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**INVESTIGATING THE INTERSECTIONS OF INTERPERSONAL VIOLENCE:
IDENTIFYING RISK AND PROTECTIVE FACTORS FOR HAZING**

By

Kayla Goodwin

B.A. University of New Hampshire, 2018

A THESIS

Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Education

(in Student Development in Higher Education)

The Graduate School

The University of Maine

May 2020

Advisory Committee:

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Thesis Advisor: Dr. Elizabeth Allan

An Abstract of the Thesis Presented
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May 2020

Building on the work of the Centers for Disease Control and Prevention’s initiative to investigate the links between multiple forms of violence, this study used a “review-of-reviews” qualitative approach, a form of meta-analysis, to illuminate the intersections of sexual violence and hazing. Data were analyzed to uncover the risk and protective factors for hazing. These findings were then compared to the risk and protective factors for sexual violence to investigate any intersections, broadening the research about the intersecting forms of interpersonal violence. Eleven risk factors for hazing were identified, four of which intersect with previously identified risk factors for sexual violence. Nine protective factors for hazing were also identified. Identifying the interconnectedness of multiple forms of interpersonal violence can help college campus professionals strengthen prevention of all forms of violence simultaneously.

DEDICATION

For me.

ACKNOWLEDGEMENTS

Thank you to all who have supported me through my undergraduate and graduate endeavors. This paper marks the culmination of a six-year quest studying interpersonal violence, supporting survivors, and engaging campus professionals in conversations around comprehensive approaches to prevention efforts. A lifetime of thoughtful conversations, hours of working the crisis hotline calls, and years of programming have prepared me for this.

I'd like to acknowledge Amber Gray of the University of Maine's library for helping me navigate the endless body of research in order to start my investigative process for this study. Leah and Kathleen, who trusted me to take a different path in our program and stood behind me through it all. And Elizabeth, without whom my research would not have been possible.

To Drs. Allan, Gillon, and Hakkola – thank you.

STATEMENT OF POSITIONALITY

This research is based in the United States system of higher education, the heart of my own personal and professional development. Though the U.S. is not the only country ridden with interpersonal violence and its consequences, it is where my experience lies. At the University of New Hampshire, my passion for serving others was fueled by my work with their Sexual Harassment and Rape Prevention Program (SHARPP), where I served as an undergraduate peer educator for three years and was trained as a sexual violence advocate for the surrounding community. On a very literal basis, SHARPP allowed me work the frontlines of college student victimization by leading informational sessions on relevant topics, managing the crisis hotlines, and meeting with survivors at the hospital after an incident occurred. But this position gave me so much more; it allowed me to engage in conversations about privilege and marginalization, power and abuse, and systems of oppression.

The opportunity to engage in these conversations broadened as I entered the Student Development in Higher Education graduate program at the University of Maine. Rather than simply talking about my concerns and confusion, I was challenged by faculty members to critically reflect on how interpersonal violence not only affected college students, but how it permeated and persisted on college campuses across the country. It was during my time at the University of Maine that I interned with StopHazing, allowing me to take my experience with SHARPP and extend it into evidence-based research and developing prevention strategies for hazing. I found myself enthralled in conversation about the overlaps of my two experiences (with SHARPP and StopHazing) and ultimately asked my faculty members if I could navigate away from our capstone-track program and write a thesis, culminating my many years of working within the different manifestations of interpersonal violence.

To successfully attempt this, however, I was encouraged to reflect on my own identities as a White, middle-class, able-bodied, cis-gendered woman and how that may impact my research. I am aware that marginalized communities are often at higher risk for victimization of interpersonal violence and I understand there is a current gap in the literature discussing this. With this in mind, it was important for me to include the current studies that have addressed interpersonal violence among marginalized college students. Though the findings of this study are intended to provide insight on college student victimization in general, it is crucial that future research continues to address interpersonal violence among marginalized college students in order to more effectively support students of marginalized communities.

I believe that the continuation of uncovering the similar themes of different forms of interpersonal violence will yield overlapping and intersecting characteristics that can assist campus professionals in prevention of further harm among all of their students. By focusing on sexual violence and hazing for this study, my intention was to establish the extent of any intersection of these two forms of violence in the literature of interpersonal violence and prevention science, and ultimately illuminate the connections I have made as a practitioner in an evidence-based manner, in order to support campus professionals better prevent further violence from occurring on college campuses across the country.

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CHAPTER 1

INTRODUCTION

Interpersonal Violence in U.S. Higher Education

Defined by the World Health Organization, “interpersonal violence” is the intentional force or power against another person, group, or community that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation (World Health Organization, 2014). Interpersonal violence can be perpetrated by family members, intimate partners, friends, acquaintances and strangers, includes child maltreatment, youth violence, intimate partner violence, sexual violence, and elder abuse, and has become one of the leading causes of death in the United States (World Health Organization, 2014; Sumner et al., 2015).

Ample evidence concludes that exposure to violence, in any form, increases the risk of depression, post-traumatic stress disorder, anxiety, sleep and eating disorders, and suicide ideation and attempts (Centers for Disease Control and Prevention [CDC], 2016). Victims of interpersonal violence are 54% more likely to develop a depressive disorder, 92% more likely to use drugs, and 32% more likely to be obese (Sumner et al., 2015). Psychosocial outcomes such as diminished financial wellbeing, poor cardiovascular and lung health, chronic diseases, and risk of diabetes are all associated with experiencing interpersonal violence (Sumner et al., 2015).

Research has also demonstrated a strong relationship between violence and infectious diseases such as HIV and sexually transmitted infections (CDC, 2016). Victims of interpersonal violence are 78% more likely to develop a sexually transmitted illness or engage in risky sexual behavior (Sumner et al., 2015). They are also associated with other outcomes throughout their life, such as victims having multiple sexual partners, failure to use condoms or other forms of

protection, and other risky behaviors that can have a negative impact on one's sexual health (Sumner et al., 2015). Furthermore, reproductive health complications including unintended pregnancies, fetal death, and postpartum depression are all examples of possible negative sexual health outcomes from experiencing interpersonal violence (Sumner et al., 2015).

Over the past decade, increasing attention has been paid to interpersonal violence on college and university campuses in the United States given data indicating that students are at particularly high risk for experiencing interpersonal violence (Graham et al., 2019). While immediate effects of violence are experienced by the individuals involved, student victimization in a college context can also undermine the goals of higher education, impede student learning and development, and diminish positive feelings about the campus climate. Pezza and Bellotti (1995) note the erosion of self-esteem and confidence, diminished sense of personal control, and loss of focus for student victims, but also assailants and those that have significant relationships with the victim, such as roommates, colleagues, and friends. Furthermore, witnesses and interventionists, such as resident assistants and student advocates can suffer from shock, confusion and guilt (Pezza & Bellotti, 1995). This is often referred to as secondary traumatic stress, resulting from helping or wanting to help a traumatized or suffering person, and has been shown to cause significant distress to college students as well as with those who have a relationship to the victim, such as student affairs professionals (Figley, 1999; Lynch, 2017).

If not addressed properly, all of these characteristics can taint the atmosphere on campus, disrupt recruitment and retention of students, and threaten the maintenance of support by alumni, donors, and legislators (Pezza & Bellotti, 1995). A 2014 report from the U.S. Senate found that many colleges and universities are lacking best practices, finding more than 40% of schools have not conducted a single investigation of sexual violence in the past five years and more than 20%

of campuses do not provide reporter training for faculty and staff (U.S. Senate Subcommittee on Financial & Contracting Oversight – Majority Staff, 2014). In response to such shortcomings, federal laws and policies have been enacted or transformed to better address the needs of campuses, such as Title IX of 1972 Education Amendment and the Clery Act, resulting in more resources, training, and research related to the prevention of interpersonal violence on colleges and universities (Graham et al., 2019).

Since the Centers for Disease Control and Prevention (CDC) established the National Center for Injury Prevention and Control in 1992, the United States has made interpersonal violence prevention a public health initiative (Sumner et al., 2015). Official reports have shown progress in the reduction of many forms of interpersonal violence, such as the significant decreases in sexual abuse by 62% and physical abuse by 54% across the country, but the burden remains overwhelming for college campuses (Sumner et al., 2015). Prevalence studies have found that 30% of college students will experience at least one form of victimization during the academic year, including completed or attempted incidents of robbery, assault, sexual victimization, verbal harassment, bias-related violence, domestic or courtship violence and hazing (Hollmann, 2002). More specifically, roughly 25% of female college students experience rape or sexual assault and 55% of all college students involved in campus organizations experience some form of hazing (“Campus Sexual Violence: Statistics”, n.d.; Allan & Madden, 2008).

