

The Broncos: A social support approach to team tragedy

SMITH, S, GREENHAM, CG <<http://orcid.org/0009-0009-6674-2414>>, MILLER, PJ <<http://orcid.org/0000-0003-1203-2731>> and LOUGHEAD, TM

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Shaun Smith¹, Craig G Greenham¹ , P Joseph Miller² ,
Todd M Loughead¹, and Todd M Loughead¹

Abstract

This qualitative study provides a retrospective analysis of the 1986 Swift Current Broncos bus crash, exploring how social support is interpreted over the life course. Guided by Holt and Hoar's framework, interviews with players, billets, and staff reveal the long-term impact of structural, functional, and perceptual support. While peer support remained a lifelong constant, the absence or deliberate obstruction of organizational and professional services created 35-year trajectories of delayed recovery. Findings detail how mental health stigma and predatory power imbalances within junior hockey institutionalized silence, shaping survivors' welfare for decades. This longitudinal perspective highlights the necessity of sport support systems that are not only responsive to immediate trauma but also accountable for the enduring, long-term needs of athletes.

Keywords

Social support, trauma, hockey, athlete well-being, mental health, qualitative research

The Swift Current Broncos bus crash remains one of the most devastating events in Canadian junior hockey history. On 30 December 1986, during the Broncos' 1986–87 season, four players were killed. Several others were physically injured and psychologically traumatized when the team bus left the Trans-Canada Highway and overturned

¹University of Windsor, Canada

²Sheffield Hallam University, UK

Corresponding author:

Craig G Greenham, University of Windsor, 401 Sunset Avenue, Windsor, ON N8B 3PF, Canada.

Email: greenham@uwindsor.ca

minutes after departing Swift Current (Culp et al., 2012). Despite the tragedy's magnitude, surviving players received no structured counseling or psychological support (Miller et al., 2025). They returned to competition just 10 days later, attempting to navigate grief and trauma largely on their own or through teammates (Culp et al., 2012).

Understanding the absence of support requires attention to the broader cultural environment in which players were embedded. Survivors operated within 1980s hockey culture that prized mental toughness and emotional self-containment while stigmatizing vulnerability and pathologizing help-seeking (Culp et al., 2012). Expressions of distress were interpreted as weakness, and young players, many just 16 or 17 years old, were conditioned to internalize pain rather than address it. Simultaneously, the Broncos internal environment was shaped by a preexisting toxic team ecosystem emanating from then-General Manager and Head Coach Graham James. Although James is not the primary focus of this study, his later criminal convictions in 1997 and again in 2012 for the sexual abuse of junior hockey players under his supervision, including during his time with the 1986–1987 Broncos, underscore the severity of the power dynamics at play. The climate he cultivated has been documented extensively as one marked by manipulation, fear, and the strategic withholding of resources (Francis, 2018; Kennedy, 2011). Players were thus contending not only with the shock of the tragedy, but also with organizational dynamics that discouraged openness and constrained access to care (Miller et al., 2025).

Despite the crash's significance and enduring impact, little research has examined how survivors themselves understood the support they received, were denied, and retrospectively identify as necessary for healing. Players were left uncertain about what help existed or how to seek it (Culp et al., 2012). While informal support emerged through teammate bonds and the local community, these forms of care unfolded within strong cultural and institutional pressures that limited emotional expression and reinforced norms of endurance, silence, and rapid return to play.

Although these cultural pressures shaped the experiences of Broncos players in the 1980s, many of the underlying dynamics remain present in junior hockey. Despite increased awareness of athlete mental health, research and organizational reviews continue to identify barriers to help-seeking, expectations of emotional toughness, and power imbalances within hockey environments (Allain, 2008; Gee, 2009; Turnpenney Milne LLP, 2022). Examining the experiences of the Broncos survivors offers insight into a historical tragedy while highlighting cultural and organizational conditions that continue to influence junior hockey environments.

Applying Holt and Hoar's (2006) social support framework, which conceptualizes social support as the exchange of resources between individuals perceived to enhance the recipient's well-being, we examine survivors' retrospective interpretations of resources available after the crash. Drawing on interviews with members of the 1986–1987 Swift Current Broncos, we focus on (a) the forms of social support players perceived receiving; (b) the supports that were absent, unavailable, or obstructed; and (c) the resources survivors now believe would have aided short- and long-term recovery from team-level trauma.

By situating these accounts within a structured framework, this study offers insight into how young athletes make sense of trauma in environments shaped by cultural stigma,

organizational dysfunction, and absent institutional care. We extend understandings of social support in junior hockey by demonstrating how inadequate or inaccessible resources can reverberate across decades. Ultimately, our findings provide sport organizations, leagues, and policymakers with evidence to inform trauma-responsive support systems for young athletes following team tragedies—both immediately and across the lifespan.

