. Rowan's Law Advisory Committee was formed after the juror's inquest to review the jury's 49 recommendations and

provide advice to the Government on how to implement the future legislation (Rowan's Law Advisory Committee, 2017). The goal of Rowan's Law was to prevent deaths like Rowan's, where more education and awareness could have potentially prevented her from continuing to play with her previous concussions, possibly saving her life (Rowan's Law Advisory Committee, 2017). From the Legislative Assembly of Ontario, under Bill 193 (2018), the act imposes that all sporting organizations with athletes under the age of 18 follow a set of requirements meant to enhance the safety of athletes from concussive injuries in sport. The main four requirements of this bill are;

- (1) Athletes under 18 may not be enrolled in a sporting organization until they and a parent confirm they have read the concussion awareness resource approved by the Minister of Tourism, Culture and Sport. Coaches must also read the resource before assuming their position.
- (2) Sporting organizations must establish a concussion code of conduct.
- (3) Sporting organizations must establish a removal-from-play protocol.
- (4) Sporting organizations must establish a return-to-play protocol.

According to the Government of Ontario website (2019), the first two sets of requirements came into effect on July 1, 2019. The latter two are expected to be implemented by January 21, 2021. The Government of Ontario specified that all athletes under the age of 26, and parents of athletes under the age of 18, must verify that they have read the concussion awareness resource. Regarding coaches, the Legislative Assembly of Ontario (Bill 193, 2018) specifically designated that no individual may serve as a coach unless they have reviewed the concussion awareness resource. It is also important to note that Rowan's Law is not a criminal law, but an

administrative act to enact concussion safety and therefore, no legal consequences may occur on those not upholding the law.

Rowan's Law was passed unanimously in the legislature, however, Rowan's Law was not the first proposed legislation to address the issues of youth concussions in sport (Tator, 2018). In 2012 there was an unsuccessful attempt to read into parliament what would have been Bill 39, advocating for concussion legislation. The Ontario legislature deferred the legislation at the time, and the next Government never picked it up (Tator, 2018). It was not until Rowan Stringer's death that claims makers were able to successfully persuade the Government of Ontario that youth sporting concussions were a social problem that needed a solution in Ontario. Loseke (2017) explains that successful claims making are often dependent on an emotional victim story where people evaluate the victim deserving of sympathy. In the case of Bill 39, there was no emotional victim story for claims makers to utilize. It was not until the death of Rowan Stringer, and the subsequent findings that her death was the result of SIS, which may have been preventable if she had not returned to play after her initial concussion injuries, that an emotional victim story emerged.

Dr. Charles Tator played a significant role in using Rowan's death as a way to bring attention to the social problem. Dr. Tator, who has a neurosurgical practice, studies catastrophic sporting injuries in Ontario (Tator, 2018). Dr. Tator became aware of Rowan's death due to his research on sporting injuries. In his initial review of the case, he theorized that Rowan's Stringer's death may have been a result of multiple concussions that were not given a chance to heal (Rowan's Law Advisory Committee, 2017; Tator, 2018). It was Dr. Tator, along with the support and advocacy of Rowan's parents, Gordon and Kathy Stringer, who prompted an inquest into her death. It was this inquest which concluded that Stringer died from SIS. Following this,

there was the formation of Rowan's Law Advisory Committee to find a solution for the social problem. The claims making of these people, tied into the emotive concern of Rowan's story, is what arguably, persuaded the Government of Ontario to implement Rowan's Law unanimously.

Dr. Charles Tator's involvement in the claims making utilization of Rowan's death further demonstrates the role of the medical field in sport. Medical professionals often take ownership of social problems since society often labels them as best qualified to address the issue. Malcolm (2009) highlights this when explaining that concussion diagnostic tools require physicians to take responsibility for concussion management despite physiotherapists having more extensive experience with head injuries. Further, the Concussion Resource² provided by the Government of Ontario, writes, "Anyone who has been removed from sport with a suspected concussion should see a physician or nurse practitioner as soon as possible. That person should not return to unrestricted participation in training, practice or competition until they have received medical clearance" (2019, p. 8). The role of Dr. Tator from the beginning of Rowan's death to the language in the concussion resource demonstrates the medicalization of the social problem and the resulting role of the medical field in the solution.

Rowan's Law is a display of successful claims-making on behalf of the social problem of youth sporting concussions. However, Loseke (2017) explains that sometimes, policy change is not enough to activate cultural change. Therefore, it is crucial to explore if the policy implementation of Rowan's Law will also initiate the cultural changes necessary to combat the ingrained cultural norms within sport that encourage athletes to play through and hide concussive

² All references in this thesis to the Concussion Resource refers to the ages 15 and up concussion resource provided by the Government of Ontario at; <https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>

injuries (Hughes & Coakley, 1991). The rest of this chapter will explore coaching perceptions of the overarching goal of Rowan's Law.

Positive Perceptions of the Goal of Rowan's Law

When coaches spoke about the positive aspects of Rowan's Law, it was always about the health and safety of athletes. According to coaches, the goal of Rowan's Law to identify and manage concussion injuries was a way to better enhance the health and safety of their athletes. All of the coaches stressed that protecting their athletes from all injuries, but especially concussions, was important to them. Coaches identified two specific reasons why the safety of youth athletes was important. First, coaches reported concerns that at minor level hockey, these athletes are at the age where their brains and bodies are still developing. Coaches believed that since their brains are growing still, youth athletes face more severe danger from concussion injuries. For example, Coach G expressed, "especially being an amateur and the younger kids are more susceptible to dangerous injuries before their brains and bodies are fully developed. You know, the consequences for them could be far more severe". The coaches did not report where they received information expressing specific concerns over the effect of head impact on young athletes, but past concussion census statements did purport that there are specific risks of head impact in youth such as longer recovery times and cerebral swelling (McCrory et al., 2009). The most recent concussion census statement in 2017, however, explains that more research must be completed on the potential differences between children and adults, citing a lack of evidence establishing any contrast. Despite the lack of scientific certainty of the dangers of youth sporting concussions, coaches took a precautionary approach in the desire to protect their athletes. Malcolm (2020) explains that when it comes to youth athletes, people often take an overly paternalistic approach that disregards the lack of medical evidence or scientific certainty. This paternalistic

concern may be why there is legislation for youth sports, but not professional ones since people often view youth as deserving victims requiring sympathy, opposed to adult victims who are viewed as less deserving because they are paid professionals (Loseke, 2017).

The second reason coaches identified the safety of youth athletes as high importance was due to the "amateur" status that most coaches assigned to their athletes. Though there were a couple of exceptions, most coaches reported that the majority of their athletes would never make it to play professional hockey and should not be risking serious injury. To illustrate Coach N explains,

You know, I know hockey's short-lived, we're all crazy in Canada, and we all want millions of dollars, but the reality of it is you're going to go do a job for the rest of your life and have a family, and you need to be symptom-free, and you need to enjoy, you know, the main part of your life.

Coach N highlights that the symbolism of the Canadian hockey player who values masculine ideals often supersedes the importance of being healthy for life after hockey. Though coaches credit the amateur level of play for a reason as to why athletes should not be playing through pain and hiding injury, this may be a mistaken notion when there is research which showcases that amateur athletes risk their bodies, hide pain and ignore injury to maintain their athletic identity and ensure their continued play in the sport they love (Dean, 2019; Torres Colon et al., 2017). The emphasis on maintaining an athletic identity signifies that regardless of amateur status and never making it to play hockey professionally, youth and amateur athletes will play through a concussion injury.

Regardless of why coaches believe the health and safety of athletes particularly important for youth athletes, coaches' perceptions of the goal of Rowan's Law were that the law assisted with protecting youth athletes.

Negative Perceptions of Rowan's Law

While many coaches saw the benefit of Rowan's law, they also perceived a variety of issues and concerns with the goal of the law. The majority of coaches were much more critical of Rowan's Law than they were supportive of it. The coaches were not critical of the existence of a law, since as mentioned previously, they all cared about the safety of their athletes, but rather that there were issues with Rowan's Law itself. It was evident in the interviews that coaches wanted to support Rowan's Law, but they were concerned for two main reasons. First, some coaches expressed that they felt that the Government's goal with the implementation of Rowan's Law was to mitigate risk and that the law was not implemented with intentions to instill change. Second, though coaches recognized the importance of secondary concussion prevention, they were disappointed with the fact that Rowan's Law did little to prevent primary concussions.

Mitigation of Risk

A handful of coaches' perceptions of Rowan's Law focused on the fact that the implementation of the law was to mitigate risk, not to protect youth athletes from concussion injuries. The reasons why the Government needed to mitigate risk varied amongst the coaches. Coach D took a very prominent stance to the fact that the implementation of Rowan's Law was to mitigate the risk for the Government so if a similar event to what happened to Rowan Stringer occurred again the Government could say they did everything they could; "I think that it's just at the very minimalist level they [the government] can do to mitigate their risk." He continues, "I

think it's a bullshit use to try to mitigate concussions." Coach D took a very adamant role that due to the implementation of Rowan's Law being solely to mitigate risk for the Government, that it would impact no change, "to me there's been no change. I didn't even know it had started."

A different coach (Coach M) purposes that Rowan's Law was a mitigation of risk from parents; "I get what they're [the government is] trying to do and protecting ourselves from the parents in the stands who think their kids are Superman and can continue to do the things they can if they get injured." This coach, however, goes on to highlight that protecting coaches from parents, such as in the example above, may be a good thing for coaches. Therefore, despite it being a mitigation of risk, Coach M still concluded, "I think at the end of the day, I think it's something smart. It's a good law to have."

Coach F speaks about the mitigation of risk from a coaching level. The Government had to create a law to mitigate the risk of coaches who do not prioritize the safety and well-being of their athletes;

I think it's [Rowan's Law is] the right thing to do, and I think it's the way the Government had to approach it, right. They had to put something together because there's people [coaches] who don't necessarily see it the way I do.

Coach F suggests, similar to Coach M, that Rowan's Law had to be put in place to prevent coaches from returning athletes to play too soon. Regardless of if the mitigation of risk is viewed positively or negatively by these coaches, a mitigation of risk by protecting the Government, the coaches from parents or the players from coaches, a mitigation of risk does not necessarily mean there will be any cultural change (Bachynski & Goldberg, 2014).

Bachynski and Goldberg (2014) explore the concept of mitigation of risk when assessing return to play protocols. They explain that often the implementation of return to play protocols

(as well as other rule changes and better equipment) act as an alleviation of risk. This concept means that there is a mitigation of risk of injury to an acceptable level. Therefore, people may view concussions in sport as acceptable because of Rowan's Law being in place to protect athletes, even if Rowan's Law is not protecting athletes. For example, *if* another athlete suffers from second impact syndrome, the Government would not be blamed since with Rowan's Law they are mitigating their risk, however, just because the Government has mitigated their risk does not mean athletes will change their behaviour. By this, I mean that athletes may still hide their first concussion and continue playing regardless of the fact that the Government will not be to blame if they suffered from SIS. The mitigation of risk does nothing to change the behaviours of athletes. This mitigation is cause for concern since this can lead athletes, coaches and parents to view Rowan's Law as mitigating the risk of concussions when there is actually no decrease in danger. Further, Bachynski and Goldberg (2014) write about risk compensation, where due to this mitigation of risk, athletes feel safer and may then engage in riskier behaviour. The research by Bachynski and Goldberg highlights that Coach D may be correct that, if the implementation of Rowan's Law was solely to mitigate risk, the law might be doing nothing to change the culture of hockey and increase the safety of youth athletes.