Intersections of Interpersonal Violence

The literature in prevention science indicates that a comprehensive and multidimensional approach is most effective for strengthening the prevention of interpersonal violence (Fields et al., 2007; Wilkins et al., 2014). In a publication highlighting the importance of comprehensive

approaches when preventing violence and promoting safety specifically in higher education settings, Langford (2002) calls for multiple, coordinated efforts that complement and reinforce one another. By investigating the root causes of multiple forms of interpersonal violence, as well as identifying what deters interpersonal violence, there is potential to alleviate the sexual, psychological, physical, and behavioral health consequences that people experience as a result of victimization. Researching potential risk factors and protective factors that contribute to multiple forms of interpersonal violence can help fill this gap in the literature. Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.). Protective factors are characteristics associated with a lower likelihood of negative outcomes. Protective factors are positive countering events or those that reduce the impact of a risk factor (SAMHSA, n.d.).

Though it meets the definition, hazing has not yet been recognized as a form of interpersonal violence by the World Health Organization or the CDC. Hazing does, however, intersect with other forms of victimization, such as its co-occurrence with sexual violence on college campuses and in the military. The U.S. military describes the violence among servicemembers as a “continuum of harm” that identifies sexual assault, hazing, and cyber bullying as some of the most pressing forms of interpersonal violence that they face in active duty (Office of People Analytics, 2017). Furthermore, “sexualized hazing” has been identified as part of the informal socialization process for new recruits and officers in the military (Wood & Toppelberg, 2017). Kirby and Wintrup (2002) examined sexual abuse in college sports initiation rituals and concluded that group consent, coerced consent, or lack of consent was a common medium for hazing.

Even with an understanding of the interconnectedness of multiple forms of interpersonal violence, it is not yet common for campus policy and practice to reflect the intersections. With college campuses categorizing violence and assigning different departments to develop programs pertaining to one specific form of interpersonal violence (e.g., “The Title IX Office”, “Sexual Violence Resource Center”), the siloed approach may undermine the goal of promoting overall campus safety, while overlooking valid suggestions for addressing multiple forms of violence simultaneously (Fields et al., 2007). Building on the work of the CDC’s publication *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence* (2014) that shares research on the connections between different forms of violence, this study was designed to analyze established research findings relative to hazing and sexual violence to identify parallels and intersections that may inform more effective approaches to campus violence prevention.

Conceptual Framework

Though interpersonal violence takes many forms, the different manifestations are often interconnected by sharing root causes and many of the same common outcomes, having a substantial impact on an individual, communal, and intergenerational level (Nation et al., 2003; Sumner et al., 2015). Consequently, previous research indicates that victims of one form of violence are likely to experience other forms of violence, and that perpetrators who are violent in one context are likely to be violent in another (Nation et al., 2003; Wilkins et al., 2014). When identifying ways to approach prevention across multiple forms of violence, perhaps most significant is the evidence demonstrating the common risk and protective factors through the various forms of violence that can start in early childhood and expand across a lifespan (CDC, 2016).

Researchers at the CDC studied the behavioral factors associated with perpetrating violence and found risk factors such as living in impoverished environments, daily stress in the home, and poor surrounding community environment are associated with perpetrating multiple forms of violence (Wilkins et al., 2014). Societal influences and norms pertaining to violence, gender, race, and ethnicity are rooted in institutional practices that lead to violence as well (Wilkins et al., 2014). Those who have stable connections to caring adults, prosocial peers, schools and community are, however, at lower risk of perpetrating or experiencing violence (Wilkins et al., 2014).

Inspired by Bronfenbrenner's (1979) ecological framework that asserts human behavior is shaped by elements at multiple levels, Dahlberg and Krug created the Social Ecological Model (SEM) for understanding interpersonal violence (2002). SEM is the primary prevention model used by CDC and is often referenced by scholars and practitioners when trying to prevent violence from occurring. While there are four separate levels (individual, relationship, community, and societal), researchers note that to most effectively prevent violence, it is necessary to enact the multiple levels simultaneously (Dahlberg & Krug, 2002). When using this framework, risk and protective factors can be categorized at each level, enabling practitioners to develop more targeted strategies for mitigating risk factors and amplifying protective factors.

At the individual level, researchers refer to personal characteristics, biological factors, behavior, and personal experiences to identify potential risk factors (Dahlberg & Krug, 2002). Some examples of potential risk factors at the individual level of the SEM are lower levels of education, anger or hostility towards others, isolation, unemployment, substance use, and a history of engaging in violence (Dahlberg & Krug, 2002). Examples of protective factors that can impact violence on the individual level are programs that develop social, emotional and

behavioral skills to build positive relationships; sessions that increase knowledge of healthy dating relationships, and curriculums that teach ways to cope with disappointment (Dahlberg & Krug, 2002).

At the relationship level, researchers investigate the interactions among two or more people to identify potential risk factors, such as tension among family members, marital instability, poor communication with parents, poor supervision of children, association with delinquent peers, and an emotionally unsupportive family (Dahlberg & Krug, 2002). Protective factors at the relationship level may include educational and family support to promote positive child development, a mentoring program, a peer program that uses a positive norms approach for dating, and relationship workshops (Dahlberg & Krug, 2002).

The community level refers to the larger organizational settings or institutions in which social relationships take place (e.g., a college or university) (Dahlberg & Krug, 2002). Examples of factors that potentially increase risk at the community level are social connectedness, income level of the neighborhood, limited economic and recreational opportunities, and high turnover of residents in a neighborhood (Dahlberg & Krug, 2002). Ways to combat such risk include prevention strategies that produce change in the environments where the violence is occurring. For example, community associations that work to improve neighborhoods, a school district that evaluates bullying behavior, and citywide policies that address better planning procedures for the layout of new communities (Dahlberg & Krug, 2002).

The fourth level of SEM is the societal level. Societal risk factors are those that create a level of acceptance of violence and societal protective factors are those that contribute to diminishing the acceptance. For example, the social norm of using violence to resolve conflict as well as health, economic, and educational policies that are not properly addressing violence

(Dahlberg & Krug, 2002). Protective factors at the societal level include legislative initiatives, national media campaigns to alter societal norms, and state-sponsored campaigns to reduce stigma associated with victimization (Dahlberg & Krug, 2002).

In a postsecondary setting, the levels of SEM can be used to prevent interpersonal violence on college campuses. By acknowledging personal characteristics, assessing interactions and behaviors among students, and encouraging positive social norms that permeate student body and surrounding community, campus professionals are provided the opportunity to mitigate violence at their institution. Furthermore, by working across campus departments and divisions, collaborative efforts can take place to put forth a stronger stance against violence on college campuses and begin to break down the compartmentalization of prevention efforts.

Study Design

To further establish the research on risk and protective factors of interpersonal violence, Tharp, DeGue, Valle, Brookmeyer, Massetti, and Matjasko (2013) did a systematic review of over 11,000 peer-reviewed articles to create a comprehensive list of risk and protective factors for sexual violence perpetration at the relationship, communal, and societal levels. Their study concluded with 67 risk and protective factors. The CDC also released a list of 33 risk and protective factors related to sexual violence on all levels of SEM (“Risk and Protective Factors”, n.d.). The research on hazing, however, is more nascent and therefore, no extensive studies have taken place to identify risk and protective factors for hazing. Without this, the limited body of work that examines the risk and protective factors for hazing has yet to be connected to other forms of interpersonal violence.

To broaden current research on intersecting forms of interpersonal violence, the purpose of this study was to analyze extant literature to identify and aggregate risk and protective factors

for hazing. This study followed the steps taken in Tharp et al.'s (2013) study and used the CDC's list as a foundation for identified risk and protective factors for sexual violence. The extant literature relative to hazing was analyzed using a "review-of-reviews" approach, a form of meta-analysis, to identify potential risk and protective factors for hazing. When complete, the parallel risk and protective factors for sexual violence and hazing were interpreted through the lens of the SEM. The research question guiding this investigation was:

To what extent, if any, do research-based risk factors and protective factors for hazing and sexual violence intersect?