Literature review

Cultural context of Junior Hockey in Canada

The Canadian Hockey League (CHL) is the highest level of organized junior ice hockey in Canada, comprising three regional leagues and serving as a primary developmental competition for elite youth players aged 15 to 21. While often framed as a pathway to the National Hockey League (NHL), only a small minority of players advance to professional careers (Shaw, 2018). This perceived proximity to elite career paths creates structures where athletes tolerate adverse conditions in pursuit of long-term goals, which produces power imbalances between these young athletes and their coaches or administrators (Miller et al., 2025). These dynamics are reinforced by cultural norms defining hockey as a site of hegemonic masculinity, where a “warrior code” characterized by toughness, stoicism, and emotional restraint is valued (Allain, 2008; Gee, 2009). By creating such norms, hegemonic masculinity has manifested in a stereotyped warrior hockey hero image for fans to worship (Gee, 2009), in turn, dictating players’ behaviors on and off the ice (Allain, 2008) and emphasizing stigma surrounding mental health and help-seeking (Gulliver et al., 2012).

These cultural expectations were particularly entrenched during the 1980s (Fleury et al., 2009; Kennedy, 2011), when the Swift Current Broncos bus crash occurred. Accounts from former players and scholars describing this era’s hockey culture highlight concentrated power within coaching roles (Fleury et al., 2009; Miller et al., 2025). Coaches frequently exercised broad control over athletes’ daily lives, and young players—often living away from home and established support networks—relied on approval from authority figures and opportunities coaches could provide (Kennedy, 2011). Fear of being labeled difficult or weak further constrained players’ willingness to express emotional distress or seek help (Kennedy, 2011; Miller et al., 2025). While subsequent decades have seen increased attention toward mental health and athlete welfare, a CHL-commissioned report suggests many underlying norms associated with silence, stigma, and power imbalance persist in junior hockey (Turnpenney Milne LLP, 2022). Athletes in the CHL reported concerns regarding organizational trust and confidentiality when accessing mental health support, and cited hesitation in submitting formal complaints due to potential career repercussions (Turnpenney Milne LLP, 2022). These historical and contemporary dynamics reflect a junior hockey environment in which psychological distress is difficult to openly acknowledge, and formal support is challenging to trust and initiate.

Social support in sport

Social support in sport has been conceptualized as a multidimensional construct shaped by athletes' social environments and relationships (Holt and Hoar, 2006). Holt and Hoar's (2006) model distinguishes between structural support (availability of social networks), functional support (support provided), and perceptual support (athletes' belief that support would be available if needed). Sport environments are characterized by dynamic social support networks of teammates, coaches, and organizational actors, where structural, functional, and perceptual support can be present from several sources.

In team sports, teammates often represent the most immediate and accessible source of structural social support (Dubé et al., 2007; Pluhar et al., 2019), while functional teammate support is associated with lower anxiety (Pluhar et al., 2019), reduced burnout (Gabana et al., 2017), and greater psychological resilience (Morgan et al., 2013). Research involving varsity athletes highlights the importance of both family-based support and institutional resources, such as athletic departments, in shaping positive outcomes (Berg and Warner, 2019; Lundy et al., 2019). While Canadian junior hockey players may be of similar age to those in varsity sports, these players lack immediate access to either family or athletic departments, often living in remote communities with billet families (Dubé et al., 2007). Instead, Canadian junior hockey players identified four key sources of social support: coaches, friends on the team, teachers, and the community, each perceived as available for unique functions (Dubé et al., 2007).

Coaches occupy a more complex position within athletes' social support networks. Although structurally central to their environment, athletes often report hesitation toward seeking emotional support from them (Buchko, 2005; Kavanagh et al., 2017). Moreover, coaches may not perceive managing mental health issues as part of their role and may lack confidence addressing mental health concerns (Kroshus et al., 2019; Lebrun et al., 2020). Support from sports organizations introduces additional complications. While organizations may offer formal resources, athletes frequently express concerns about engaging with organizational support systems. Concerns about displaying stigmatized mental health struggles, coupled with distrust of organizational confidentiality, may prevent athletes from seeking mental health aid in times of need (Kavanagh et al., 2017; Purcell et al., 2019), which may weaken perceptual support—even where structural resources are available.

In the context of a traumatic event, some athletes cite teammate peer leaders as valuable support resources due to shared experiences and perceived authority positions (Buchko, 2005). These athletes suggested peer leaders would primarily provide functional social support, as opposed to coaches or outside sources (Kavanagh et al., 2017). Despite athletes' perceptions that peer networks may be structurally present, the functional quality of support they provide can be limited by a lack of support training and uncertainty about how best to respond to distress (Rees and Hardy, 2000). *In cases of collective trauma, such as the Broncos crash, these limitations may be even further apparent, as the peer leaders that athletes rely upon are themselves experiencing the same event and navigating their individual responses to it.* Conversely, where athletes indicated coaches provided post-trauma support, they described coaches facilitating

family-like support systems where both peers and authority figures were present for functional aid (Simpson and Elbert, 2018). These patterns suggest that while social support networks may be structurally present in sport, functional and perceptual support are uneven or may be misjudged. This underscores the utility of Holt and Hoar's (2006) model for examining support following traumatic events.