Rowan's Law as Lacking Primary Concussion Prevention

The second critical perspective held by coaches pertains to the fact that Rowan's Law is mainly a response to secondary concussion injuries. As noted above, the goal of the law is to identify and manage concussion injuries (Rowan's Law Advisory Committee, 2017). Since Rowan Stringer died from secondary concussion injuries, the focus of the solution to the social problem was on preventing secondary concussions. It seems that there was little attention to the prevention of primary concussions. Only one page (page 4) on the 14-page concussion awareness

resource on the Government of Ontario website (2019) focuses on primary concussion prevention. This page is rather vague, citing recommendations such as, "Ensure you/your athletes use equipment that is in good condition," "Ensure you/your athletes respect the rules of the sport" and, "Promote a safe and comfortable environment for everyone to report injuries." These recommendations do not explain in detail how to prevent concussions. For example, how do you promote a safe and comfortable environment? When is equipment no longer good enough to protect from concussions? How do I help athletes respect the rules of sport? The majority of the resource focuses on what to do after a concussion injury, which provides much more descriptive instructions.

Coaches did not specifically comment on the fact that Rowan's Law lacked primary concussion prevention, however when asked how they would increase the safety of youth athletes or what they would change about Rowan's Law, almost all of the coaches suggestions revolved around primary prevention. Research on Lystedt Law held similar concerns, citing that the law did not address primary concussion prevention and that these laws should have a broader focus than solely on secondary concussion prevention (Concannon, 2016; Harvey, 2013). After speaking to coaches in the current study, it is clear that coaches found importance in protecting youth from primary concussions as coaches continuously brought up strategies to prevent them. The coaches made three specific suggestions that could benefit the health and safety of youth athletes by preventing primary concussions; 1) decrease the age of introduction to body contact, 2) different equipment and 3) increase the accountability of enforcers.

The Age of Introduction of Body Contact. Hockey coaches overwhelmingly agreed that the current age of the introduction to body checking in minor league hockey was too high. In

September 2013, Hockey Canada eliminated body checking from the peewee level (U13) and implemented the introduction of body checking at the bantam (U15) level. Coaches agreed that the age level for the introduction of body checking should be lower. The exact level varied from coach to coach, with some suggesting it get lowered as far down as novice (U9) or atom (U11). Coaches provided a variety of rationales as to why they thought the age of introduction to body checking should be lower.

Most overwhelmingly, coaches argued that the size disparity was too broad in bantam (U15). Coaches argued that at Bantam (U15) age level, some athletes had gone through puberty and grown substantially, while other athletes had not. This quote from Coach N displays the sentiment of the majority of coaches; "If you wait too long [at the level of bantam] there is a disparity, you know, pre-puberty, post-puberty in the older age groups where you may have a kid who is underdeveloped at 5'3", 5'4", 100 pounds and then you get a kid who's 6'2", 200 pounds". Coaches mention that learning to hit and using contact for the first time at that age, and with that size disparity, could potentially cause injuries. For instance, coaches mentioned the concern that since athletes are learning to hit for the first time, there is much improper hitting both in games and practice, which leads to smaller, undeveloped athletes ending up with concussions and other injuries. In addition, coaches mentioned the excitement that comes with getting to the age of body checking leading to an over-indulgence in hitting. Specifically, coaches commented that upon the introduction of body checking, athletes hit much more frequently. Therefore, according to these coaches, body checking should be introduced at a younger age, where the body mass of the athletes is far more similar.

Further, coaches mentioned that bantam (U15) is too late to be teaching the skill of hitting to athletes. It not only causes improper hitting techniques, but it prevents players from

adequately learning how to take a hit. Coach J illustrates this, "at younger ages even if there is a different body mass at least the player will know how to take one [a hit] and the safe areas, like where to be closer to the boards." Many coaches mentioned that introducing contact later prevents players from learning to skate with their heads up. Coach L commented, "I see it every night. There's kids that still have their heads down, whereas I feel like if the contact is introduced earlier, you have to be far more aware. So, it forces you to have your heads up". Overall, the consensus was that lowering the age of introduction of body checking would help teach athletes the skills of hitting and would get the sensationalism of hitting out of the game. Coach N even suggests that; "I think if they started a little bit earlier with proper coaching, proper procedures, it might even eventually wean itself out of the game and you would see very minimal contact."

From coaches perspectives, specifically regarding the game of hockey in Canada, where actors and society alike have balked at the idea of eliminating contact from the game (Adams et al., 2015), the better idea is to de-sensationalize hitting from hockey at an early age where coaches can teach proper hitting strategies. That way, the size disparity is not as drastic. Presumably, however, concerns over contact at younger ages would lead to claims that the younger the brain, the more susceptible they are to short term and long-term effects of head impact. Despite the lack of evidence that younger brains are more susceptible to both short- and long-term effects of head impact, much advocacy has focused on introducing contact at older ages. For instance, *Faces of CTE* actively promote the slogan, 'Flag 'til 14' in youth football. It seems unlikely in the current atmosphere surrounding concussions that Hockey Canada would consider lowering the age of the introduction of contact despite the overwhelming response from coaches that, if done correctly, it would significantly decrease primary concussions.

Though coaches did provide a variety of rationales as to why decreasing the age of introduction of body contact would benefit the health and safety of youth athletes, it is possible that these rationales were just a justification to promote continued contact in sport. Since none of the coaches considered the elimination of body contact as a solution to preventing primary concussions, coaches may be rationalizing body contact, and its introduction earlier, as a way to encourage contact to be left in the sport of hockey. They could effectively be neutralizing the use of contact in hockey by justifying its use, similar to the techniques of neutralization theory proposed by Sykes and Matza (1957). Sykes and Matza propose that future offenders would neutralize the crime by justifying it through various rationales. For example, offenders would neutralize their behaviour of robbing a beautiful house by justifying that the victims could afford to replace their stolen belongings. Similarly, coaches may be justifying the use of contact in hockey to maintain masculine ideals, which value contact as a way to promote toughness. Specifically, coaches may be using the technique of denial of injury to propose that by introducing contact at earlier ages, athletes will be less likely to receive serious concussion injuries. Regardless of the possibility of this rationale; however, coaches did overwhelmingly suggest that decreasing the age of the introduction of contact would help prevent primary concussion injuries.

Equipment. A few coaches mentioned equipment as a possible factor in the prevention of primary concussions. More specifically, coaches mentioned a change from hard plastic. Coaches admitted that no equipment would completely prevent concussions since nothing can prevent your brain from rattling around in your head, but they did argue that a different material rather than hard plastic would help. Though the majority of coaches who mention the issue of

plastic equipment did not have a better solution, "It's very, very hard, you know, plastic and, you know, I don't know if there's another way " (Coach N), Coach D specifically notes leather as an alternative. Coach D's rationale behind this was;

If you look at... back in the day when they're using leather, not only are people less inclined to go after guys because it's going to hurt them too, cause leather's not as strong as hard plastic, but it kind of mitigates the blow to the head too.

Similar to coaches who suggest a decrease in the age of introduction of body contact, changing equipment way to justify the continuation of contact and violence in sport. By promoting better equipment, and therefore better safety, coaches may be rationalizing aspects of sport that encourage physicality.

Equipment is often used as a tool to mitigate the risk of concussion injuries, although there is little evidence to support that it does (Malcom, 2020). Equipment may help prevent other injuries, but there is no empirical indication that it prevents concussive injuries. Further, as mentioned earlier, risk compensation may also play a part. Research shows that when athletes don 'better' and 'safer' equipment, they tend to engage in a more risky playing style (Bachynski & Goldberg, 2014; Fogel, 2013). According to coaches, non-plastic equipment may prevent more primary concussion injuries than hard-plastic equipment does, however, this belief may be a justification to allow the continuation of contact in sport.

Accountability of Enforcers. Finally, a common preventative measure brought up for primary concussions by coaches was increasing the accountability of enforcers. Enforcers are players who tend to participate in the more violent aspects of hockey. They are the players who will make the big hit or play 'dirty,' disregarding the rules of the game. Often players who take

on these roles, and use their bodies as weapons, are less skilled at the actual game of hockey (i.e. puck handling, defence) (Silverwood, 2015). These players often neutralize their own role on the team by calling themselves 'protectors' or 'sheriffs,' rather than enforcers, suggesting that their role is to police, not to cause violence (Silverwood, 2015). People argue that the role of the enforcer no longer exists in the NHL. Despite that, many of the coaches in this study identified that there are still teams with vicious players who are not being held accountable for their actions. These enforcers who play violently against others have an increased likelihood of causing a concussive injury to others as well as themselves. According to coaches, the issue with these enforcers, other than the potential they have to cause serious injury, is that they are not adequately held accountable by the league. Coaches believe that providing more accountability for hockey enforcers would help prevent primary concussion injuries.

The first way to hold enforcers accountable, coaches identified was to suggest that fighting should be left in the game and increased, to ensure other players can hold enforcers accountable; "you can't just go running your mouth or whacking guys with your stick across the head without any recourse. That's the problem" (Coach D). Another Coach, (Coach C) explains that the changing culture of hockey has taken away athletes ability to hold enforcers accountable:

There's hits and collisions that occur on the ice now that never would have occurred because if you did those things there was accountability on the ice... now we're not allowed to be accountable for a collision... so, if somebody goes and lays a head check on the ice, we're not allowed to answer that head check.

Both of these coaches argue that there are still enforcers in the game of hockey at the minor league level, and the best way to hold them accountable is to allow other players to take action on them through hockey violence. These coaches may also be neutralizing violence through the

justification of preventing primary concussions. The coaches are ultimately suggesting that by allowing the threat of violence to linger, it may one, deter athletes from executing violent hits and two, allow athletes to exact revenge for a violent hit to teach the enforcer a lesson and to deter them from future violent plays.

The second way coaches suggested would help hold enforcers accountable was through video accountability and more severe consequences. Coaches argued that the five-minute penalty handed out by referees is not sufficient enough and that video accountability would allow for longer suspensions, which would deter enforcers from making violent hits. Coach J illustrates this, "a player knocks my kid [athlete] out for seven weeks, and all the players got was three games. Like who cares, right, but if you got ten games...". Coach J explains how there should be an ability to videotape every game and submit footage for hits such as that one. He continues that if there were that level of accountability, where a player could be out that long there would be a decrease in such violent contact, and therefore, primary concussions. Caron and Bloom (2015) also propose more accountability through longer suspensions as a way to improve the health and safety of players in ice hockey.