The following chapter provides a review of the research about sexual violence and hazing. The research design and methods of the study are delineated in Chapter Three. Chapter Four provides the results of the meta-analysis and Chapter Five discusses the findings and offers interpretations informed by the literature as well as implications and recommendations for research and practice.

Definition of Terms

Because of the multiple dimensions of interpersonal violence and the interdisciplinary nature of the literature, clarity of terminology is important. The following definitions serve as a foundation for this investigation:

- *Hazing* refers to any activity expected of someone joining or participating in a group (such as a student club, organization, or team) that humiliates, degrades, abuses, or endangers, regardless of a person's willingness to participate (Hoover, 1999; Allan et al., 2018).
- *Interpersonal violence* refers to the intentional force or power against another person, group, or community that results in or has a high likelihood of resulting in injury, death,

psychological harm, maldevelopment, or deprivation (World Health Organization, 2014; Sumner et al., 2015).

- *Protective factors* are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protect factors may be seen as positive countering events (SAMHSA, n.d.).
- *Risk factors* are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes (SAMHSA, n.d.).
- *Sexual violence* refers to the continuum of behaviors such as sexual assault, coercion, unwanted contact, harassment, and stalking (Dills et al., 2016). It also encompasses rape, being made to penetrate someone else, stalking, and intimate partner violence (Smith et al., 2018).

CHAPTER 2

LITERATURE REVIEW

The term “sexual violence” includes a continuum of behaviors such as sexual assault, coercion, unwanted contact, harassment, and stalking, and encompasses rape, being made to penetrate someone else, and intimate partner violence (Dills et al., 2016; Smith et al., 2018). Similarly, hazing covers a range of behaviors that humiliates, degrades, abuses, or endangers others (Allan & Madden, 2008). While sexual violence has been extensively studied for more than three decades, the hazing literature is scant by comparison. Recently, literature in interpersonal violence and prevention science has begun to investigate connections among risk and protective factors for multiple forms of violence, such as sexual violence, bullying, and suicide, but hazing has not been included (Wilkins et al., 2014). Though characteristics of sexual violence and hazing may differ, it is possible that there are connections among the risk and protective factors for these forms of interpersonal violence.

This chapter reviews and synthesizes the literature about the prevalence of sexual violence and hazing in the United States, with an emphasis on the college and university context. For the purposes of this study, a review of the research on diverse college populations includes studies across multiple student demographics and student organizations.

Sexual Violence in the United States

As previously mentioned, “sexual violence” is an overarching term encompassing rape, sexual coercion, unwanted sexual contact, and being made to penetrate someone else, but it also includes stalking, and intimate partner violence (Smith et al., 2018). Survivors of sexual violence often suffering from physical injury, mental health consequences like depression, anxiety, low self-esteem, posttraumatic stress disorder, and suicide attempts, and other health consequences

such as eating and sleeping disorders, gastrointestinal disorders, substance abuse, sexually transmitted diseases, gynecological or pregnancy complications, and other chronic illnesses (Fedina et al., 2016; Smith et al., 2018). All of these consequences can lead to hospitalization, disability, or death.

While sexual violence has been prevalent for centuries, it was finally recognized as a public health issue during the 1990s when the CDC established the National Center for Injury Prevention and Control (NCIPC) as the leading federal organization for violence prevention in the United States (“A Public Health Issue”, n.d.). Within the NCIPC is the Division of Violence Prevention (DVP), whose mission is to prevent multiple forms of violence as well their consequences. The DVP works with national organizations, state health agencies, and research groups to develop, implement, and promote effective violence prevention and control practices, such as the National Sexual Violence Resource Center, the National Network to End Domestic Violence, the National Coalition Against Domestic Violence, the National Center on Domestic and Sexual Violence, the National Center for Victims of Crime, Rape Abuse Incest National Network, and the U.S. Department of Justice’s Office of Violence Against Women (“Funded Programs and Initiatives”, n.d.). While all of their funded programs and initiatives directly relate to sexual violence, 5 of the 13 (38%) current and previously funded programs are strictly focused on sexual violence (“Funded Programs and Initiatives”, n.d.).

In 2010, the NCIPC launched the National Intimate Partner and Sexual Violence Survey (NISVS), a nationally representative survey that studies sexual violence, stalking, and intimate partner violence among adult women and men in the United States. The study is an ongoing survey that releases updated reports every few years, with the most recent in 2015 at the time of

this study. The following table (Table 1) includes the statistics derived from their 2015 release, showing the prevalence of sexual violence in the United States for both men and women.

Table 1.

Results of the 2015 National Center for Injury Prevention and Control Study (Smith et al., 2018).

Type of Crime	Women (% , #)	Men (% , #)
<i>Have experienced contact sexual violence</i>	43.6%, 52.5 million	24.8%, 27.6 million
<i>Have experience completed or attempted rape</i>	21.3%, 25.5 million	2.6%, 2.8 million
<i>Have been forced to penetrate another person</i>	1.2%, 1.4 million	7.1%, 7.9 million
<i>Have experienced sexual coercion</i>	16%, 19.2 million	9.6%, 10.6 million
<i>Have experienced unwanted sexual contact</i>	37%, 44.3 million	17.9%, 19.9 million
<i>Have been stalked</i>	16%, 19.1 million	5.8%, 6.4 million

Sexual Violence on College Campuses

Though there is a primary focus on the postsecondary institutional settings for this study, it is clear that sexual violence research reaches far beyond college campuses. The Department of Defense Annual Report on Sexual Assault in the Military (2019) reported about 6.2% of active duty women indicated experiencing a sexual assault in the year prior to being surveyed, reflecting a statistically significant increase compared to the 4.3% measured in 2016. The estimated prevalence for active duty men remains around 0.7% (Department of Defense, 2019). Using these rates, it was estimated that approximately 20,500 service members experienced some kind of sexual violence in 2018, demonstrating an increase from the 14,900 in 2016 (Department of Defense, 2019). The Department of Justice’s 2007 summary of their first National Inmate Survey suggests that people in prison are also exposed to and experience sexual violence (Department of Justice, 2007). Prevalence rates were found to be as high as 41% or as low as 1% depending on the survey methods used, though an average estimate is 4.5% (Department of Justice, 2007).

Research has demonstrated that college students are at a heightened risk of experiencing sexual violence, especially during the first few months of their first and second semesters at college (“Campus Sexual Violence: Statistics”, n.d.). College students who have experienced sexual violence are more likely to engage in risky behaviors such as binge drinking and drug use, lowered academic achievement, and may be at a greater risk for revictimization (Moreno et al., 2015; Fedina et al., 2016). Being a member of an underrepresented group on a college campus puts one at a greater risk for various types of sexual violence (Porter & Williams, 2011; Scherer et al., 2014; Mellins et al., 2017). Though most researchers sample White, heterosexual female students at four-year residential institutions, some scholars have attempted to fill the gap in literature by studying subpopulations of college students such as lesbian and bisexual women, students with disabilities, racial and ethnic minorities, sorority and fraternity members, and students with prior histories of sexual victimization (Porter & Williams, 2011; Fedina et al., 2016). The following sections review the literature pertaining to college women and men, sexual and gender minoritized students, students with disabilities, and students of color.

College Women

Much of the literature is reflective of current knowledge that women are at a heightened risk for sexual violence, and that their time at college can increase this likelihood. Such research has suggested that women are three times more likely to be assaulted during their time at college than during other age groups, equating to about one in five women reporting a sexually violent experience in college (Porter & Williams, 2011; Moreno et al., 2015; Potter et al., 2018). Compared to their male counterparts, women are one and a half times more likely to report sexual abuse, eight times more likely to report being raped, and 28 times more likely to experience attempted rape while at college (Porter & Williams, 2011). The National College

Women Sexual Victimization Survey estimated that nine out of every 10 college women knew the perpetrator who raped them, and that 95% of sexual assaults against college women were perpetrated by an acquaintance (Abbey et al., 1996; Fisher et al., 2000). Most of the assaults against college women occur in their on- or off-campus residences (Banyard et al., 2007).