Methods

Procedure and data collection

As part of a larger research project examining the experiences of the 1986–1987 Broncos, this study specifically examined the social support available to and desired by surviving players, and how this support contributed to players' recovery experiences. Data were collected through semi-structured interviews with 11 participants who were members of the 1986–1987 Broncos or closely associated with the team. Each participant completed one semi-structured interview lasting approximately 60 min. The study was informed by a constructivist epistemological approach, recognizing that meaning is shaped through the interaction between researchers, participants, and the broader social context in which experiences are interpreted (Braun and Clarke, 2022). As such, themes were not treated as patterns that “emerge” from the data, but as interpretations developed through the researchers' engagement with the participants' testimonies (Braun and Clarke, 2022).

The semi-structured interview guide was designed with four specific objectives: (a) to determine social support provided; (b) to determine social supports available, desired, and unavailable; (c) to determine barriers to those resources and support; and (d) to determine outcomes of having or not having resources and support. Probing questions (e.g., What happened next? Why do you suppose that was?) were used throughout interviews, along with questions of interest from researchers. Prior to each interview, participants received contact information for a trauma therapist affiliated with the research team and therapist-curated support materials in case of distress. Participants were provided with a study description, and informed consent was obtained at the beginning of each interview.

Participants

Following institutional Research Ethics Board approval, survivors of the 1986–1987 Broncos were recruited through purposive and snowball sampling. The final sample ($N = 11$) comprised seven players (aged 16–19 at the time of the crash), two billet parents, the assistant coach, and the athletic trainer. This diverse group provided a range of perspectives, including a biracial player and various administrative viewpoints. Recruitment continued until thematic saturation was reached. While anonymity was offered to all, only one participant requested it; the remaining 10 opted to have their names used (see Table 1).

Table 1. Participants.

Name	Broncos affiliation
Tracy Egeland	Swift Current Broncos player, 1986–1988
Clark Polglase	Swift Current Broncos player, 1986–1988
Lonnie Spink	Swift Current Broncos player, 1986–1988
Tim Tisdale	Swift Current Broncos player, 1986–1989
Bob Wilkie	Swift Current Broncos player, 1986–1989
Darren Krueger	Swift Current Broncos player, 1987–1989; brother, Scott, passed away in crash
Steve ^a	Played for Swift Current Broncos before and after bus accident
Bob Harriman	Swift Current Broncos billet parent
Janine Harriman	Swift Current Broncos billet parent
Gord Hahn	Swift Current Broncos athletic trainer
Lorne Frey	Swift Current Broncos assistant coach

^aParticipant requested anonymity.

Data analysis

Audio recordings of each interview were transcribed verbatim, and software was used to organize data during coding. A *reflexive* thematic analysis was employed to identify, analyze, and interpret patterns of meaning within the dataset (Clarke and Braun, 2017). *Through repeated engagement with the transcripts, the first author organized data into themes reflecting participants' experiences of social support. These themes were then interpreted through Holt and Hoar's (2006) conceptual framework of social support in sport, as well as broader moderators of support and player outcomes.*

Following initial analysis, the critical friend method allowed for “greater capacity for self-evaluation as well as open-mindedness to the constructive thinking of others” (Costa and Kallick, 1993: 51). The critical friend—an academically trained colleague—reviewed the analysis, posed probing questions, and examined the developing themes through an alternative interpretive lens. This process enhanced the analysis's trustworthiness by strengthening validity, reducing bias in theme development, and supporting reliability through ongoing reference to agreed-upon codes (Smith et al., 1999).

Theoretical framework

Holt and Hoar's (2006) conceptual framework of social support in sport was determined appropriate to investigate the 1986 Broncos due to this study's multidimensional examination of structural, functional, and perceptual facets of social support. Structural social support refers to the type and number of relationships and the individual's integration into social groups. While structural support includes several of the individual's primary networks—significant others, close contacts in exchange networks, day-to-day contacts within interactive networks, and global networks—the existence of structural social support does not guarantee supportive exchanges between these networks and the individual

(Holt and Hoar, 2006). Structural social support outlines the social support network surrounding the individual, not the social support they receive in practice.

Functional social support directly refers to the social support the individual receives and the frequency with which the individual has obtained supportive resources. Perceptual social support explains an individual's belief that assistance would be available when required, but lacks the actual delivery of support described by functional social support. For perceptual social support, the belief that support would be provided if requested is as meaningful as functional social support itself (Holt and Hoar, 2006).

Results

Pre- and post-crash support

Before the accident, participants described teammates as their primary support and a consistent source of companionship. Most indicated their parents were supporting; however, billeting situations generated mixed responses. Several players listed their billet families amongst their greatest sources of support, while others found a severe lack of social support from billet parents. Steve described that his first billet family provided a negative experience, but in his second year, his billet family treated him "like a son." Most players appreciated the support offered by various team staff members, though notably, each player was dismissive of receiving support from head coach Graham James. Steve highlighted this sentiment, suggesting "the assistant coach was good, the trainer was great. The head coach obviously was not. To put it bluntly." After the crash, participants' support networks shifted dramatically. The following sections examine support across structural, functional, and perceptual dimensions organized by source rather than dimension, as sources operated differently across all three support types.

Teammates. Teammates represented the most consistent source of support across all three dimensions. Structurally, teammates were immediately and continuously available, with every participant reporting feeling they had become closer having gone through the crash together. Tracy noted, "guys you weren't as close with on the team, we were probably more driven together team-wise," which Tim echoed, stating the Broncos became a "closer-knit group" because they "had something in common beyond hockey."