Though coaches suggest different levels of accountability on hockey enforcers, there was a consensus that an increase in the accountability of enforcers would prevent some primary concussion injuries.

Conclusion

The objective of this chapter was to explore coaches' perspectives of the Government's overall goal with the implementation of Rowan's Law to identify and manage concussions in youth. While some coaches responded positively to the overall intent of the Government since

Rowan's Law will help enhance the safety and health of youth, coaches also recognized concerns with the overall goal. First, coaches feared that the implementation of Rowan's Law and its goal was merely to mitigate the risk for the Government if something tragic were to happen again. Second, coaches believed that Rowan's Law did not adequately address primary concussion prevention. Coaches' concerns provide evidence to the major findings of this thesis that there may not be consistency across coaches in following the guidelines of Rowan's Law since coaches do not appear to be entirely in support of the overall goal of the law. Further, since coaches may not be in full support of the Government's main intention of Rowan's Law, it is possible that there may still be coaches who are returning athletes to play after concussion injuries. This chapter additionally highlights the potential issues regarding policy legislations as a solution to the social problem of youth sporting concussions. If coaches are perceiving issues with the overarching goal of Rowan's Law, the law is unlikely to facilitate cultural change at the coaching level. In the next chapter, chapter five, I will explore how coaches are perceiving more specific objectives of Rowan's Law at the coaching level.

Chapter Five - Coaches Perceptions of the Objectives of Rowan's Law

In chapter four, I explored coaches' perceptions of the overarching goal of Rowan's Law to identify and manage concussions in youth athletes. In this chapter, I will now discuss coaches' perceptions to more specific objectives of Rowan's Law at the coaching level. I identified through viewing the legislative document, the concussion resource as well as considering responses from coaches three objectives that the Government intended to instill at the coaching level with the implementation of Rowan's Law. First, the Government wanted to enhance knowledge in coaches about the dangers of returning an athlete to play with a concussion or suspect concussion injury. Second, the Government wished to increase the consistency among coaches' decision making as to when to return or remove an athlete from play. Third, the Government aimed to responsabilize coaches. I will explore each of these three objectives in turn by discussing how coaches are making sense and perceiving these objectives. Similar to chapter four, some coaches positively perceived the objectives, but the majority of coaches found issues or concerns with these objectives. Ultimately, this chapter provides evidence that coaches are not entirely in support of Rowan's Law, which may prevent coaches from abiding by the law. If there are coaches not abiding by Rowan's Law, then it is sufficient to conclude that the policy change of Rowan's Law may not be enough to facilitate a cultural change to address the issue of youth sporting concussions.

The Government of Ontario's Objectives at the Coaching Level

All of those involved in sport play a role in the successful implementation of Rowan's Law; however, coaches play the most significant role in sport. The Coaches Association of Ontario (CAO) specifically writes on their website under the heading 'Rowan's Law';

Coaches play an important role in the lives of athletes. You teach, train and help develop athletes to achieve their full potential. You analyze their performance, hone their skills and offer encouragement. Because of your role, you have a unique opportunity to promote concussion awareness and safety among athletes and their parents (2020, para. 2).

When looking at the description of Rowan's Law in the Legislative Assembly document, the CAO website, as well as the interviews I conducted with 12 coaches, there were three clear objectives which the Government of Ontario desired to achieve at the coaching level. First, Rowan's Law should enhance the knowledge of coaches by providing them with education and awareness of the dangers of returning an athlete to play too soon after head injury. Second, Rowan's Law should create more consistency amongst coaching decisions in Ontario. Third, the objective of Rowan's Law is to responsabilizes coaches for their athletes' health and safety.

Enhancing Knowledge of the Dangers of Returning an Athlete to Play too Soon

Rowan's Law states explicitly that a sports organization shall not allow an individual to serve as a coach unless they have reviewed both the concussion awareness resource and concussion code of conduct and confirmed reviewing them (Bill 193, 2018). Presumably, by requiring coaches to review these documents, the Government is attempting to enhance the knowledge of coaches to the dangers of returning an athlete to play with a concussion, or suspected concussion, injury. All 12 coaches reflected that their attitude towards concussions has changed in recent years due to the enhanced knowledge of concussions. However, only a couple of coaches credit Rowan's Law for their increase in knowledge. The majority of coaches note

that Rowan's Law had little impact on their enhancement of knowledge towards concussion management.

The coaches who do reflect that Rowan's Law increased their knowledge of concussion management, cited the more specified directions as to what to do after an athlete receives a concussion or potential concussion injury. Coach B outlines how he reacted to athlete injuries before and after the implementation of Rowan's Law to showcase how the knowledge he gained changed the way he behaved as a coach. Coach B first reflects on the treatment of injuries in hockey before Rowan's Law;

Pre [Rowan's Law], you would see a player get hit, get their bell rung, come to the bench and maybe be sitting there displaying signs of distress or had a difficult time getting off the ice and... the question would be 'are you okay?'... 'are you good to go again? Are you alright? You ready? You feeling nauseous, dizzy, anything? No? Alright, let's get back out there'... that's how hockey's been played for decades, generations. Nobody knew any better.

The same coach (Coach B) then makes a reflection on the treatment of injuries after the implementation of Rowan's Law;

Post Rowan's Law, you follow a lot of the same protocols [as pre-Rowan's Law]; however, the minute that any player and we've had this this year, tells us 'my head hurts'... that's it, 'you're done for today'... even if they tell us they're fine five minutes later, they're done for that game... they now go into the protocol, and they have to go through all of the various hurdles.

Coach B reflects on the steps recommended in the concussion resource for ages 15 and up. The resource has one page dedicated to what to do if you suspect a concussion (p. 8), one page dedicated to getting better (p. 9) and three pages dedicated to what an athlete needs to do to return to sport (p. 11-13). Coach B's description of pre- and post- Rowan's Law provides evidence that some coaches may indeed have benefited from the requirement from Rowan's Law to read the concussion awareness resource and concussion protocol. The Government's objective to enhance knowledge through the requirement to read these documents may have indeed played a significant role in how some coaches addressed head injuries on their teams. This result aligns with quantitative research on Lystedt Law, which found that coaches' knowledge of concussions did increase with the implementation of youth concussions laws (Chrisman et al., 2014; Murphy et al., 2012; Mrazik et al., 2015).

Despite a few coaches crediting Rowan's Law for all or some of their enhanced knowledge, the majority of coaches stated that Rowan's Law did not increase their knowledge of concussion management. There were two common rationales as to why Rowan's Law was not resulting in enhanced knowledge of the dangers of returning athletes to play too soon amongst coaches. First, there was a prior knowledge present amongst coaches which led to some coaches believing that they were already abiding by the requirements of Rowan's Law. Second, coaches suggested that the poor implementation of Rowan's Law at the coaching level may have contributed to coaches not reading the concussion resource and, therefore, not increasing their knowledge.

Prior Knowledge of Concussion Management. The notion that coaches were already treating head injuries as serious and not returning athletes to play may have potentially led

coaches to disregard Rowan's Law as something they already knew. Concussions were already in the spotlight, as explored earlier in this thesis due to the death of Mike Webster and various other events (i.e. the injury to Zackery Lystedt), and thus, many coaches were already treating concussions as a serious issue before the implementation of Rowan's Law. The majority of coaches in the study claimed they did not read the concussion resource, or they merely skimmed through it because they were already participating in concussion safety or already knew the information. For example, Coach E says, "a lot of us [coaches] I'd like to think were already doing things beforehand [before Rowan's Law], so it really hasn't changed anything". Another coach (Coach D) reports not reading the concussion resource at all because he claimed to know already what to do in regards to concussions. Coach M specifically claims that Rowan's Law has nothing to do with the enhanced knowledge, "people started taking it [concussions] a little more serious, and it wasn't because of this young lady [Rowan Stringer] that died to be quite honest with you."

Coaches' prior awareness may be seen as positive since, according to some coaches, they were already removing athletes from play after head impact and following similar policies. However, coaches' prior knowledge may also be cause for concern. Coaches may be missing out on valuable information. For instance, Coach D who claims not to have read the concussion resource due to his previous knowledge about managing concussions, later on in his interview when asked how he would respond to an athlete experiencing a minor concussive symptom (such as a slight headache) said, "I would ask them, are they okay to play". This quote does not align with the concussion awareness resource on the Government of Ontario website, which says that even one sign or symptom may be a sign of a concussion (including headaches) and should result in the removal of an athlete from play.

Coaches' reported that their previous knowledge mainly comes from the NHL or the media. Coaches expressed that a lot of what happens at the minor league hockey level begins in the NHL. For instance, Coach L reflects, "I think that we're getting more and more aware of it [concussions] with just watching the NHL". Coach F also suggests that the NHL showcases a less rough style of play now, "you watch an NHL game now they don't hit as much anymore". Further, coaches reflected on the changing narrative within the media as enhancing their awareness. Coach M expresses, "I just think there's more media coverage of it, so I think that it just gets brought up, you know, a lot more than it did in the past." Similarly, Coach E says, "it's [concussions are] just more of the forefront of the media, more in the forefront of the social media, every day every injury is in the front lines - we see it on twitter, we see it on Instagram." It appears, according to coaches, that coaches may be receiving more information from the NHL and the media than what the Government is presenting with Rowan's Law. The enhanced knowledge coaches already have from the NHL and the media may be one reason why coaches decide to neglect the concussion resource.

A second reason coaches may neglect the concussion resource is information fatigue. Research has shown that information fatigue may be cause for why athletes often do not experience an increase of knowledge and buy-in to changing policies (Kroshus et al., 2015b). Coaches may also experience information fatigue. As Coach K says, "I mean, I've taken a few concussion courses and stuff, so it was just reiterating the same stuff they've been talking about for the last few years." Since sporting organizations often overload coaches with new information and changing policies, it is possible that coaches either choose not to read the concussion resource or do not process the information to the full extent when they do.

Regardless of why coaches may have neglected the concussion resource due to prior knowledge, the COA website (2020) states that one of the ways coaches can help save lives is by knowing how to prevent and recognize concussions. The COA reports that coaches can do this by *regularly* reviewing the concussion awareness resource every year before serving as a coach. Additionally, the response to concussions is ever evolving with the International Conference of Concussions in Sport meeting every few years and publishing new ways to define, prevent and recognize concussions (Malcolm, 2020). This prior knowledge further showcases the little influence the policy change of Rowan's Law has on changing the behaviours of coaches. In summary, the prior knowledge of the dangers of playing with concussion injuries may have prevented coaches from enhancing their knowledge of concussion management from Rowan's Law.