Mental, physical, and emotional health problems resulting from sexual victimization of college women has been well-documented, though little has been known about the educational or vocational capital lost from these experiences. To address this gap, Potter and colleagues (2018) expanded their study to include education and career attainment after sexual victimization for college women. They found that in addition to the negative mental, physical, and reproductive health effects, instances of lost educational opportunities and deflated career ambitions were attributed to a perpetrator sexually assaulting them while pursuing a degree (Potter et al., 2018). Common characteristics of these impacts included a decrease in their GPAs, more missed classes, and an overall loss of self-esteem regarding their academic abilities (Potter et al., 2018). For these women assaulted in college, the human capital benefits of an educational degree were negated by the effects of the sexual victimization.

College Men

It has been estimated that male college-aged students are 78% more likely to be a victim of rape or sexual assault than male non-students of the same age (“Campus Sexual Violence: Statistics”, n.d.). Multiple studies concluded the rates of verbal sexual coercion against college men in a one-year period are between 10% and 22%, and the rates of physically forced sexual coercion against college men are between 1% and 3% (Rouse, 1988; Baier et al., 1991; Anderson, 1998; Struckman-Johnson, 1998; and Hines, 2007). Beyond the rates and prevalence

of sexual victimization among college men, however, little research is known about the context of these assaults.

Three studies have addressed this gap in the literature and assessed the context of sexual victimization among college men. Banyard, Moynihan, and Plante (2007) found that college men were more likely than college women to indicate that unwanted sexual contact occurred at a party, but there were no reported gender differences in whether the victimization occurred on or off campus, the relationship of the victim to the perpetrator, or alcohol and drug use by either the perpetrator or victim. Reed, Amaro, Matsumoto, and Kaysen (2009), however, found that men were more likely to be drinking and/or using drugs at the time of their sexual victimization. Finally, Hines, Armstrong, Reed and Cameron (2012) found a positive association between prior victimization of severe domestic violence and reports of sexual assault among college men, and also concluded that college men who identified as gay or bisexual were at significant risk for sexual victimization.

Though women are more likely to report physical force used against them, men are more often victimized through psychological pressure, such as the myth that men cannot be sexually coerced by women (Banyard et al., 2007). Banyard and colleagues (2007) found that college men are also less likely to tell anyone about their experiences, to use a rape crisis center on campus if they experience sexual violence, to know where to get information or help for sexual violence, to know where the rape crisis center is located, and to disclose that they use the center than their female counterparts.

Sexual and Gender Minoritized Students

With significant research supporting the victimization of college men and women, Porter and Williams (2011) found that members of the LGBTQ+ community are at heightened risk for

sexual violence while attending college and often experience sexual abuse, physical abuse, and psychological abuse more frequently than their heterosexual peers. Nearly 20% of transgender, genderqueer, and nonconforming females and 5% of transgender, genderqueer, and nonconforming males report experiencing sexual violence during their years at college (“Campus Sexual Violence: Statistics”, n.d.; Mellins et al., 2017). Furthermore, sexual and gender minoritized students are more than four times more likely to report rape, more than five times more likely to experience sexual abuse, more than twice as likely to report psychological abuse by a partner, and more than three times likely to have suffered physical abuse by a partner (Porter & Williams, 2011).

Few studies have attempted to address the impact of sexual violence on sexual and gender minoritized student populations, though some that have examined the general community can provide some insight. Compared to their heterosexual peers, gender and sexual minoritized student experience more negative reactions when disclosing experience of sexual violence (Jackson et al., 2017). They also typically have less access to resources tailored to their identity and ultimately suffer from more severe mental health impacts as a result (Todahl et al., 2009; Richardson et al., 2015; Sigurvinsdottir & Ullman, 2015). Sigurvinsdottir and Ullman (2015) found that bisexual and lesbian women experienced elevated rates of posttraumatic stress disorder and depression symptoms than heterosexual women. Finally, risk of sexual violence victimization among this population may also correspond to the attitudes towards gender and sexual minority students, as Coulter and Rankin (2017) found that increased levels of inclusion related to lower rates of sexual violence victimization.

Students with Disabilities

A subpopulation of research examining college students and sexual victimization that has been receiving recent attention is students with disabilities. Bonomi, Nichols, Kammes, and Green (2018) concluded that sexual violence is pervasive among college students with physical, mental, and emotional disabilities, resulting in one in five college students with a disability experience abuse in the past year. Exacerbated mental health consequences were reported after victimization, including depression, anxiety, post-traumatic stress disorder, and suicidal ideation and attempts (Bonomi et al., 2018). Such mental health consequences coincided with adverse behavioral, physical, and academic outcomes, like becoming less social, sleeping issues, and skipping or dropping classes (Bonomi, et al., 2018).

With a sample of 20,000 college students, Scherer, Snyder, and Fisher (2014) concluded that college students with disabilities were twice as likely to experience sexual violence than their counterparts without disabilities, and that students with mental disabilities or multiple disabilities were found to have the greatest likelihood experience sexual violence in college. They also found that college students with disabilities were more likely to report experiencing depression symptoms, self-harm behavior, and stress than their peers without disabilities. Porter and Williams (2011) found that deaf and hard of hearing (DHH) students are three times as likely to experience physical abuse by a partner compared to the hearing population. Compared to 41.7% of hearing students, 61.3% of DHH students have experienced psychological abuse by a partner (Porter & Williams, 2011).

Students of Color

Racial differences among sexual violence victims has been investigated, though with little consistency. For example, Koss et al. (1987) found that rape of college women was more

common for White women relative to African American, Hispanic, and Asian women. However, Testa and Dermen (1999) found higher reports of rape among women who did not identify as White yet concluded that sexual coercion was not associated with race. More recently, Porter and Williams (2011) studied the prevalence rate for racial and ethnic minority groups on college campuses and compared it to their White peers. While 42.6% of white college students reported psychological abuse by a partner, 52.5% of African Americans, 47.4% of Hispanic/Latino, 75% of American Indian/Native Alaskan, and 36.4% of self-reported “Other” category reported the same experience (Porter & Williams, 2011). From this study, students of racial and ethnic minority found to be three times more likely to experience race and twice as likely to report sexual abuse by a partner (Porter & Williams, 2011).

With a strong understanding of sexual violence against college students in America, institutions of higher education have taken a variety of steps to prevent it from happening on their campuses. While all institutions must comply with Title IX and Clery Act, many have created on-campus prevention and education centers, host peer mentorship programs, or have crisis centers on campus to better combat sexual violence from occurring. Though it still persists, many college campuses have been able to properly address the threat of sexual violence on all levels of SEM and effectively prevent it from happening. The developing literature on hazing

Hazing in the United States

Defined as a form of interpersonal violence, hazing is “any activity expected of someone joining a group that humiliates, degrades, abuses, or endangers, regardless of a person’s willingness to participate” (Hoover, 1999, p. 8). Such behaviors can be considered along a spectrum including violence, harassment and humiliation. Some common hazing activities include: kidnapping, transportation, and abandonment; drinking games, deprivation of sleep,

engaging or simulating sexual acts, being physically injured, carrying unnecessary objects, being required to remain silent or be yelled at, associate with specific people and not others, acts as a personal servant, and attend a skit night or roast where members are being humiliated (Campo et al., 2005; Allan et al., 2018). Though perpetrators and victims of hazing believe it is an effective method for building unity and team-oriented perspectives, it can result in psychological and physical harm, involve high-risk substance abuse, sexual violence, and potentially death (Campo et al., 2005; Allan et al., 2018).

Similar to sexual violence, the scope of this study focuses on the context of hazing in institutions of higher education, however, hazing at the high school level is also a serious issue and merits discussion. An extensive study completed by Alfred University surveyed over 1,500 high school students and concluded that it is prevalent among America high school students, and that there is a lack of clarity and agreement on what constitutes as hazing (Hoover & Pollard, 2000). Researchers found that only 14% of respondents said they were hazed, however 48% participated in activities that met the definition of hazing and 29% noted that they did things that were potentially illegal in order to join a group (Hoover & Pollard, 2000). Male high school students are at highest risk, especially for dangerous hazing behavior, though both female and male students reported high levels of hazing (Hoover & Pollard, 2000). This study also reported that 71% of high school student subjected to hazing reported negative consequences, such as getting into fights, being injured, fighting with parents, doing poorly in schools, hurting other people, having difficult eating, sleeping, or concentrating, or feeling angry, confused, embarrassed or guilty (Hoover & Pollard, 2000).