Functionally, teammates provided daily companionship and shared understanding, though formal emotional processing was rare. While none of the interviewed players recalled explicitly talking about the accident in therapeutic ways with one another, several expressed beliefs that they could have had these discussions if desired. Both players and staff highlighted that conversation surrounding the accident was not necessary—the presence of others, particularly considering their shared experience, was comforting support itself. Tracy recalled, "at times we talked...like we never sat down and all talked about it...it was more just you could look at somebody and knew that you shared that experience." Bob W. shared similar perspective:

There was a lot of relief sometimes just being around [teammates], right? Not being alone, not being in my basement, where I can't control my thoughts. It wasn't a therapy setting...and we weren't talking specifically about the trauma we had suffered...just being able to hang out was nice.

Perceptually, every participant indicated a strong belief that their teammates were available for support, creating a psychological safety net even when it remained largely unutilized for formal emotional processing. Tim, for instance, indicated he felt teammates were available to talk but spoke about the accident with family instead, as he did not want to "burden [my] friends with it." This pattern reveals a nuance in perceptual support: the comforting knowledge that one *could* talk to a peer who truly understood the tragedy was often sufficient to provide relief, even if the "warrior code" or a desire for mutual protection prevented those conversations from actually occurring. Consequently, the team functioned as a silent support system where presence served as the primary vehicle for perceived availability.

Family and billets. For local players living at home, family support was structurally available and functionally valuable. Tim, a local player, acknowledged how difficult distance from home was for non-local players, noting "no one had a cell phone at that point...so I could call my parents, but I know that took quite a while for some of the guys to do" after the accident. Excluding those living at home in Swift Current, all but one player participant mentioned challenges of living away from family in billeted situations.

Billet families occupied complex positions in players' support networks. Some billet parents provided support equivalent to parents; Bob W. indicated his billet family noticed behavioral changes after the accident and regularly contacted his parents to discuss his mental health. However, this was not universal. Others noted that billets were unaware of the trauma players experienced and remained structurally ill-equipped to help those in need. Bob H. and Janine H., reflecting on their roles as billets, suggested they were unprepared for the experience and lacked support from the Broncos organization as much as players did. Janine H. highlighted that throughout the billet process, the only organizational contact was from James, who called to ensure curfews were enforced—an administrative prioritization of discipline over psychological welfare. Participants interpreted that this lack of support or standardization reveals a significant fiduciary failure; by outsourcing the primary emotional labor of recovery to untrained volunteers, the organization effectively insulated its operations from the costs and responsibilities of professional oversight. This created profound inconsistencies in support available to players, where the quality of care was a matter of individual chance rather than institutional mandate.

Functionally, participants suggested parents still offered some social support, though not always to the extent desired. Bob W. recalled his father visiting on weekends, but was unable to see him during the week due to distance. Several participants recalled numerous well-intentioned attempts at family support that were poorly timed or executed. Darren explained, "I had to get out of the house because there were people coming by every day...I'd have to escape just to get away." Similarly, Bob W. recalled, "Mom kept trying

to get me to see counselors...I didn't feel connected, didn't feel it was safe to talk about. I didn't feel I was ready...she forced me, and I hated her for it."

Community. Each player cited the supportive nature of Swift Current and various kinds of gestures offered before and after the accident. Community members visiting families to offer condolences, temporary housing for non-local players, and free hotel rooms for visiting family members were all recalled. Despite this goodwill, acts of support were often in solidarity rather than sustained, organized support. The only individual with professional training—a high-school counselor who was also a billet—was remembered fondly by multiple participants, but players offered mixed perspectives on her support. Though Clark and Steve described her as "wonderful" and "very supportive," Steve suggested she did not offer "formal guidance" and was "more just a billet mother who was supportive."

Organization and authority. The Swift Current Broncos and the team's board of directors were blamed for a lack of socially supportive action post-crash. Players suggested this structure may have been absent because of head coach Graham James's overbearing presence. As Steve reflected, "Did [James] have a board of directors that he had to answer to? Kind of, sort of, maybe. But you know, he was the hockey guy." This perception illustrates how weak governance and unchecked authority undermined the team's structural support when most needed. While each participant noted a lack of support from the hockey organization itself, some players conveyed positive impressions of the public memorial held in the accident's aftermath and the support they felt from the organization, teammates, and community during that event.

Social support modifiers

The impact of social support was shaped by modifiers—factors influencing the availability, perception, and effectiveness of support. Participants identified conditions that shaped how support was both offered and received following the accident, emerging within two broad categories: individual modifiers (personal attributes and developmental factors affecting players' coping responses) and social environment modifiers (wider cultural, structural, and relational contexts surrounding the team).