Poor Implementation of Rowan's Law. Coaches reported the poor implementation of Rowan's Law, and specifically the concussion resource, as directly preventing the enhancement of knowledge on the coach level. Out of the 12 coaches in this study, seven received a PDF document in which they had to sign confirming they had read it, one had to complete an online training module, one had to attend a seminar instructed by his team's trainer and three received no form of education. The differing delivery of education on Rowan's Law is similar to research on Lystedt Law, where research found coaches received educational materials in a variety of different formats (Harvey, 2013; Mrazik et al., 2015). The wording within Rowan's Law effectively leaves it up to the sporting organization to decide how to implement the concussion resource and protocols in their leagues leaving room for inconsistency in the

delivery of educational materials. The majority of sporting organizations, according to coaches, seem to have deemed a PDF as sufficient enough to educate coaches.

Further, even the nine coaches who did receive some form of education regularly reported the poor implementation of Rowan's Law into their league. To illustrate, Coach G says,

For some people, and I am one of those people, they gave you a piece of paper and you got to read it, sign it, and you got stuff going on in your life, whatever, and you've got to hand it in...so you just sign it and hand it in.

This same coach (Coach G), suggests in response to admitting to not genuinely reading the concussion resource, "it might be better to have some sort of interaction, you know, kind of like a learning or knowledge-based seminar." This coach's response is similar to other coaches who thought that a PDF is not the best way to get information across. Further, Coach B, who was the only coach to report that Rowan's Law enhanced his knowledge of concussion management is also the only coach who received his education from an online module. Though one coach is a too small of a sample to make conclusions, it is possible that a more interactive educational approach may lead to an increase in knowledge more so than a PDF document.

Other coaches reasoned that their organization could have done a better job at implementing the law. When asked what their perception was on how their league implemented Rowan's Law, Coach L responded, "I would say minimal, my perception was that the organization and the [association] could have done a little bit better. They maybe could have sent out a two-hour online questionnaire or something like that to educate coaches". The recommendations by coaches for an alternative form of education suggests a

willingness to learn from coaches about better concussion management, but that they did not receive this knowledge in a manner that required them to learn. This further may highlight the lack of investment in sporting organizations to change the culture of sport since minimal effort appears to have been conducted to educate coaches. Additionally, the language in Rowan's Law which leaves it up to the sporting organization to decide how to implement the concussion resource and protocols in their leagues is an example of how a policy change can do little to facilitate cultural change. The poor implementation of Rowan's Law may be a contributing factor as to why it has not significantly increased the knowledge of concussion management amongst coaches.

Increasing Consistency amongst Coaches

The concussion awareness resource on the Government of Ontario website (2019) states that the removal of an athlete should occur if they are showing any signs of concussion. The resource explicitly states, "Just one sign or symptom is enough to suspect a concussion" (p. 5). Following this, the document states, "If you suspect a concussion, remove yourself or the person you are supervising from the activity right away" (p. 8). The resource then explains that "anyone who has been removed from sport with a suspected concussion should see a physician or nurse practitioner as soon as possible" (p. 8). If followed, the resource suggests that there should more consistency in the decision-making process of removing an athlete showing *any* sign or symptom of concussion from play.

A significant theme in the interviews was a desire from coaches when it came to concussion injuries, that the decision-making process should be consistent amongst all coaches. However, the majority of coaches in the study stressed that though they were following the

guidelines set out by Rowan's Law and removing athletes from play after injury, they were aware that other coaches did not follow the guidelines. Coach M reports, "there's a lot of hockey coaches out there that are different than me, and it's win at all costs, and they will continue to put... players out on the ice [after injury]". Coach M reflects the feelings of many coaches who felt that there were coaches who valued winning over the health and safety of their athletes. These coaches were hopeful that Rowan's Law would help regulate all coaches to follow the same protocols and make the same choices. Some coaches even spoke almost fearfully that there might be other coaches risking their athletes. For instance, Coach H says,

If your star player's coming back to the bench and is saying that he can't go because he has a headache, I mean is he [another coach] going to risk that boy's brain in order to win the hockey game? I would hope not, but I can't speak for them.

Coach H reflects similarly to Coach M that there are still coaches presently coaching at the minor league hockey level, who participate in the values associated with the sport ethic and encourage their athletes to play through pain and risk their bodies for sport.

Although the majority of the coaches in this study held a desire to create consistency among coaches, only one coach specifically referred to Rowan's Law as potentially assisting in creating consistency. Coach B suggests,

What Rowan's Law has done for hockey coaches and trainers is, it's made the decision making very, very simple and less subjective, right. If they display any of the symptoms boom, they're done, that's it—no messing around.

There's no more grey area.

Coach B (who is the same coach who received his education through the online training module and who reported an increase in knowledge from Rowan's Law) suggests that the Government's objective to create consistency by making the decision making more simple and objective may be working as intended. However, this notion may be misguided when considering the invisible nature of concussive injuries, and coaching reports as well as literature which highlight athletes' willingness to hide signs and symptoms. Rowan's Law may be inadvertently displaying the decision-making process as a simple objective decision. However, the majority of coaches thought that Rowan's Law was still leading to an array of inconsistency in decision making.

Inconsistent Decision Making Amongst Coaches. Despite some coaches crediting Rowan's Law with increasing consistency in the decision-making process of removing athletes from play, other coaches reported that Rowan's Law was too vague and open-ended to create consistency. For instance, Coach G states, "it's [Rowan's Law is] not black or white; there's so much grey involved in it... and it's a lot of you know, in some ways kind of guessing". Coach G highlights the uncertainty in concussions and how this uncertainty may lead to different coaches making different decisions. Further, even though the concussion resource explicitly instructs to remove an athlete from play showing any sign or symptom, there were still discrepancies even amongst the 12 coaches in the study. All 12 coaches agreed that if an athlete were experiencing major signs of a concussion (for example, major headache, disoriented, blurred vision, confusion), they would immediately remove the athlete from play and have the trainer check them out. However, not all coaches agreed on when to remove an athlete with more minor signs of a concussion (for example, a slight headache or a little shaken up). Half of the coaches

reported that even if an athlete were showing minor signs of a concussion, they would be sent straight to the trainer and removed from play, while the other half said it would depend on the circumstance. Coach C reports, "every hit to the head doesn't result in a concussion." Other coaches argue that sometimes headaches are caused by dehydration or exhaustion. For instance, Coach D says, "They're kids, I get that, but I get a headache watching the games sometimes, right? It doesn't mean I have a concussion. It's one of those buzz words where it could mean a lot of things right?". Another coach (Coach G) says, "a kid might say 'my head hurts' well maybe he's dehydrated, right? And these parents are paying thousands upon thousands of dollars, and they don't want little Jimmy sitting out because he's dehydrated." These coaches highlight the complexity of the decision-making process and the different factors involved in removing an athlete from play. Additionally, as mentioned in the previous chapter regarding Skyes and Matza's (1957) techniques of neutralization, coaches may be using the complexity of concussions as a justification not to remove an athlete from play.

Additionally, the presence of the ideology of the sport ethic in athletes may further complicate the decision-making process for coaches. For instance, while some coaches would immediately remove an athlete from play after concerns of a concussion, others spoke of only removing athletes after they returned to the ice for a few shifts. Coach L shares this story of what happened earlier in the season (after the implementation of Rowan's Law) following an athlete receiving a big hit while his head was down in open ice;

[the athlete] is telling us, 'I'm fine, I'm feeling fine' and so [the athlete] went back out and we continued to play him, right, and he did fine. As far as we could tell... we played him maybe two more shifts, and then we figured it's not worth it... it was the

next day that we got a call from his dad saying '[the athlete] woke up, he's throwing up'.

Coach L's story highlights an example of how, when the sport ethic is present in an athlete's behaviour it can add to the already difficult process of identifying a concussion and lead to a more challenging decision-making process for coaches. Rowan's Law does not address athlete behaviours which may be associated with the sport ethic, which may be adding another layer of complexity into coaching decision making. The decision to remove an athlete from play may also be complicated by coaches who themselves engage in behaviours of the sport ethic and ignore their athletes symptoms or return them to play too soon.

The various examples given in this section highlight the inconsistency in coach decision making when it comes to removing, or not removing, athletes from play. Despite the concussion resource explicitly stating the removal of an athlete from play if they are showing any sign or symptom, it is not mandated that coaches must follow precisely the instructions in the resource. The legislation only mandates that coaches read the concussion resource, not that they follow it. The language in the Legislative Act is as follows,

A sport organization shall not permit an individual to serve as a coach for the sport organization or to serve in any other prescribed position, such as an official, in respect of the sport organization unless the individual gives the sport organization confirmation that they have reviewed the concussion awareness resources at the prescribed times and in accordance with the prescribed requirements (Bill 193, 2018, p. 3).

Nowhere in the Legislative document is it mentioned that coaches must abide by the concussion resource. The complexity in the decision making process and the lack of requirement that

coaches abide by the concussion resource aligns with research on Lystedt and other State Laws, which also found that various aspects of the law were intentionally vague and lacked uniformity (Malcolm, 2020). Further, scholars who proposed that Rowan's Law may contain similar issues as Lystedt Law also purported that aspects of Rowan's Law seemed ambiguous, leaving the decision making up to interpretation (McCradden & Cusimano, 2018). Despite some coaches belief that Rowan's Law will increase consistency in decision making, it appears that there is still much inconsistency in coach decision making due to the complexity of concussions and the behaviours associated with the sport ethic.

Responsibilizing Coaches

By mandating coaches to read the concussion resource and concussion protocols as well as to abide by the protocols and removal from- and return to- play protocols, Rowan's Law effectively responsabilizes coaches for the safety of their athletes. Further, the COA (2020) writes explicitly on their website under the heading Rowan's Law "the health of our athletes depends on your support. Learn to recognize the signs and symptoms of a concussion and know what to do when a concussion happens. It could save a life" (para. 3). In their interviews, some coaches expressed that they felt Rowan's Law placed the responsibility on them, as coaches, to protect their athletes. This reported feeling of increased responsibility by coaches may be a demonstration of Garland's (1977) responsabilization strategy whereby the state attempts to shift the responsibility off of themselves onto non-state agencies. Though Garland uses this theory to explain the shift of crime control from policing agencies to more community-based organizations, the responsabilization strategy may be present with the implementation of Rowan's Law. The Government of Ontario is effectively shifting the responsibility of protecting

youth athletes from concussions from the State, onto coaches, parents and athletes themselves. The Government of Ontario is mitigating their own risk by placing the responsibility onto the actors involved in sport. This responsabilization is incredibly problematic when we consider that the culture of sport which values athletes who hide pain and play through injuries is a product of socialization from parents, coaches and athletes themselves. Therefore, the Government is responsabilizing the very culture which is contributing to athletes sacrificing their bodies for sport.