Hazing on College Campuses

Hazing behavior undermines the goals and missions of postsecondary institutions, contributes to harmful campus climates, and has campus-wide implications that go beyond the silos of postsecondary departments (Allan et al., 2018). Hazing also impedes the benefits of participating in group contexts and can take away from positive learning environments (Srabstein, 2008). Hosting a chronology website of hazing deaths, Hank Nuwer has revealed 267 deaths attributed to hazing between 1838 through 2019 (Nuwer, 2020). Since 1990, more deaths have occurred on college and university campuses by pledging and initiation practices and alcohol-related incidents as a result of hazing than all recorded history of such deaths (Hollman, 2002). Though the prevalence of hazing is clear, compared to sexual violence on college campuses the research on hazing is sparse and only two major national studies have been conducted (Allan et al., 2018).

Hoover (1999) surveyed over 325,000 athletes at more than 1,000 national Collegiate Athletic Association (NCAA) schools during 1998-1999 and found that 79% of respondents participated in behaviors that met their definition of hazing, equaling over more than a quarter of a million college athletes being subjected to hazing. One in five reported they were subjected to unacceptable and potentially illegal hazing, such as kidnapping, beatings, abandonment, and destruction of property (Hoover, 1999). Half of participants were required to participate in drinking contents or alcohol-related hazing, and two-thirds were subjected to humiliating behavior, such as being yelled or sworn at, forced to wear embarrassing clothing or forced to deprive oneself of sleep, food, or personal hygiene (Hoover, 1999). Hollmann (2002) added to the early literature of hazing by acknowledging that hazing occurs outside of college athletics

and can be found within spirit groups, marching bands, military groups, cult-like groups, and work groups.

Almost a decade after Hoover's study, Allan and Madden (2008) surveyed more than 11,000 students at 53 college campuses throughout the United States and found that 55% of respondents involved in campus organizations experienced hazing. This landmark study supported Hollmann (2002) assertions and extended the demographics of perceived hazing on college campuses to beyond just college athletics, including fraternities and sororities, club sports, and performing arts organizations (Allan et al., 2017). Alcohol consumption, humiliation, isolation, sleep deprivation, and sex acts were found to be common hazing practices across student groups (Allan & Madden, 2008). Astoundingly, nine out of 10 students who have experience hazing behavior in college do not consider themselves to have been hazed (Allan & Madden, 2008). The following sections provide insight into the literature around hazing in college marching bands, fraternity and sorority life, and college athletics.

College Marching Bands

Two prominent stories reflect the hazing behaviors that can occur in college marching bands. First, in November 2011 when Robert Champion, a student at Florida A&M University, died during a hazing ritual in November 2011 after suffering extreme physical violence (Ganellen, 2016). Two years later, Ohio State University had two separate hazing incidents that resulted in sexual assault allegations (Ganellen, 2016). Little research has been done on the prevalence rates of hazing among college marching bands, though Allan and Madden (2008) found that 56% of bands and other performing arts organizations have experienced hazing.

Perhaps the most expansive study on this population involved interviewing 1,215 college marching members across 30 different states in the U.S., where Silveira and Hudson (2015)

revealed that 30% of respondents involved in college marching bands observed hazing behaviors and that 12% even encouraged acts of hazing, with the most common act involving public verbal humiliation. Hesitance to report hazing behavior was largely due to fear of social retaliation or perceptions that the hazing behaviors were not harmful. Echoing this perspective and supporting Silveira and Hudson's (2015) findings, Carter (2013) interviewed four Black men who identified as gay and were members of college marching bands and found that not only were all hazed as a part of their time in the marching band, but that they all experienced severe shame and never disclosed their experience prior to the study.

Fraternity and Sorority Life

Initiation rituals are a common aspect of fraternity and sorority organizations. Despite official attempts to condemn or eradicate hazing from these organizations, Allan and Madden (2008) reported that 73% of their respondents from fraternity and sorority organizations experience at least one hazing behavior. Supporting this, Owen et al. (2008) found that Greek-letter organization members experience higher rates of hazing behaviors than their peers when studying across organizational types at a midsized, southern comprehensive university.

When considering why hazing occurs within fraternity and sorority organizations on college campuses, McCready (2019) suggests that the environment that surrounds them could influence the likelihood of hazing, noting that oftentimes the positive social norms around conformity to violence, risky-taking, heterosexual presentation, power over women, and sexual promiscuity could predict dangerous hazing practices in fraternities and sororities. Members of these organizations display positive beliefs about the purpose of pledging and pay great attention to authority and hierarchy (Drout et al., 2003). When college student perceptions of fraternities and sororities are "uncritically positive", they become more susceptible to hazing activities

(Cokley et al., 2005, p. 454). Knutson, Akers, Ellis, and Bradley (2011) surveyed 1,081 fraternity and sorority new member perceptions of hazing at a single institution and found that participants could identify hostile forms of hazing but not less-egregious forms that did not result in bodily injury or risk of death. This led researchers to conclude that the new members of fraternity and sororities' perceptions of hazing were not aligning with the messages about hazing from campus leaders, validating other research that there is an incongruence between students self-reporting at least one instance of being hazed yet not considering themselves to have been hazed (Campo et al., 2005; Allan & Madden, 2008).

Though fraternity and sorority hazing overlaps and is often mentioned simultaneously, researchers have noted that the types of behavior and consequences can differ between the various groups. For example, Jones' (2004) analysis of Black Greek fraternity hazing showed that new fraternity members were strongly committed to behavior that included physical abuse, noting is a critical component of the individual and collective Black male identity. Extending this research, Parks et al. (2015b) suggests that hazing in Black Greek fraternities is more physically violent than their White counterparts, where alcohol is more likely to be a focus. They also found that demographic variables and personality traits among Black Greek fraternities may also affect whether an individual will experience hazing, such as extraversion, male gender, younger age, and alcohol use (Parks et al., 2015b). Using a similar lens, Parks and Laybourn (2017) contended that Asian men may be prone to hazing behavior as a demonstration of hypermasculinity reflecting a stricter upbringing.

The literature on sorority hazing is mostly absent from the literature. When surveying 283 members of the Association of Fraternity Advisors, Shaw and Morgan (1990) found that more than half of the advisor felt like hazing remained a problem in sororities on their campus. More

recently, Cohen, McCreary, and Schutts (2017) identified a link between group solidarity and increased support for hazing behavior. Lee-Olukoya (2018) introduced the concept of “hazing ideology” to describe how sorority women make sense of hazing, noting that verbal, nonphysical violence and intimidation occurs with great frequency in Black sororities and is a “very real” part of the Black sorority experience (p. 147).

College Athletics

Sex-segregated environments, like athletic teams, are common domains for hazing (Sabo, 2004). Social roles, hierarchies, and power structures are valued and can lead to hazing being considered a part of the athletic socialization process (Waldron & Kowalski, 2009). In a survey of more than 325,000 athletes enrolled at 1,000 National Collegiate Athletic Association (NCAA) institutions, Hoover, 1999 found that more than 75% of college athletes experience some form of hazing as part of joining or participating in an athletic team. Furthermore, Hoover concluded that one in five athletes were subjected to potentially illegal hazing behavior, such as being kidnapped, beaten, tied up, and abandoned, or being forced to commit crimes such as destroying property, making prank phone calls, or harassing others (Hoover, 1999). Fifty percent of respondents participated in drinking contests or alcohol-related hazing, with two in five athletes consuming alcohol on recruitment visits before even enrolling (Hoover, 1999). Two-thirds reported they were subjected to humiliating hazing, such as being yelled at, forced to wear embarrassing clothes, or being forced to deprive oneself of sleep, food, or personal hygiene (Hoover, 1999).

Supporting these conclusions, results from Allan and Madden’s (2008) study found that varsity athletes were the group most likely to experience hazing, with 74% of respondents indicating that they have participated in at least one activity meeting the definition of hazing.

Common hazing behaviors among varsity athletes include the participation in a drinking game, singing or chanting in public at an unrelated event, drinking large amounts of a non-alcoholic beverage, and being screamed, yelled, or cursed at by other athletes.