Individual moderators. Participants identified player age and the totalizing nature of junior hockey as primary barriers to recovery. Steve noted that because school, meals, and free time were all "planned around hockey," the intensity was "a lot for young kids to absorb." Consequently, 16-year-olds were "left to fend for themselves" (Bob H.) in an environment devoid of institutional support. While some recognized systemic flaws, others internalized the failure to cope with them. Bob W. felt recovery "always falls on the athlete," taking "full responsibility" for his "ignorance" in refusing counseling. Conversely, Lonnie suggested his "newness" to the team—having been recently traded—insulated him from the trauma felt by others. For those most impacted, the varied pace of recovery caused friction; Bob W. recalled resentment toward teammates who "didn't really show

signs of anything,” though he now recognizes that “trauma is a very individualized experience” and is grateful his peers were able to “forge on.”

Social environment moderators. Participants frequently contrasted 1980s social expectations with modern mental health awareness. Lorne noted that while resources “should have been brought forward,” the era’s “time element” precluded crisis intervention: “If we knew then what we know now? Absolutely.” All participants perceived a pervasive “ignorance” (Clark) regarding mental health rather than institutional malice. However, some remained skeptical of modern progress; Steve posited that “systemic and cultural power imbalances” still prevent openness, as junior hockey remains a business where “on-ice results are paramount.”

Mental health stigma, framed as “weakness,” created significant barriers to seeking help. Tracy recalled being “scared... looked down upon as weak” in an environment where players were “expected to go to the rink with a smile.” This was compounded by a perceived power imbalance where vulnerability was a “red flag” for scouts. Bob W. theorized he would not have been drafted into the NHL had he sought mental health support.

The focal point of this imbalance was Graham James, who consolidated power as both head coach and general manager. Retrospectively, participants noted how James weaponized junior hockey’s “top-heavy hierarchical structure” to maintain a “closed door” environment (Steve) that excluded outside accountability. Participants often attributed the lack of post-crash resources to James’s need for institutional secrecy to hide his sexual abuse. Most suggested James blocked therapists to prioritize hockey operations, aided by a “community-owned governance model” that inadvertently created a structural vacuum. Tracy described this as a “perfect storm,” where community trust became a shield for unchecked authority: “I think teams that were owned by an owner would have never had a coach like Graham to begin with.”

Finally, the transitory nature of junior hockey acted as a moderator. Relocating to new environments forced players away from familiar social supports, a transition Clark described as “a mountain to climb.” Conversely, local players benefited from the stability of existing family structures.

Desired social support

Participants were asked to reflect on their satisfaction with the support available in the aftermath and the kinds of support they wished had been available. Through these conversations, they described the absence of formal mental-health resources and types of interventions that might have helped them cope or recover more effectively.

Participants generally agreed that available supports were insufficient. Tracy expressed, “I don’t think there’s one guy in that team that would say that [they felt supported]. There was no support to them. None.” Steve emphasized the lack of structured support offered:

Looking back on it now, absolutely not in any way whatsoever. No. No. Absolutely, that's a hard no. No support whatsoever other than the support I sought through my teammates and some that was just kind of supplementary from some of the parents and families around, but absolutely zero support from the league, from the team.

A few participants described having sufficient support, but this was largely rooted in existing social networks, mainly family. Even they recognized that teammates with fewer resources faced greater challenges. Lonnie reflected that, looking back, he could pinpoint teammates who should have received formal counseling.

Of 11 participants, seven reported that players needed additional support to recover, three did not, and one was unsure. When asked what resources could have helped, all participants highlighted professional mental health services. Tim recommended both group and individual sessions, and several participants suggested that access be mandatory—both to assist those in need and to counteract stigma surrounding mental health in junior hockey. One player, however, objected to mandatory sessions, explaining he would refuse and feel “angry” at being compelled to participate. Participants also suggested that team doctors, an accreditation system for adult staff, a hotline, and a third-party trauma response team to prioritize player well-being could have served as valuable resources.

Only one player said they would have used mental health resources if they had been offered when asked about accessing support after the accident. Other participants strongly believed they would have refused some resources, such as individual counseling, due to mental health stigmatization; however, multiple players indicated they would have used those resources if they knew their teammates were as well. Tim, who reported more positive outcomes due to his support network at home, suggested it “would have been nice to talk to a professional...maybe they could understand it better than we could...we were just kids.”

Another theme that emerged was the brief recess from hockey between the accident and the return to play. The majority of players said the 10-day break was acceptable and welcomed hockey as a return to normalcy and distraction from grief, which Clark described as returning to “living life again.” The decision to return to play was made after consultation with players, who unanimously stated their desire to continue the season, though some participants suggested it was too soon and they played through grief and confusion. For these participants, their rushed return to hockey did not allow proper grieving or healing, delaying these reflections until later in life.

I don't think 99% of the guys in that room honestly had even thought about playing yet. Like [James] is in there saying, 'do we want to keep playing,' and I get there's a season and junior hockey is a big deal. You got teams that have home dates and want to make money and everything else, but there's no way I'd even thought about it. I was more worried about how I'm getting to my best friend's funeral that's in Northern Alberta. (Tracy)

Instrumental and relational outcomes

Participants reflected on lasting outcomes of the crash and forms of social support that shaped, or failed to shape, their recovery. Three main categories emerged—positive outcomes, negative outcomes, and coping strategies—that explain how individuals made sense of their experiences and navigated the long-term impact of trauma they endured.