All 12 coaches recognized the importance of keeping their players safe and caring for their well-being as a coach. However, some coaches were more cognizant of the consequences for themselves if they did not keep their players safe. For example, Coach D said it was essential to follow the concussion protocol "because it's your ass, right?". Another coach (Coach G) writes that with Rowan's Law, "you certainly have to be more careful when it comes to, you know, knowing your players and being able to read the signs." When I asked Coach B about players showing only minor signs of concussions, the coach responded with, "it doesn't matter anymore. I don't need the horse shit. It's not worth it. If a player is hurt, if they tell you their head hurts - they're done, they're out, see you later, next." These coaches suggest that with Rowan's Law, there is more pressure on coaches to ensure athlete safety. These three coaches also highlight the emotions felt about the increase in responsibility. Specifically, Coach D and Coach B used curse language and a tone that showcases their negative views of being held responsible if an athlete is injured. These quotes specifically highlight the shift of responsabilization felt by coaches from the Government to themselves.

Although some coaches recognized their responsibility as a coach to protect their players, others emphasized that it was the job of the trainer to ensure athletes were not returning to play too soon. Some coaches spoke of the joint responsibility between coach and trainer. These coaches reflected that they were being responsible by relying on trainers to manage athlete injuries since there is more medical training provided to trainers than coaching staff. This notion aligns with research by Malcolm (2009), which highlights the increased reliance on clinicians due to the uncertainty surrounding concussion injuries. To illustrate, Coach H, when responding to being asked what he would do if a player were experiencing major signs of a concussion, says, "I'm not a trainer. So, I'll pass it on to the expert or the one who's had the training", later on in the interview the same coach (Coach H) recognizes his own responsibility to his team;

as the head coach, I am responsible for the 17 players on my team, and I don't want to be the guy sending a player out there who is not feeling well, can't perform to his best and could be at risk of further injury.

Other coaches put a major emphasis on the trainer, essentially taking the onus away from themselves. For example, when asked how the coach would respond to an athlete experiencing major signs of a concussion, Coach M responded, "I don't do any of that. It's not my decision to pull anyone off. It's the trainers". Coaches responsabilizing trainers due to their enhanced medical knowledge further showcases the medicalization of concussion injuries.

Additionally, some coaches proposed that they had too much going on to be responsible for concussion management. For instance, Coach N says, "the trainer would monitor them to be honest because the coach is doing a million things." These coaches are

essentially shifting the responsibility from themselves as coaches to the trainers. The coaches who shift the responsibility onto trainers further showcases that coaching attitudes towards the increased responsibility from Rowan's Law are not positive. These coaches suggest that with Rowan's Law, there is more pressure on coaches to ensure athlete safety. The majority of coaches agreed that Rowan's Law increased responsibility, however, a handful of coaches purported that without any real consequence for not abiding by Rowan's Law, there would be no real change to coaching behaviours.

Lack of Consequences Preventing Change. Though the Government named the legislation 'Rowan's Law,' it is not a criminal law, but an administrative Act. The Legislative Assembly of Ontario (Bill 193, 2018) defines Rowan's Law "as an Act to enact concussion safety" (p. 1). Essentially this means that Rowan's Law legislates concussion safety, but there is no criminal penalty for coaches (or anyone) not following the law. The Ministry of Tourism, Culture and Sport released a one-year progress report on Rowan's Law which ended with goals for year two and three (Government of Ontario, 2020a). Within these goals, there was no mention of any specific regulation which would stipulate consequences for not upholding the requirements of Rowan's Law, such as removing an athlete from play when there is a sign of a concussion.

Some coaches explained that due to the lack of consequences of not upholding Rowan's Law, they would not be changing their coaching behaviours because of it, or they believed that Rowan's Law would not impact significant change. For example, when asked if they would change their coaching in response to Rowan's Law, Coach M reports; "I would suggest that if there's a law, there's a real law where I'm going to jail for something, absolutely 150 percent I

would change what I was doing. If there's not, then, no, I would not." This coach reflects the views of several coaches, which contend that without punishment, there is no real shift in responsibility from the Government of Ontario to coaches to protect youth from concussions. Though some coaches believed that even without legal ramifications, they felt responsibility to uphold the law, some coaches were clear that without consequences, they would not change their behaviours, and they did not expect others to. These coaches further claimed that other coaches would not feel a necessity to change their behaviours and remove athletes from play without consequences for doing so. It is possible that a policy change with consequences may have more successfully shifted the responsibility onto coaches and led to cultural changes on the coaching level, but it appears that without consequences Rowan's Law will not lead to a change in culture.

Conclusion

The goal of this chapter was to explore coaches perspectives of the Government of Ontario's three objectives with Rowan's Law at the coaching level; enhancing knowledge, increasing consistency amongst coaching decisions and responsabilizing coaches. Despite few coaches noting that Rowan's Law has enhanced knowledge in coaches about the dangers of concussions, it appears that ultimately coaches prior knowledge and poor implementation of the concussion resource, as well as the law itself, has prevented Rowan's Law from adding to their knowledge. While some coaches argued that Rowan's Law makes the decision-making process more consistent, the majority of coaches agreed that Rowan's Law is too vague to create consistency. Finally, while some coaches felt more responsible for their actions regarding athlete injuries, the lack of consequences seems to prevent meaningful change in coach behaviour. In this chapter, I have provided evidence that there may still be coaches in minor league hockey in

Ontario returning athletes to play too soon after a concussion, or potential, concussion injury since coaches held mostly critical views of the Governments objectives at the coaching level. This argument adds to the overall finding of this analysis that Rowan's Law may not be sufficient enough to enact cultural change in youth sport to prevent athletes from returning to play too soon.

Chapter Six - The Consequences of Rowan's Law

Thus far, I have explored how coaches are perceiving the overarching goal of Rowan's Law to identify and manage youth concussions (chapter four) and how coaches are perceiving the more specified objectives of Rowan's Law at the coaching level (chapter five). In both of these chapters I concluded that though a few coaches held positive perceptions, the majority of coaches reported negative perceptions. These negative perceptions are often contributing to a lack of cultural change since coaches do not appear to be in support of Rowan's Law. In the present chapter, I will now discuss the actual consequences of Rowan's Law on the culture of hockey as reported by coaches. First, I will explore coaches' accounts of the unintended consequences of Rowan's Law. Second, I will discuss coaches' perceptions on the impact of Rowan's Law on youth athletes. Ultimately, chapter six will showcase that Rowan's Law has resulted in a series of unintended consequences and that the law has done little to change the culture of hockey at the athlete level. This chapter provides support for my overarching argument that policy changes, such as Rowan's Law, do not, on their own, remedy the social problem of youth sporting concussions because they do little to change the culture of sport which values athletes who sacrifice their bodies, play through pain and hide injuries.

The (Un)intended Consequences of Rowan's Law

In this section, I examine the coaches' perspectives on the consequences to hockey since the implementation of Rowan's Law. Some of these consequences may have been intended consequences by policy and claims makers in hoping to bring greater significance to the social problem of youth sporting concussions, while others may have been the unintended by-product of Rowan's Law. These consequences include, an increase in fear from parents, a decrease in

participation rates, changing the game of hockey and the increased difficulty in decision making for coaches.

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The first consequence recognized by coaches was the increased fear from parents in watching their child play hockey. Coach D expressed, "what Rowan's Law does is put more fear into parents who are looking at putting their kids in hockey and who are actively watching their kids play hockey. It's that fear, that cringe, every time their kid gets hit". Another Coach (Coach F) similarly explains, "Rowan's Law has basically said that you can get hurt playing this game, and it can ruin your life." These coaches highlight the views of many coaches in this study, who expressed concern that Rowan's Law is becoming a scare tactic for parents not to put their kids in hockey, or at least, not contact hockey. Coach B shares a telling story of parents who chose not to put their child in contact hockey;

We had a player who moved into our area late, and we were made aware of him, and we had him come out and skate with us. He was a highly skilled player... but he's undersized... I have a conversation with the parents, and we offer him a spot on the team, but he [the Father] chooses not to take it, and one of the reasons that he chose not to take it and he told me straight out, that because his son was

undersized, he and his wife felt that it might be better for him to play in the lower level because of the fear of contact. So, here's a player that I said, you know 'you can play triple A hockey', that's the highest level of hockey there is, right, 'you have the skills we would like you to help our team.' The parents said, 'no, we're concerned, he's undersized, and he's going to get hurt.'

Coach B believes that the increase in concussion awareness is scaring parents and preventing them from putting their children into hockey. Coach B does suggest that the decision may have had nothing to do with Rowan's Law; however, he insists that with the more awareness and education, the more parents will think twice about placing their child in contact hockey. Additionally, many coaches used the term "helicopter parent" to describe how parents are becoming increasingly protective of their children and that Rowan's Law broadcasts to these parents that they should put their child in a non-contact sport. Helicopter parents are parents who hover, much like a helicopter, over their children and swoop in to save the day before the child has any chance to rectify the situation themselves (Skolnikoff & Engvall, 2014). In sport, helicopter parents are seen as very overprotective, not leaving decisions even to the coaches, but taking it over themselves (Skolnikoff & Engvall, 2014). From these coaches' perspectives, Rowan's Law has led to an increase of fear in parents over the dangers of participating in a contact sport.

Coaches indicated that the fear parents are feeling may lead to a decrease in participation rates in hockey. Coach C illustrates this well with an analogy, "we don't want our kids to smoke anymore because it causes cancer, so I would imagine, eventually, we won't want our kids to play sports that are going to cause injury to them for further development of their lives." Another coach highlights that hockey participation has already begun to decrease in Canada; "I don't

think it's even hard to say that in the next five to ten years, that participation will be next to nothing. Teams are already starting to fold". This coach was referring to certain regions of Ontario, which have seen a steady decrease in the number of hockey teams in their leagues. The fact that hockey teams are already disappearing suggests that there is already a decrease in hockey participation. Coaches fear that participation will continue to drop if Rowan's Law is instilling fear in parents since, according to Coach N, "there's a lot of great non-contact sports out there." Coaches were further concerned that the decrease in participation rate will affect the development of hockey players in Canada; "it [Rowan's Law] will kill development because there will be lack of participation" (Coach D). It's possible that the fear from coaches expressed over the decrease in participation and development may threaten the essence of hockey in Canada. It's possible that if there is a large drop in participation that hockey may fail to hold its symbolic nature and fail to be a signature of Canadian culture. Coaches who have devoted their lives to playing and coaching hockey may see this as a direct threat to their livelihood. Overall, these coaches were fearful that parental fear would lead to a domino effect where parents do not place their children in competitive (contact) hockey, and therefore the development of hockey in Canada will cease to exist.

Another consequence many coaches mention is the effect that concussions and Rowan's Law are having on the game of hockey itself. The game of hockey is changing in a variety of manners, and some coaches fear this is not for the better. One significant change in play, according to coaches, is that more and more players are skating with their heads down. Similar to the rationale behind introducing body checking at an earlier age, coaches have recognized that the changing game of hockey has led to more mid-ice collisions because the player on the puck has their head down. Coach L highlights the concern of this consequence; "[athlete's name] is a

very fast player, [he] had his head down, big player on their team hit him. It was a big hit.”