Since Hoover's (1999) groundbreaking study, hazing in the postsecondary context has been a rapidly growing area of research. However, it has yet to be recognized with the same magnitude as sexual violence. With a better understanding of how hazing behavior intersects with multiple forms of interpersonal violence, like sexual violence, student affairs professionals have the opportunity to collaborate and extend prior prevention efforts to mitigate violent behavior on college campuses.

Limitations of Researching Interpersonal Violence

Despite the breadth and depth of research on interpersonal violence, limitations to this body of work exist. Differences in research design, reporting and assessment time frames, sampling strategies, sample characteristics, measures used, and the variability in definitions may limit the precision with which researchers can confirm the prevalence of such issues (Banyard et al., 2007; Fedina et al., 2016; Mellins et al., 2017). Definitional issues and inconsistencies in types of victimization measures can affect the prevalence rates, as studies vary between using multiple terms such as forcible rape, completed rape, attempted rape, sexual coercion, unwanted sexual contact, incapacitated rape, and alcohol- and drug-facilitated rape (Fedina et al., 2016).

A significant limitation when investigating interpersonal violence is the widespread underreporting and unwillingness to disclose to authority, specifically in forms of violence like sexual violence and hazing. Similar to sexual violence, because there is an intense level of secrecy associated with hazing behavior, it is difficult to define and prevent initially harmless activities to escalate into dangerous and potentially illegal and lethal incidents (Hollmann, 2002).

This has led to vast confusion amongst the myths and realities of campus hazing, with different state statutes and campus policies, as well as a significant gap between students' experiences of hazing and their willingness and ability to identify they were hazed when asked directly (Hoover, 1999; Hollmann, 2002; Campo et al., 2005; Allan & Madden, 2008). When victims do recognize the extent of the experience, they are reluctant to report these forms of crime for a variety of reasons, such as embarrassment, sense of responsibility, fear, confusion on what "really" happened to them, a lack of certainty about the intent of the perpetrator, and concerns of authority or institutional response (Banyard et al., 2007; Waldron, 2008).

Conclusion

Adding to the guilt and shame associated with victimization of interpersonal violence, Sumner et al. (2015) note that there is also the compartmentalization associated with experiencing violence. Many forms of violence have been shown to be interconnected, though agencies tasked to understand, prevent, and respond to interpersonal violence are typically constrained by the categorization of violence (Sumner et al., 2015). There is no comprehensive, coordinated response to violence among the various avenues of services, including but not limited to medical, public health, police, judicial, child welfare, educational, correctional, and community organizations (Sumner et al., 2015). Furthermore, surveillance systems, prevention programs, and violence intervention policies lack a broad and cross-collaborative effort that limits the awareness of effective strategies to prevent interpersonal violence (Sumner et al., 2015).

The tendency to assign different forms of interpersonal violence to discrete categories can limit the opportunity to identify an overlap among risk and protective factors. Though there is value in examining the manifestations of interpersonal violence separately and identifying the

unique aspects of a form of violence, it is a limitation to only use this approach (Wilkins et al. 2014). By not acknowledging the parallel risk and protective factors of hazing with other, more recognized, forms of interpersonal violence, the construction of a siloed narrative of violent behavior has emerged. This lack of acknowledgement around interpersonal violence and the intersections within its different manifestations, including hazing, can limit the effectiveness of college campus prevention efforts. In contrast, understanding how different forms of violence are linked to one another is an important first step in coordinating efforts to effectively prevent multiple forms of violence (Wilkins et al., 2014).

By breaking down the siloed narrative of violence behavior and focusing on the parallel risk and protective factors of risky behavior, it is likely that campus professionals can strengthen current efforts by coordinating and integrating responses to violence in a way that prevents multiple forms of violence at once. Violence prevention and intervention efforts that highlight one specific form of violence can be broadened to address multiple, connected forms of violence and increase the public health impact (Wilkins et al., 2014). The CDC concludes that effective prevention efforts that address common risk and protective factors can reduce overall violence and improve outcomes (Wilkins et al., 2014). Mirroring the goal of the CDC's *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence* (2014), the purpose of this study was to identify research themes that illuminate the intersections between hazing and sexual violence. The findings from this investigation contribute to the knowledge and practice about violence prevention.

CHAPTER 3

RESEARCH DESIGN AND METHODS

The purpose of this chapter is to describe the research design and methods that were used for this study including the sampling methods, data collection, and proposed analytic process.

Research Questions

Building on the literature pertaining to the role of risk and protective factors in prevention, this study was designed to investigate potential parallels between multiple forms of interpersonal violence. Though considerable research on sexual violence risk and protective factors exists, there has yet to be a study that identifies these for hazing. Given this backdrop, the primary research question guiding this study was:

To what extent, if any, do research-based risk factors and protective factors for hazing and sexual violence intersect?

Methods

In order to address the stated research question, an inductive, qualitative approach was employed. The primary approach for this study was a “review-of-reviews,” a form of meta-analysis, involving the appraisal of literature and rich evaluation while complementing earlier reviews and studies (Nation et al., 2003; Schuh et al., 2016, pg. 153). Moreover, careful and rigorous analysis and synthesis of the extant literature provides an opportunity for new insights to emerge and ultimately identify the potential overlap between risk and protective factors for hazing and risk and protective factors for sexual violence.

Sample

The CDC recognizes 29 risk factors and four protective factors on all levels of the SEM, but the investigative process has yet to be applied to the literature on hazing, thus, the steps taken

in Tharp et al.'s extensive review (2013) were replicated for this study. The data for this investigation included selected peer-reviewed research articles around hazing to uncover and identify potential risk and protective factors of hazing. With the help of a University of Maine librarian (see acknowledgements), a literature search was conducted through three databases: ERIC, PsycINFO, and Education Full Text. These three databases were chosen because of the education-centered content of ERIC and Education Full Text, and the social, cultural, and psychological perspective that PsycINFO provides. Multiple selection criteria were required for the inclusion in the data set.

First, I sought studies that were published in an academic journal from 1999 to 2019. Though the literature on interpersonal violence has been well-established prior to the last two decades, hazing has only recently been acknowledged as a gap in the research, with results of the first national study of college athlete hazing (Hoover & Pollard) shared in 1999. Thus, the 1999 to 2019 timeframe was established to capture foundational work and current literature on the topic. Though this study aims to provide implications for college campus professionals, such foundational and current literature on hazing encompasses hazing in high schools. Because the context of hazing is similar for high school and college students in the United States, I believe it is important to include these pieces of literature in the study.

Second, only articles subjected to some level of external peer review were selected. Finally, the literature was limited to studies published in English and based on data that was gathered within the context of the United States. I chose to exclude non-U.S.-specific literature in order to maintain transferability for American institutions of higher education and avoid making assertions that may not be applicable to different cultural contexts outside of the country.

Based on these criteria, two literature searches were completed. The first literature search used “hazing” as the keyword and yielded 520 results. After using the selection criteria, 156 articles remained. The following literature search used ‘hazing’ as the subject term for documents and yielded 93 results, creating a list of 249 articles. After eliminating reviews and commentaries, duplicate articles, and irrelevant search results, there were 95 journal articles to be examined. During the “review-of-review” process, 22 articles were excluded because they were not U.S.-specific and ultimately did not meet the inclusion criteria delineated in the previous chapter.