Positive outcomes. Participants cited team cohesion, reduced anxiety, and newfound optimism as positive results of their shared social support. Steve likened the team to a “brotherhood,” where the collective experience alleviated stress simply through the “calming effect” (Tracy) of knowing others shared the same isolation. For some, the tragedy sparked an existential shift toward gratitude; Clark felt “much more appreciative” to be alive, while Steve chose to “turn the negative into a positive,” viewing the hardships as foundational life lessons.

Despite lacking formal support, many participants provided it to others. Darren felt a responsibility to his mother following his brother’s death, while Lonnie sought to console the bus driver and teammates. This altruism extended into their later careers in coaching, management, and healthcare. Following the 2018 Humboldt Broncos tragedy, several participants, including Tim and Bob W., traveled to Humboldt to support survivors, motivated by a desire to provide the resources they had personally lacked.

Negative outcomes. Conversely, the long-term absence of structured support led to persistent psychological injury, stigmatization, and strained relationships. Even 35 years later, participants described trauma manifesting in everyday life, such as anxiety when traveling on team buses (Tim) or during the accident’s anniversary. Several were diagnosed with mental health conditions in adulthood, with Bob H. suggesting that early intervention would have prevented these outcomes and “compounded harm.”

Four participants discussed being branded by the hockey community as “damaged” or fragile—perceptions that followed them throughout their careers. In the hockey environment where players’ reputations can determine professional opportunities; such labeling was devastating. Tracy described the Broncos’ reputation as “damaged goods,” and speculated professional teams doubted players’ ability to overcome adversity during careers. This stigmatization of mental health issues in hockey environments was impactful beyond reputation, as some players felt it prevented support from being offered and sought. As Clark described:

For myself, the skillset was high enough where even though I wasn’t playing to my full capabilities and my full potential, I was still good enough to play...that’s how much the mental side of the game is a huge deal. You got to have both if you’re going to excel at your highest level. I didn’t have it. And back then if the options were there to deal with [mental] issues, I’d like to think that I would have been steered in a different direction.

Bob W. pointed to a strain on relationships after the accident. Though the only participant to explicitly mention this outcome, he described how it impacted relationships with

family, billets, teammates, and friends, often due to discomfort in discussing the tragedy. Bob W. reflected that people in his life “didn’t know what to say. I didn’t want to talk about it, so a lot of the relationships became strained.” Other participants noted their relationship with Head Coach James had broken down after the crash, suggesting the absence of mutual respect and communication with their coach.

Coping strategies. Participants also reflected on ways they attempted to cope with the aftermath in the absence of formal mental health resources. Their accounts revealed how, without structured support, many turned to informal or maladaptive strategies to manage the emotional impact. Two dominant themes emerged: substance use and delayed acknowledgment of psychological distress.

Six participants identified substance abuse as a coping mechanism, with four classifying their substance use as addiction, and two suggesting their use did not meet addiction or dependency standards. Notably, players highlighted that substance abuse was pervasive in hockey’s social environment prior to the crash, although they differentiated that their alcohol abuse was part of a post-crash coping strategy. Only two player participants expressed that they did not use substances after the accident to cope. Those who abused drugs and alcohol suggested these substances were numbing or a comfort and were used as a way of “getting through it.”

We all did [drink alcohol]. I’m not gonna point a finger at anybody else, but did we drink heavily. And at 16 [years old] ...but yeah, there was definite alcohol abuse for sure. The rest of that year and right through the playoffs. (Tracy)

Participants all reported that players delayed addressing crash-related issues as a method of coping with trauma. Team trainer Gord stated it was evident that players “bottled up” their emotions and did not address struggles until later in life. Players affirmed this perspective, with most stating they did not seek formal counseling or therapy until 20 to 30 years after the accident. Steve reflected that he felt “in fight or flight mode for 30 years from trauma” and did not realize the accident’s magnitude and the aid he needed until he was 40 years old. Players cited various reasons for delaying help-seeking behaviors; however, ignorance of mental health issues factored prominently. One participant used hockey itself as a coping strategy.

Discussion

The experiences of the 1986–1987 Swift Current Broncos suggest that players received inadequate social support following their tragic bus accident. Although elements of Holt and Hoar’s (2006) three dimensions—structural, functional, and perceptual—were present through teammates, billets, family, and community, participants described these as insufficient and short-lived. Formal psychological care was withheld, and athletes instead relied primarily on peers for functional support despite their youth and shared trauma. Moreover, perceptual support was limited by fears of stigmatization and career repercussions, as players believed that disclosing distress could signal weakness or lead to

reputations as “damaged goods”—a dynamic previously identified in research on mental health stigma in sport (Gulliver et al., 2012). Players admitted they might not have accessed mental health resources even had they been offered, citing perceived lack of support from the hockey world and distrust of authority and the system (Buchko, 2005; Kavanagh et al., 2017). These dynamics reflect broader characteristics of junior hockey culture – often described as hypermasculine, performance-driven, and intolerant of vulnerability (Allain, 2008; Gee, 2009).