Coach L reports that the athlete missed eight weeks of hockey due to that hit. The coach further estimates that since athletes now have minimal fear of being hit, they skate with their heads down and this is leading to more concussions suffered because when they do get hit, it ends up being much worse, even when the hit is a legal play. Other coaches mention that Rowan’s Law may alter the essence of hockey and sport as we know it. Coach G illustrates this well, “there’s the potential there [in Rowan’s Law] to, in some ways, to steal the appeal of sports if they come so serious that every time you bump into somebody you got to go into concussion protocol, or whatever it is.” Coach G follows this up with,

Every play potentially has some type of contact or whatever. It's not necessarily a dirty play, could be a clean play. So, in terms of affecting the game, it does have the potential to almost... I don't want to say ruin, but forever alter how the game of hockey is played at a youth level.

Coaches recognize the way Rowan's Law may be impacting the way athletes play the game of hockey at the youth level. There is a fear from these coaches that Rowan's Law is not changing the game for the better.

The last major consequence reported by coaches I have termed a "decision-making paradox." With the implementation of Rowan's Law, coaches now face the difficult decision of when to remove an athlete from play. When an athlete is showing a sign or symptom of a concussion, a coach must decide whether to remove an athlete from play or not. If the athlete *has* a concussion, and the coach does not remove him from play, he may be responsible for further injury. However, the removal of an athlete who *does not* have a concussion may result in the loss of the athlete for several weeks while they get the necessary tests when they merely had whiplash

or were dehydrated. This decision-making paradox is further problematic when we consider coach reports that athletes are not honest about concussion injuries, which I will explain more in the next section. Further, research on youth athlete showcases that youth athletes often hide concussion injuries and play through pain (Safai, 2003; Torres Colon et al., 2017). Coach M tells a story about a player coming to the bench after a hit on the ice to highlight this issue;

The trainer started asking him questions, and he didn't choose his words right, and the trainer said, 'no, you're done, and you're done for the rest of the tournament'. So, he had to go on concussion protocol, he went to the doctor, and I just got an email probably 20 minutes before you called me, and it wasn't a concussion, it was whiplash.

Other coaches told similar stories of times, especially with the younger age group of Bantam (U15), that they had to remove athletes from play because they often do not think about their words and say trigger words such as 'headache' when the athlete could have just been dehydrated or tired. Coach M even spoke candidly about telling his athletes to "choose your words wisely, choose your words right." These statements may potentially convey to athletes how to hide concussive injuries from coaches and trainers, providing a complicated decision-making process for coaches and trainers to sort out when to, or when not to, remove an athlete from play. For many coaches, Rowan's Law may have created an impossible paradox for those who want to keep their athletes safe, but do not want to lose their players temporarily to a non-serious non-concussion injury.

These consequences reported by coaches highlight the impact of Rowan's Law. Rowan's Law may not be, according to coaches, enacting the intended goals and objectives as shown by the legislated document, but it does appear Rowan's Law is instilling different consequences.

According to coaches, Rowan's Law is increasing fear in parents, decreasing participation rates, changing how hockey is played and creating an impossible coaching paradox for coaches. It is possible that the first three consequences were un-legislated consequences that the Government intended with Rowan's Law. After all, if there is more fear in parents and, therefore, fewer athletes in contact hockey, there will be fewer concussions. Additionally, if Rowan's Law is instilling fear in parents, and they are still placing their children in a contact sport, then at least it is the parents' knowledgeable decision to do so. However, despite some of these consequences possibly being intended by the Government, it still leaves coaches in a difficult decision-making position. Additionally, if coaches perceive Rowan's Law to enact these negative consequences, it will most likely prohibit coaches from abiding by the legislated requirements of Rowan's Law. If coaches are negatively favoring the impact of Rowan's Law on hockey, then they may not read the concussion resource or follow the removal and return to play protocol. These consequences show that there may be some underlying cultural changes at the parental level and possibly within the sport itself by encouraging athletes to play differently. However, if coaches do not support Rowan's Law and the impact of it on parents and hockey, it could provide an obstacle to an overall cultural change in hockey.

The Lack of Cultural Change from Rowan's Law on Athletes

While the consequences discussed above may be preventing cultural change at the coaching level, coaches identify other reasons for lack of cultural change at the athlete level from Rowan's Law. There was a consensus among coaches that athletes are continuing to hide injuries and willing to playing through pain. Only one coach explicitly stated they felt that young athletes no longer hid injuries from their coaches and trainers. When asked if he thought players still engaged in the mentality of playing through pain and hiding injury,

Coach M responded, "I don't think so. The kids I deal with are very open, honest, and they will tell you everything that's going on." Coach M, however, stood alone in this opinion. Some coaches did note, however, that they had seen a decrease in this mentality. For example, Coach E who notes there has been a decrease in athletes engaging in hiding injury, also reports that there is still a handful of athletes on each team who will hide their injuries. Another coach (Coach N) says, "it's always going to be there in contact sports...it's very hard to remove...I think it's softened for sure to some degree, but I don't think it's been removed, you know, not even close to the fullest extent". Coach N specifically uses the word 'softened' to describe the decrease in athletes participating in the behaviours of the sport ethic. Since athletes participating in the behaviours deemed the sport ethic are often described as tough or macho, the use of the word soften could signal that playing through pain, hiding injury and risking your body may not be valued on such a high pedestal any longer.

While some coaches did recognize a decrease in behaviours associated with the ideology of the sport ethic, the greater majority of coaches thought that most athletes still play through an injury. Coach J says, "yeah, 100 percent. There is lots of kids who play through pain." Coach F shares a story about an athlete trying to push himself back into the game even after admitting being hurt after an on-ice hit;

right away he came to the bench, and we went right into asking him if he was okay, he said he was fine, and we just said, 'no, you hit your head pretty hard there, you were wobbly coming up, you're going to take a break". So, he sat down, and his adrenaline started to come down... we said to him 'how are you feeling,' and he goes, 'I'm a little bit hurt,' 'okay, well then you're not going

back into the game,' and he tried to fight us on it, saying 'no, no, no, I'll be fine' and we were just like 'no, you're not going back in the game.'

This story highlights that even after admitting to feeling pain, and clearly showing signs of a potential concussion, the athlete still wanted to return to the ice. Additionally, a couple of coaches spoke specifically about athletes lying and manipulating coaches so they could keep playing. These examples and quotes suggest that coaches are aware of the behaviours associated with the behaviours of the sport ethic and some attempt to prevent their athletes from engaging in those norms.

There was a consensus that athletes will continue to play through pain, hide injury and risk it all for sport. This consensus among coaches suggests Rowan's Law is not enough to prevent athletes from participating in the behaviours associated with the sport ethic. Coaches provided a variety of rationales as to why athletes continued to play through pain, hide injury and risk it all for sport, however, there were three common rationales, which I will explore below.

Participating in Hegemonic Masculinity Ideals

Coaches spoke about athletes not wanting the perception of being weak. Athletes want the perception of being tough, and therefore, they cannot admit to injury. Coach K, speaking about why there will never be an elimination of these cultural norms, says, "kids don't want to show any signs of so-called weakness." Another coach (Coach E), similarly talking about how every team has a handful of players who will hide injury and pain, says, "they don't want anyone to see that they got hit hard and because of that they try to hide things." Coach N speaks not about hiding injury and pain as a way of hiding weakness, but as a way to show other athletes how tough you are; "everyone still has that macho feeling,

'I'm fine, I'm fine.' It's almost like a badge of honor to be hurt in play". These reports from coaches align with research, which finds that athletes play through pain and hide injury in order to maintain their place on the masculinity hierarchy (Caron et al., 2013; Messner, 1990). Athletes, even now, according to coaches, wish to establish themselves as the dominant class of athlete which is willing to sacrifice their body for sport. These reports from coaches are also supported by Canadian hockey literature, which explains the socialization of Canadian hockey players into a style of play that promotes violence and playing through pain (Allain, 2013).

Further, coaches suggest that athletes know how the system works. Athletes understand they are going to be out for a while if they admit to pain or injury so that they will push through the game. Coaches also reported even when an athlete did initially share his injury, that as soon as an athlete recognized he was about to be placed on concussion protocol or sat out for a couple of shifts, they would claim they were feeling fine. Coach G tells this story about an athlete who came off the ice, claiming he had a headache, "he learns he's sitting a shift, then he says 'okay, my headaches gone.'" It is possible athletes desire to remain in the game to ensure their spot on the gender hierarchy is not questioned or threatened. The perception from coaches that athletes are still hiding pain and injury due to a necessity to be seen as tough, rather than weak, proposes that Rowan's Law may be doing little to address the cultural norms of sport and hockey

Poor Implementation of Rowan's Law at the Athlete Level

Another rationale as to why Rowan's Law may be enacting little cultural change on minor league hockey athletes is due to the poor implementation of the law on the athlete level. Not only

did coaches report the poor implementation of the law on the coaching level, as noted earlier in this analysis, coaches also believed that a PDF document was not sufficient enough at the athlete level. Two coaches reported having no knowledge of Rowan's Law and no knowledge that their athletes received anything on Rowan's Law. The rest of the coaches either knew or believed that their athletes received a PDF document. The majority of coaches believed that athletes were not reading the PDF document. This quote from Coach M reflects the larger perception of coaches in the study; "I would say they [the athletes] didn't even read it - they just signed the other piece of paper and sent it in.". Other coaches explained that perhaps athletes who had previously experienced concussion injuries might have read the resource, but otherwise, these coaches agreed that athletes were not reading the resource. The perception by coaches that athletes are not reading the concussion resource is concerning when we consider that some coaches credited Rowan's Law as a good thing for enhancing the knowledge of athletes of the dangers of playing injured. It is possible that the majority of athletes did not read the concussion resource, signifying that Rowan's Law did not play any part in educating athletes about the dangers of playing hurt. The notion that athletes are not reading the concussion resource is supported by literature, which suggests that athletes often do not abide by sporting education long term (Malcolm, 2020). Rowan's Law, therefore, may be enacting little cultural change on the athlete level due to the poor implementation of the law.

Further, Malcolm (2020) notes that hiding injury and pain based on a lack of knowledge, even at the athlete level, is becoming a less credible excuse due to the broader social awareness of the dangers of concussions. Research has found that despite knowledge of the dangers of playing with concussions, athletes will continue to play (Kroshus et al., 2015a; Liston et al., 2016; Torres Colon et al., 2017). It is possible, therefore, that even if all athletes read the

concussion resource and were aware of the dangers of playing through a concussion, that athletes would continue to participate in those behaviours. It is also, however, possible that better implementation of Rowan's Law at the athlete level may contribute to enacting more cultural change.

Coach, Parents and Teammate Socialization

Coaches spoke of the roles of coaches, parents and teammates in socializing athletes into a culture of sport, which encourages athletes to risk it all for the game. This notion from coaches aligns with previous research, which has found coaches, parents and teammates do play a role in the socialization of athletes into a culture of risk (Hughes & Coakley, 1991; Messner 1990).