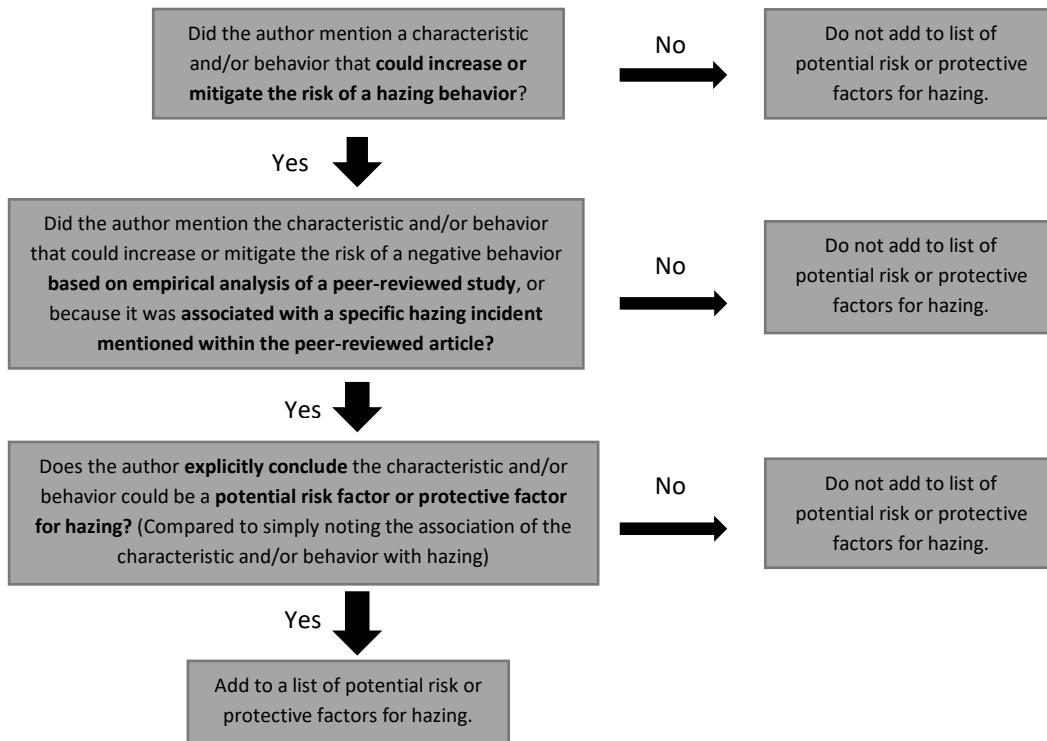
Data Collection

The remaining 73 journal articles that met the inclusion criteria was read to identify potential risk and protective factors for hazing. Because there are no empirical studies that focus exclusively on risk and protective factors for hazing in this sample, each article for this study was critically examined for phrasing that was specifically related to behaviors contributing to hazing or the persistence of hazing (risk factors) and behaviors that may protect from or mitigate the risk of hazing (protective factors). Only behaviors explicitly identified in the literature as risk or protective factors were included. Below is a flowchart that delineates the decision-making process for data collection.

The final step of data collection for this study was deductive, with findings from each article coded into a list of risk factors or protective factors. The definitions of risk and protective factors as well as the flow chart were kept nearby during the data-gathering process to ensure consistency in decision-making. Coded material was recorded in a Google Sheet excel document.

Figure 1

Flowchart of Data Collection Process



Though each article (as a data source) was coded independently, the following examples help to illustrate why certain characteristics were added to a list of potential risk or protective factors for hazing and why some were not. Carter (2013) concluded that the secret nature of hazing incidents among his study participants made it difficult for school administrators to recognize the dangerous experiences occurring within groups and therefore perpetuated a community tainted by hazing. Similarly, Waldron (2008) noted that the threat of ostracization in reporting to school officials puts students at risk by creating a “culture of silence” around hazing that allows the behavior to continue (p. 4). In this case, because both Carter (2013) and Waldron (2008) identified the secrecy and silence around hazing within student groups as contributing factor for the persistence of hazing, both were added to the list of risk factors for hazing.

In contrast, Hughey (2008) noted that alcohol and drug abuse is a key component of hazing within BGLOs and concludes that substance misuse is a potential risk factor for hazing, whereas Parks and Spencer (2013) described a specific hazing incident where pledges were forced to consume large amounts of alcohol. While the latter example supports Hughey's (2008) conclusion that substance misuse is a risk factor for hazing, Parks and Spencer (2013) did not identify substance misuse as a potential risk factor for hazing in general but rather a risk factor for this specific incident. Given this, substance misuse was added to the list of risk factors for the Parks article but not with the Spencer article.

Analysis

Building on this initial phase of data collection, an inductive process was employed to analyze the coded material and create categories according to similar risk and protective factors for hazing. Based on these categories, lists for risk and protective factors for hazing were created and categorized into the levels of SEM. The final phase of analysis identified the overlap with the CDC's list of risk and protective factors for sexual violence. To help visualize possible the intersections between hazing and sexual violence, Venn diagrams were created to highlight the parallel risk and protective factors as well as factors that distinguish them from one another.

My review of the remaining 73 articles identified 277 characteristics that previous scholars have found could enhance or mitigate the risk of hazing (Appendix A). 149 were coded as potential risk factors and 128 as potential protective factors for hazing. Interpretation of these exhaustive lists included the categorization of similar characteristics into separate lists, conglomeration of such lists that overlapping themes, and the creation of 11 risk factors and nine protective factors for hazing. Such factors were sorted into the various levels of SEM and

compared to the CDC's list of risk and protective factors for sexual violence to identify any possible intersections.

Trustworthiness

To ensure integrity of the study, multiple steps were taken to provide academic rigor and avoid researcher bias. First, definitions of risk and protective factors and the flowchart (Figure 1) were kept nearby during the review and coding process to enhance the systematic approach to identifying potential risk and protective factors for hazing. Careful record-keeping of all data and decision-making about coding also strengthened the soundness of the study. Finally, ample updates and extensive review from my thesis committee allowed me to stay within the bounds of trustworthy academic research that can be understood and replicated for future uses. More specifically, my committee advisor and graduate student colleague both served as peer debriefers throughout the analytic process.

Limitations

While the articles reviewed represent a substantial body of literature for hazing, they do not necessarily represent the entire body of knowledge on the topic. This study reviewed literature from three key education and social science databases over a twenty-year timeframe, potentially excluding literature from other databases and time frames, as well as dissertation studies, and unpublished gray literature that add to the growing knowledge surrounding hazing.