The developmental context of junior hockey further complicates athletes’ recovery. Many players were adolescents living away from home and dependent on teammates and billets for day-to-day support. While peer networks are often perceived as valuable sources of support in sport environments (Buchko, 2005; Kavanagh et al., 2017), they may lack the knowledge or resources necessary to respond effectively to distress (Rees and Hardy, 2000), particularly when those same peers are navigating the same traumatic event. Without access to structural formal support that can benefit those experiencing grief (Vernacchia et al., 1997), players developed coping mechanisms reflecting their social environment: substance abuse and denial of psychological distress. Participants indicated this prolonged recovery, resulting in long delays in addressing trauma—often not until middle age or after leaving hockey entirely. These findings reinforce concerns raised in previous research regarding the vulnerability of junior hockey athletes and the uneven psychological development that can occur within these environments (Bruner, 2002).

Participants did not experience the crash in the same way, nor did they have identical experiences in the years that followed. While most agreed that their junior hockey environment failed them in the aftermath of the crash, their accounts revealed distinct variation in how individuals processed and responded to trauma. Differences in age, personal circumstances, and available support networks shaped outcomes, illustrating the nuance captured within Holt and Hoar’s (2006) model. Some participants described long-term struggles with isolation and unresolved grief, while others reported more positive outcomes due to personal social environments or individual coping strategies. Multiple participants found success dealing with mental health challenges later in life, utilizing methods they would have been unwilling to undergo as junior hockey players. These findings suggest that a host of structural and functional support resources must be offered when teams experience trauma and be available over extended periods of time.

Participants consistently directed frustration toward the broader hockey system, suggesting that leagues and governing bodies were responsible for the absence of this care, aligning with previous literature identifying similar barriers to accessing professional support among elite athletes (Gulliver et al., 2012; Purcell et al., 2019; Rice et al., 2016). Participants in the current study suggested that the culture of ice hockey has been slow to change, despite increased attention to mental health among athletes. These testimonies raise important questions about how meaningful support systems can be implemented within junior hockey environments. Cultural norms surrounding emotional toughness, perceptions of weakness, and hierarchical power dynamics within hockey environments continue to exist and can discourage athletes from seeking support even when resources are available (Allain, 2008; Gee, 2009). Independent reviews of the

CHL have identified systemic cultural and governance issues within junior hockey environments, including power imbalances and insufficient protections for young athletes (Turnpenney Milne LLP, 2022). These findings suggest that many of the structural dynamics described by Broncos survivors were not unique to the 1980s but reflected broader patterns within junior hockey governance. As a result, effective responses to collective trauma in sport must address not only the structural availability of support, but also the cultural conditions that shape whether athletes perceive these resources as accessible, legitimate, and safe to use. Without confronting the current norms within hockey culture directly, even well-intentioned reforms risk being resisted, ignored, or undermined within environments where toughness and emotional restraint continue to discourage help-seeking.

Recommendations for practice and policy

Based on these findings, several specific recommendations emerge for junior hockey organizations and broader youth sport contexts:

Immediate Post-Trauma Protocols: Participants consistently identified the absence of professional psychological care following the crash as one of the most significant organizational failures, leaving adolescent athletes to turn to unhealthy coping strategies (i.e., substance abuse) or to rely almost entirely on teammates navigating the same trauma. Organizations must establish clear, evidence-based protocols for responding to team-level trauma. These should include: (1) immediate access to licensed mental health professionals with trauma expertise; (2) both mandatory group sessions and optional individual counseling to address stigma barriers; (3) third-party oversight ensuring athlete well-being is prioritized over competitive concerns; and (4) extended follow-up care recognizing that trauma responses may be delayed. Crucially, these protocols must account for the sociological paradox identified by survivors. While participants almost unanimously advocated for mandatory counseling in retrospect, they admitted they likely would have resisted it at the time. This resistance is driven by a complex intersection of factors, including the prevailing “warrior code” which pathologized vulnerability, the developmental stage of late-adolescence where autonomy is prioritized over adult-imposed interventions, and the instinctive response to seek the routine of sport to avoid the overwhelming emotional labor of processing a catastrophe. By making initial sessions mandatory and facilitated by external professionals, organizations remove the social and psychological “burden of choice” from the athlete, ensuring that help-seeking is not left to the discretion of an adolescent in shock, but is treated as a non-negotiable component of athlete safety.

Structural Governance Changes: Participants expressed frustration toward hockey authorities and described a system that failed to intervene or prioritize their well-being following the crash. Players highlighted unchecked authority by the Broncos head coach and suggested it was his decision alone to withhold support resources. This concentration of power in coaching roles must be addressed through: (1) independent oversight bodies with authority to intervene in player welfare concerns; (2) accreditation systems for billets similar to foster care standards; (3) confidential reporting mechanisms outside team

structures; and (4) clear separation between coaching authority and player welfare decisions. These measures acknowledge that young athletes embedded within sport environments may be reluctant or unable to challenge authority figures responsible for both their development and welfare.