Though none of the coaches in the current study spoke of pressuring athletes into playing through pain or injury, many of the coaches acknowledged that other coaches did promote an environment that encouraged athletes to hide injuries. The coaches in the current study did not speak of directly pressuring or teaching athletes to play through pain themselves, but it is possible when considering some of the responses from coaches, that some coaches may not actively attempt to prevent athletes from risking their bodies for sport. For example, earlier I included a quote from Coach L who admits to returning an athlete to the ice after a big hit because the athlete reported being fine. Other coaches spoke of leaving it up to the athlete to decide when they can return. Nixon's (2016) research highlights how coaches may not consciously promote an environment of pain and injury. Yet, still their authoritative position combined with an athlete's desire to succeed will inadvertently lead to coaches playing a role in athlete's socialization into a culture of play that encourages playing through pain. From coaches reports that other coaches still encourage athletes to play through pain, as well as the possibility that coaches are inadvertently encouraging athletes to participate in the behaviours associated

with the sport ethic, it appears that coaches are still playing a prominent role in socializing athletes into a culture of play which encourages athletes to sacrifice their bodies for sport.

Many coaches spoke of the role of parents in socializing their athletes into a style of play, which encourages sacrificing their bodies for the game. Though coaches admitted that they had seen a decrease in parents promoting these behaviours over the years, there are still parents out there who pressure their kids to risk their bodies for sport. For example, Coach K says, "there are some parents out there who are very hard on their kids, and some expect a lot of them." Another coach (Coach F) states, "there's still going to be that intense parent who's going to push a kid back too early from a concussion." This notion is supported by research that explains the role of parents in pressuring their children to return to play too soon (Kroshus et al., 2015b). A couple of coaches also thought that fathers, especially ones who played hockey themselves, exert pressure over their kids to participate in a culture of play that promotes returning to the ice as soon as possible because it is what they did when they were playing. Whereas, mothers are more likely to understand and recognize the dangers of their sons playing through concussions. Coach J even suggested that outside of external pressure from parents on their children to play through pain and injury, there is also an internal pressure on athletes because of the cost of hockey; "I believe there's a lot of kids playing through pain. And I think it's because I think they realize their parents spend lots of money. The parents love watching him play and they want to play". Though there has been no research on this idea to my knowledge, it would be interesting to see if this could perhaps be a rationale as to why athletes continue to play through pain and injury. Despite a perceived decrease in parental pressure, it seems that some parents may still play a role in

socializing athletes into a style of play, which encourages athletes to sacrifice their bodies for sport.

Research also supports that teammates are often a part of the socialization process along with parents and coaches (Caron et al., 2013; Hughes & Coakley, 1991; Kroshus et al., 2015b). However, all of the coaches in the study believed that teammates did not play a role in pressuring athletes to participate in the behaviours associated with the sport ethic. However, when asked if coaches believed if teammates would intervene in preventing athletes from either being violent or playing through pain, only one coach said they thought their athletes would speak up. The majority of coaches claimed that they believed fellow teammates would not call a teammate out on a bad play or on returning to play too soon. It is, of course, entirely possible that coaches do not have a good sense of the environment among teammates, however, since athletes often conceal such behaviours from coaches, especially those who may be encouraging athletes to sacrifice their bodies for sport. Despite the possible decrease in the socialization process from parents, coaches and teammates, it appears at some level this socialization is still occurring.

Conclusion

The goal of this chapter was to explore the actual impact, or lack of impact, of Rowan's Law on the culture of hockey. First, I discussed coaches' perspectives on the actual consequences of Rowan's Law on hockey. It is possible that the negative perceptions of the actual consequences of Rowan's Law may prevent coaches from buying-in to the legislated requirement of Rowan's Law due to coaches being fearful that Rowan's Law is altering the sport. Second, I explained coaches' perspectives on the impact of Rowan's Law on athletes. Ultimately, I am

concluding that coaches perceive little impact of Rowan's Law on athletes. This chapter has provided evidence that Rowan's Law is doing little to change the culture of youth sport in Ontario, at least at the minor league hockey level, which values athletes who play through pain, hide injury and risk their bodies for sport.

Chapter Seven - Conclusion

In this chapter I provide a summary of the findings which illustrate how Rowan's Law is not sufficient enough to change the culture of hockey. I also discuss the practical implications of this project and highlight the contributions this project makes to social problems theory and the sociocultural concussion literature. I conclude by discussing the limitations of this project and future recommendations for research.

Summary of Research

The goal of this research project was to explore the impact of Rowan's Law on coaches by considering; 1) how coaches were making sense and perceiving Rowan's Law, 2) how coaches were managing concussion injuries and 3) how, if at all, Rowan's Law was impacting the culture of hockey. The research project utilized a social constructionist perspective to frame concussions as a social problem (Loseke, 2017; Best, 2012), that has become increasingly medicalized in sports (Malcolm, 2020). According to the Government of Ontario website (2020b), the Government implemented Rowan's Law to identify and manage youth concussions. This overarching goal, however, conflicts with research that overwhelming finds that athletes will hide pain and ignore injury. Since concussions are an invisible injury which makes it easier for athletes to continue playing with a concussion, it's likely that Rowan's Law will not prevent athletes from participating in the behaviours associated with the sport ethic unless the law is accompanied by a cultural change in hockey as well. Since coaches play such a significant role in the socialization of athletes into sport, I focused the study on them to assess if the policy change of Rowan's Law will also lead to cultural change.

I argue through the analysis that Rowan's Law might have instilled *some* cultural change at the coaching level, but it is not enough to impact cultural change at the coaching or athlete level to eradicate the behaviours associated with the sport ethic where athletes risk their bodies, hide pain and play through a concussive injury. I explored coaches' perspectives to the overarching goal of Rowan's Law, and though there were some positive perceptions, overwhelmingly, coaches found concerns with the goal of Rowan's Law. Coaches' perceptions were that the implementation of Rowan's Law was a mitigation of risk by the Government and that Rowan's Law failed to address the issue of primary concussion injuries. Next, I discussed coaches' perceptions of the Government's more specific objectives of Rowan's Law at the coaching level (enhancing knowledge, increasing consistency, responsabilizing coaches). Here, I suggest that despite some coaches reporting changing their behaviour due to these objectives, overall coaches explained various issues and concerns which prevent meaningful change from occurring. Some of these concerns included; the poor implementation of Rowan's Law, the vagueness of Rowan's Law and the lack of consequences. Finally, I explored the actual impact of Rowan's Law from coaches' perspectives. I reviewed coaches' perceptions of the actual consequences of Rowan's Law and discussed coaches' perspectives on the lack of impact from Rowan's Law on athletes. Specifically noting, that all but one coach concluded that athletes are still participating in the behaviours associated with the sport ethic. Together, these three analysis chapters provide evidence that Rowan's Law may be enacting some cultural change, but not enough to combat sporting norms that value athletes who play through pain and hide injury. This conclusion showcases that policy changes, such as Rowan's Law, are not always sufficient enough to remedy the social problem. Policy changes which ignore the cultural components of the social problem may fail to adequately address the solutions needed to rectify the problem.

Practical and Theoretical Implications

Much of this research project centralized on the concept of social problem solutions. As described in the theory chapter of this project, Loseke (2017) explains that there are typically two types of solutions to social problems; policy change and cultural change. Rowan's Law was the policy change solution to the social problem of youth sporting concussions. Loseke (2017) further explains that some claims-makers argue that real social change only comes from a change in culture and how people see the world. The ingrained sporting cultural norms which socialize athletes into a culture of play that values playing through pain and hiding injury, prevent a policy change from leading to the cultural change necessary to minimize such behaviours associated with the sport ethic. The findings of this study support this claim. According to coaches in minor league hockey at the triple A level, Rowan's Law facilitated little cultural change. The policy change solution of Rowan's Law may have been well intended in enhancing the health and safety of youth athletes, but, according to coaches, Rowan's Law did not result in these intended consequences. Rather, Rowan's Law led to a variety of unintended consequences and did not facilitate change in the culture of sport at the coaching and the athlete level sufficient enough to prevent the cultural behaviours associated with the sport ethic.

Not only does this thesis provide evidence that the policy change of Rowan's Law did not facilitate the cultural change necessary to remedy the social problem of youth sporting concussions, it also highlights a larger problem with social problem policy solutions. Policy changes and legislations are often used to shift responsibility and mitigate risk from the Government (Garland, 1977). Medicalized social controls presented as policy changes also attempt to control people's behaviours without really getting at the heart of the problem which

often lies in the culture of the social problem (Malcolm, 2020). For instance, Nelson (1984) found similar findings to the current research. The programs put in place in attempt to eradicate the social problem of child abuse dealt with the symptoms of child abuse, rather than focusing on the root causes of the social problem. More than thirty years later, I find the same happening with Rowan's Law which focuses on identifying and managing symptoms of concussions, rather than focusing on the cultural norms which often lead to concussion injuries. Another example is presented by Staudenmaier (1989) on urine testing at workplaces. To address the rising concern over the drug crisis affecting the quality of work, the United States Government implemented mandatory urine testing. Opposed to eradicating the issue of drug use in the workplace, this policy led to an array of unintended consequences, such as privacy concerns from those with epilepsy who had to explain to employers why their drug tests were positive. Again, similar to my research on Rowan's Law, the Government's policy implementation led to unintended consequences and did not solve the problem.

The current research also highlights how the construction of a social problem may result in the incorrect solution formulation. Often it is how claims are constructed which determine what type of solution will be proposed to solve the problem (Loseke, 2017). For instance, Reinerman and Levine (1995) argue that since claims makers framed the war on drugs as a criminal issue opposed to a public health one, the solution of mandatory minimums did nothing to solve the war on drugs. It only further criminalized drug users. The same has potentially occurred with the social problem of sporting concussions. Claims makers have constructed concussions in sport as a medicalized public health issue where, in reality, it is very much a cultural sport issue. Therefore, addressing sporting concussions in youth with a policy focused

on medically prescribed solutions will not remedy the problem at hand since it does little to change the culture of sport.

The issue with social problem solutions which do not understand the culture of the condition is that they often do not result in eradicating the issue. Rather, implementing a policy which on the surface appears to solve the problem, but really only mitigates the Government's risk, leads to unintended consequences and a social problem which appears resolved when it is not. Rowan's Law may be providing the illusion that there should be less concern over youth sporting concussions now, when in reality what happened to Rowan Stringer may occur again since the law has done little to change a culture of sport which values the athlete who plays through and hides concussion injuries.

Limitations

Although this study enhanced the body of knowledge around youth sporting concussion policies and specifically added to the qualitative literature surrounding the impact of medicalized social controls in sport, there are a few limitations that I will acknowledge. First, despite reaching out to 80 coaches, I only conducted 12 interviews. There is the potential that the 12 coaches which participated in this study were in support of Rowan's Law and advocates for concussion safety, suggesting that it is possible I missed out on valuable perspectives from hockey coaches who may not believe that the social problem of youth sporting concussions is a serious issue. Despite the small sample, however, the 12 coaches provided an array of thoughts, perspectives and opinions, which leads me to conclude that I did have a sufficient sample to provide insights into how Rowan's Law was impacting coaches.

Second, I conducted my interviews only months after the implementation of Rowan's Law. Coaches may not have had enough time to adequately experience the policy changes before

sharing their perspectives on the law. However, I do believe that conducting the interviews early on allowed coaches to better reflect on the impact of the new legislation and the consequences which may transpire. Third, while this study did focus more broadly on the social problem of youth sporting concussions, there was a specific focus on both hockey and minor league hockey triple A level at the Bantam (U15) and Midget (U17) levels. Specifically, some of the coaches' suggestions as to how to better prevent primary concussions were sport specific (lowering the age for introduction of body checking) and level-specific (accountability of enforcers). Despite these specific recommendations, however, much of this research project is adaptable across contact sports. For example, coaches' perspectives that the poor implementation of Rowan's Law may lead to a lack of enhancement of knowledge, is a possibility across all sports and levels since there were the same guidelines for implementation set out for all youth sporting organizations.

Future Research

Although there are many future directions where research can proceed from this project, this thesis has set the groundwork for continuing research on the impact of policy changes on youth sport by providing the steppingstones for more in-depth research on concussion legislation and the impact of it on social actors. Coaches play a vital role in the lives of athletes, and it was essential to explore their responses and perspectives on Rowan's Law due to that critical role. However, it is as equally important to investigate how parents are responding to Rowan's Law. Coaches in this project expressed varying views on parental roles. Some coaches suggest that parents are supportive of removing their children from play after injury, while others suggested that there are still parents out there who assist in socializing their child into a culture of play that

values playing through concussion injuries. Perhaps even more important than parents, however, is to explore how Rowan's Law is impacting athletes themselves. Coaches theorized that Rowan's Law has done little to change the culture of hockey at the athlete level. Although some coaches do suggest that there has been a decrease in athletes participating in the behaviours associated with the sport ethic, this may be due to the media or the NHL. Therefore, it is essential to understand how athletes are responding to Rowan's Law and if on the athlete level, Rowan's Law is doing anything to impact the culture of hockey. Another social actor in sport that may play a critical role in facilitating cultural change are trainers. The coaches in this study often spoke of shifting the responsabilization of concussions onto the trainers since they had more medical training than them. However, how much autonomy trainers have on the bench is yet to be seen. Further, previous research has explained the delicate relationships of athletes to trainers and therefore, it may be important to explore their role in response to these social controls.

In addition, rather than just following up on Rowan's Law, which when we consider this research project and the various quantitative studies on the similar United States concussion legislations appears to be doing little to change the culture of hockey, future research should qualitatively explore coach, parent and athlete recommendations on how to eliminate the culture of hockey (if they wish to eliminate it at all) which values athletes sacrificing their body for the game. This research project provides evidence that Rowan's Law is most likely not reaching its overarching goal of identifying and managing concussion injuries. Therefore, scholars must continue to evaluate how social actors in sport perceive the best way to remedy the social problem of youth sporting concussions in Ontario and across North America.

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Appendix A - Email Script

Hello,

My name is Niya St Amant and I am a Master's of Criminology Student at Wilfrid Laurier University. Under the co-supervision of Dr. Deana Simonetto (University of British Columbia) and Dr. Carrie Sanders (Wilfrid Laurier University), I am conducting a study that explores how coaches in competitive minor league hockey understand and respond to the changes in policy in regard to the implementation of Rowan's Law. The study has been reviewed and approved by Wilfrid Laurier University's research ethics board (#10009244).

As you are a coach of a competitive hockey team, I am reaching out to you to see if you would be willing to participate in my study by taking part in a phone interview. The interview would be approximately one hour in length and would ask you about your understanding and perception on concussions in minor league hockey and the new policy changes in lieu of Rowan's Law. Your participation is completely voluntary and any information you share would be kept confidential. I plan to make the results available to all participants at the completion of my research.

If you wish to receive more information and/or participate in my study, please respond to this e-mail at your earliest convenience.

Please feel free to get in touch and ask further questions,
Sincerely,

Niya St Amant

Appendix B - Interview Guide

How has Rowan's Law impacted Coaches of Minor League Hockey Athletes?

I. Introduction

Thank you for agreeing to chat with me today. As I explained earlier, the purpose of this project is to explore your perception and understanding in regard to concussions and the implementation of Rowan's Law by the Ontarian government.

- 1) To begin, can you please tell me how long you have been a hockey coach and what level of hockey you are presently coaching?

II. Knowledge of Rowan's Law

- 2) What can you tell me about Rowan's Law?
 - a. Can you list some of the main guidelines of the law?
 - b. What do you believe the goal of Rowan's Law is?
- 3) How did you become aware of Rowan's Law?
 - a. What was your perception of the leagues integration of Rowan's Law?
- 4) Did you receive training from a concussion awareness resource?
 - a. If so, what was the training like?
- 5) How much time did you spend on reading the concussion awareness resources?
 - b. What stood out to you about the resource?
 - c. Did anything specific catch your attention?
- 6) Did you do any additional research outside of what was mandated by the league?
 - a. If so, what research did you do?

III. Concussive Injury Management

- 7) How would you describe the seriousness of a concussive injury to other injuries athletes may experience? And why?
 - a. Broken limb?
 - b. Bruises? Sore muscles?
 - c. Cuts/Slashes?
- 8) Can you explain a time when a player experienced a concussion?
 - a. How would you recognize a concussion (ie. signs and symptoms)?
- 9) How would you respond to an athlete that was experiencing minor signs of a concussion (ie. slight headache, little shaken up)?
- 10) How would you respond to an athlete that was experiencing major signs of a concussion (ie. major headache, disoriented, blurred vision, confusion)?

- 11) If a player was experiencing signs of a concussive injury and wanted to return to the ice, how would you respond?

IV. Making Sense of Rowan's Law

- 12) What is your opinion of Rowan's Law?
- 13) Is there anything you would add to Rowan's Law if given the opportunity?
- 14) Is there anything you would eliminate to Rowan's Law if given the opportunity?
- 15) Have you ever discussed Rowan's Law with another coach in the league?
- a. If, so what did you discuss?
- 16) Have you ever discussed Rowan's Law with parents of the athletes on your team?
- a. If, so what did you discuss?

V. The Perceived Impact of Rowan's Law on coaching

- 17) Can you tell me what you know about the concussion protocol that existed in your league prior to July 1st, 2019?
- a. When did this come into effect?
 - b. Did you use it?
- 18) Are there any changes in the concussion protocol from Rowan's Law that will affect how you coach?
- 19) In the upcoming/current season is there anything different you will do/did at the start of the season with the athletes to address Rowan's Law?
- 20) In the upcoming/current season is there anything different you will do/did at the start of the season with the parents of the athletes to address Rowan's Law?
- 21) In the upcoming/current season is there anything that you as a coach will do differently directly in response to the training you received on Rowan's Law?

VI. How is Rowan's Law changing the culture of hockey?

- 22) How, if at all, do you think concussions have affected the game of hockey for young athletes?
- 23) How, if at all, do you think Rowan's Law will affect the game of hockey for young athletes?
- 24) Overall, what is the most significant impact Rowan's Law will have on the way coaches will approach the game of hockey in the minor league level in your opinion?
- 25) Is there anything I didn't ask you, that you think I should know about the topic?

Appendix C - Informed Consent Form

Wilfrid Laurier University Informed Consent Statement

Concussions in Minor League Hockey Players: The Impact of Rowan's Law on Coaches

Principal Investigator: Niya St Amant (MA Student Researcher), Human and Social Sciences
Co-Supervisors Dr. Deana Simonetto (University of British Columbia), History and Sociology
Supervisor 2: Dr. Carrie Sanders (Wilfrid Laurier University), Human and Social Sciences

You are invited to participate in a research project. The purpose of this project is to explore how coaches in representative minor league hockey are responding to concussive injuries and how they are responding to new policies implemented due to the introduction of Rowan's Law by the Ontarian government. The objective of the research is to document the experiences and perceptions of coaches who are directly impacted by the introduction of Rowan's Law.

Information

If you agree to participate in this study, you will be participating in an interview that will last no longer than 60 minutes. I will be asking questions which relate directly to your experiences and perceptions of 1) concussive injuries in athletes on your team, 2) the implementation of Rowan's Law across Ontario, and 3) how the implementation of Rowan's Law has affected your coaching.

Interviews will be conducted with 15-20 coaches across Southern Ontario. As a part of this study you will be audio-recorded to ensure accuracy of responses. Only the student researcher, Niya St Amant will have access to these recordings. All recordings will be deleted within 24 hours after being transcribed with all identifiers removed. The recordings will not be used for any other additional purposes other than being used to inform this research study.

Initial: _____

Risks

There may be social or psychological risks involved in participating in this study. Some questions asked may be upsetting or frustrating in nature. However, you may choose to not answer any question you do not want to or may make you uncomfortable.

The sporting community in Southern Ontario is somewhat small and therefore, there is the risk that others may identify you based on references you make. All identifiers such as name and city you coach in will not be included in the transcription and the recording will be deleted within 24 hours.

Benefits

Participants may benefit from this study through the opportunity to share their thoughts, opinions, and experiences of concussions in minor league hockey and the implementation of Rowan's Law. The participants responses will add to the growing literature surrounding concussions in sports and has the potential to directly influence further policy changes in regard to youth concussion legislation in Ontario and potentially Canada.

Anonymity & Confidentiality

Your participation in this study is confidential and your contributions will be anonymized. I will ensure confidentiality by the removal of personal identifiers from the transcribed interviews. The data will be stored on a password-protected computer.

All efforts will be made to protect your privacy and confidentiality. However, please keep in mind that the representative minor league hockey sporting community in Southern Ontario is fairly small and you may be identified based off references you make in the interview. Please keep this in mind when responding to questions.

The identified data will be destroyed within 24 hours after the interview by the principle investigator. The de-identified data will be retained indefinitely on a password-protected computer.

Contact

If you have any questions at any time about the study please contact the principle researchers, Niya St Amant, at stam5410@mylaurier.ca.

This study has been reviewed and approved by Wilfrid Laurier University's Research Ethics Board (REB# 10009244). If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Jayne Kalmar, PhD, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, extension 3131 or REBChair@wlu.ca.

Participation

Your participation is voluntary, you may withdraw from this study without penalty. You have the right to refuse to answer any questions you choose.

Feedback & Publication

The results of this research may be published or presented at a conference.

Consent

I have read and understand the above information. I have had the opportunity to ask questions about my involvement in this study, and to receive any additional details I wanted to know about the study. I agree to participate in this study. I have been given a copy of this form.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

I have read and understand the above information. I agree to participate in this study.

I have read and understand the above information. I do not want to participate in this study.

1. I agree that the interview can be audio recorded

Yes _____

No _____

2. I agree that my interview quotes can be published/presented in project report, book, journal article, and conference presentations.

Yes _____

No _____

3. Yes, I would like to receive a summary of the study's results. Please send them to this email address _____

No, I do not want to receive a summary of the study's results.