Cultural Transformation: While structural changes are necessary, participants' accounts suggest that institutional change alone is insufficient without addressing the cultural norms embedded within hockey environments. Many participants now hold hockey-related roles themselves and suggested that, while mental health literacy is improving, hockey continues to be a site where toughness, sacrifice, and masculinity discourage help-seeking behavior (Allain, 2008; Gee, 2009; Turnpenney Milne LLP, 2022). Organizations must: (1) implement regular mental health literacy training for all stakeholders; (2) actively work to destigmatize help-seeking through leadership modeling; (3) recognize that young athletes embedded in performance cultures cannot be sole decision-makers about their well-being needs; and (4) establish that emotional vulnerability is compatible with, not antithetical to, athletic excellence. Meaningful change requires organizational commitment and sustained efforts to reshape how well-being, leadership, and performance are understood within hockey environments.

Long-term Support Infrastructure: Most participants described delaying engagement with mental health support for decades after the crash, often not addressing trauma until middle age or after their playing careers had ended. Recognition that trauma impacts can emerge decades later requires: (1) alumni support programs providing access to mental health resources post-career; (2) longitudinal tracking of player well-being beyond competitive years; and (3) research partnerships to develop evidence-based best practices for supporting athletes after collective trauma. These recommendations recognize that responses to collective trauma must extend beyond the immediate aftermath of an event and recognize that recovery may unfold across the lifespan.

While these recommendations emerge from the experiences of the Swift Current Broncos, they have relevance for broader youth sport environments where young athletes are separated from primary support networks and embedded within performance-driven cultures that may discourage vulnerability. As the present findings and previous literature suggest, addressing trauma in sport requires not only structural reforms but also sustained efforts to challenge the cultural norms that shape how athletes understand toughness, resilience, and help-seeking (Allain, 2008; Gee, 2009; Gulliver et al., 2012).

Limitations and future research

This study's retrospective design, while enabling rich reflection on long-term outcomes, introduces potential recall bias. Participants' interpretations of events 35 years prior may be influenced by intervening experiences and evolving cultural understandings of trauma and mental health. The single-team focus, while providing depth, limits generalizability to other contexts. Future research should examine support systems following other team tragedies to identify common patterns and context-specific factors.

The sample, though diverse in roles and perspectives, represents survivors willing to participate. Those who declined may have had different experiences or outcomes,

potentially representing those most negatively impacted. Future research should explore barriers to participation in trauma-focused research and develop methods to ethically include more diverse survivor perspectives.

Several questions for future scholarship emerge: How do support needs and accessibility differ across developmental stages when team trauma occurs? What specific training and protocols enable peer support networks to provide effective functional support without overburdening young athletes? How can organizations balance athlete input on decisions like return-to-play with recognition that performance cultures constrain genuine consent? What longitudinal support models best address trauma's potential for delayed emergence across the lifespan?

Conclusion

This project sought to identify the short and long-term outcomes experienced by the 1986–1987 Swift Current Broncos, and to examine whether these outcomes were shaped by the social support—or lack thereof—available following their fatal accident. Drawing on rich qualitative interviews with survivors and those close to the team, this study found that many of the surviving players experienced enduring negative effects, and that the barriers to positive recovery were rooted in the cultural and structural environment of Canadian junior hockey. Central to these findings was a power imbalance between those in need of care and those positioned to provide it, which limited access to meaningful support. Through the lens of Holt and Hoar's (2006) social support framework, results reveal how the structural, functional, and perceptual dimensions of support were constrained by both individual and environmental modifiers. This highlights that social support is not a constant or fixed resource but is shaped by culture, context, and the power within the environment.

This study builds on existing literature by examining social support in the aftermath of a collective trauma—an area that has received little attention in team sport contexts. While studies have shown that athletes rely heavily on peer support (Buchko, 2005; Rees and Hardy, 2000), the Broncos' experience demonstrates the limits of this support when aid is not supplemented by the organization, and where a culture of toughness discourages vulnerability. Participant testimonies illustrate how this organizational neglect and hierarchies within sport can extend harm long after the traumatic event, reinforcing the need for accountability and cultural change. While the failures of junior hockey in the 1980s were often attributed to the norms of the time and blamed for the outcomes the Broncos experienced, participants suggested these attitudes and issues remain unresolved. So long as the prioritization of performance and obedience is placed above the safety and well-being, young athletes will continue to face preventable harm.


The Swift Current Broncos of this era represent a worthy case study for this reason. By all accounts, they were successful on the ice, yet care was denied, ignored, or discouraged as their head coach and general manager assumed control out of his own self-interest. The Broncos' story is not only a tragic moment in Canadian sports history, but also offers a reminder of how social support, when limited by power dynamics and cultural


expectations, can determine whether young athletes are genuinely protected or left to endure in silence.

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ORCID iDs

Craig G Greenham  <https://orcid.org/0009-0009-6674-2414>

P Joseph Miller  <https://orcid.org/0000-0003-1203-2731>

Ethical considerations

This study was reviewed and approved by the University of Windsor Research Ethics Committee (approval no. 21-176) on 27 September 2021.

Consent to participate

Informed consent was obtained verbally before participation. Consent was audio-recorded.

Consent for publication

All participants provided informed consent for the publication of their data in academic outlets. Participants were informed that anonymized quotations and contextual details would be used in publications, and were given the option to be identified or remain anonymous.

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The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Data availability

The datasets generated during and/or analyzed during the current study are not publicly available due to the high volume of sensitive and confidential information shared during interviews, but are available from the corresponding author on request.

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