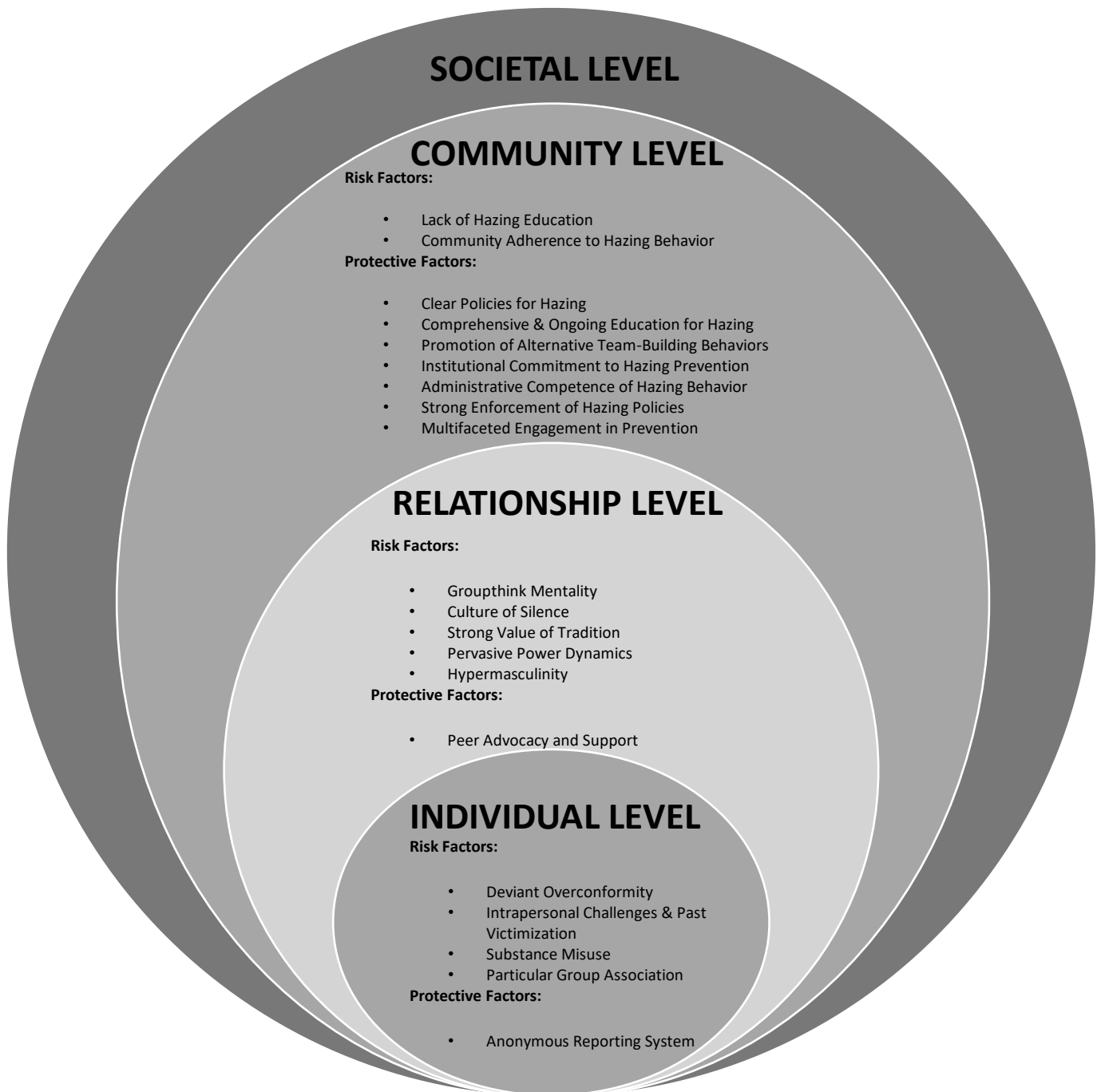
CHAPTER 4

FINDINGS

In this chapter, I describe the eleven potential risk and nine protective factors for hazing that this study yielded, though a complete list of all 277 characteristics is provided in Appendix A. The eleven risk factors for hazing (a) deviant overconformity, (b) intrapersonal challenges and past victimization, (c) substance misuse, (d) particular group association, (e) groupthink mentality, (f) culture of silence, (g) strong value of tradition, (h) pervasive power dynamics, (i) hypermasculinity, (j) lack of hazing education, and (k) community adherence to hazing behavior. The nine protective risk factors are (a) anonymous reporting system, (b) peer advocacy and support, (c) clear policies for hazing, (d) comprehensive and ongoing education for hazing, (e), promotion of alternative team-building behaviors, (f) institutional commitment for hazing prevention, (g) administrative competence of hazing behavior, (h) strong enforcement of hazing policies, and (i) multifaceted engagement in prevention. All potential risk and protective factors for hazing have been categorized into the individual, relationship, and community levels of SEM, shown below.

Figure 2

Hazing Risk and Protective Factors in the SEM



Individual Level of the Social Ecological Model

Personal characteristics, biological factors, behavior, and personal experiences are used to identify risk and protective factors at the individual level of SEM (Dahlberg & Krug, 2002). The following section describes the risk and protective factors for hazing that were identified in this analysis.

Risk Factors

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes (SAMHSA, n.d.). This investigation yielded the following four risk factors for hazing at the individual level: deviant overconformity, intrapersonal challenges and past victimization, substance misuse, and particular group association.

Deviant Overconformity. Waldron and Kowalski (2009) define deviant overconformity as the uncritical and unquestioning acceptance of group norms, which ultimately lead to a “whatever it takes” mentality regardless of consequences. Often found in competitive environments, deviant overconformity results in the complicit silence of group members in fear of not gaining the status of respect or privileges associated with being a group member (Waldron & Kowalski, 2009). During the coding and interpretation process for this risk factor, a majority of the characteristics described a heightened desire to belong, to be accepted or approved of, and a need to avoid failure (Montague et al., 2008; Waldron, 2008; Silveira & Hudson, 2015). Other potential risk factors for hazing that were identified through this study play a role in deviant overconformity, such as a culture of silence, valuing tradition, establishing pervasive power dynamics, and groupthink mentality. Because all are associated with parts of deviant

overconformity, it is the most emphasized potential risk factor for hazing from this study and was categorized at the individual level of SEM.

Intrapersonal Challenges and Past Victimization. This study found that there are a variety of attributes related to one's past experiences that can put them at risk for hazing, such as prior victimization that occurred through physical, psychological, emotional or sexual violence. In two studies that interviewed first-year college students about, scholars found that college students who experienced high levels of victimization and aggression were more likely to experience hazing and associate hazing behavior with negative consequences (Felix et al., 2018; Reid et al., 2019). While researchers delineated the association of aggression and hazing, they also found that a history of mental health challenges also can put one at risk for hazing, including depression, suicide ideation, lack of empathy, adherence to impulsivity, aggression-related emotions, and self-esteem or self-confidence concerns (Meier et al., 2007; Howard & Kennedy, 2006; Carroll et al., 2009; Parks & Spencer, 2013).

Substance Misuse. Alcohol has been found to be a frequent component of risk-taking and destructive behavior, such as hazing (Rund, 2002; Fields et al., 2007). When culling the characteristics pertaining to substance misuse and hazing, common themes coded under this risk factor were related to excessive alcohol consumption and drug abuse. Another important characteristic in this risk factor was the view of drunkenness as entertainment. Drout and Corsoro (2003) surveyed 231 students at a moderate size state university in the U.S. about the perceptions of drinking among Greek letter organizations and found that when perceptions are "uncritically positive", students are more at risk for hazing activities (p. 536).

Particular Group Association. The final risk factor in the individual level of SEM is particular group association. This encapsulates the self-identification within certain groups that

approve of hazing behavior or perhaps believe hazing is an effective way to build team cohesion. To support this, Campo, Poulos and Sipple (2005) clearly state that students in “Greek [organizations], males, varsity athletes, leaders, and upperclassmen were more likely to engage in hazing-related behaviors”. Though these demographics have been associated with competition, aggressive behavior, and tradition as reasoning behind their hazing behavior, it is important to clarify that it is not just the specific association with any group that can put one at risk for hazing, but rather the association with groups that have risky and dangerous perceptions of group membership.

Protective Factors

Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events (SAMHSA, n.d.). At the individual level of the SEM there was only one potential protective factor for hazing identified: anonymous reporting system.

Anonymous Reporting System. After surveying 5,880 students at seven U.S. research universities, Allan and her colleagues (2019) recommend the implementation of systems that closely track, report, and investigate incidents of hazing in order to strengthen hazing prevention efforts. In fact, victims of hazing have said that the most beneficial factor in deterring themselves from a hazing situation was to have a safe and supportive environment to report hazing incidents (Campo et al., 2005; Waldron, 2009). More specifically, it is encouraged that such a system needs to be introduced through a well-defined and anonymous process without fear of reprisal or retaliation in order for the reporting system to be successful in mitigating the occurrence of hazing (Essex, 2014; Silveira & Hudson, 2015).

Relationship Level of the Social Ecological Model

Interactions among two or more people are investigated for potential risk factors at the relationship level of SEM (Dahlberg & Krug, 2002). Because of the group behavior of hazing, the level can also be referred to as the Group Level.

Risk Factors

The five potential risk factors at the relationship level yielded from this study are groupthink mentality, culture of silence, strong value of tradition, pervasive power dynamics, and hypermasculinity.

Groupthink Mentality. In terms of hazing, Silveira and Hudson (2015) describe “groupthink” as the behavior in which members engage in negligent and dangerous activities while placing higher values on group practices above individual human rights (p. 9). Similar to deviant overconformity, groupthink mentality has been identified as a potential risk factor for hazing through this study because of the deindividuation, or loss of autonomy and individuality, group members trade for membership to the group (Waldron & Kowalski, 2009). When their participants were transiting to group identification, Waldron and Kowalski (2009) found a strong dedication and willingness to make sacrifices for the team that develops. Afterwards, the individuals succumb to peer pressure, coercion, oftentimes delinquency as a result of their association with the group (Drout & Corsoro, 2003; Hakkola et al., 2019). A fundamental component of this risk factor is the emphasis to conform to group norms, resulting in an unquestioning obedience and “hero worship” of the leader of the group (Howard & Kennedy, 2006; Waldron, 2012). With the symbolic boundaries between the in-group and the out-group, groupthink mentality has been identified as one of the many reasons why hazing persists (Hughey, 2008).

Culture of Silence. For a variety of reasons, a culture of silence seems to be associated with hazing behavior. Perhaps because of the humiliating acts individuals are forced to experience or the perception that hazing is a requirement to become a team member, it is a common belief that speaking against the hazing practices disobey and challenge the hazers, resulting in facing consequences (Waldron, 2008). When reviewing the NFL Wells Report of 2013-2014, Tofler (2016) concluded that in order to avoid social isolation and ostracization of oneself, secrecy and silence oftentimes become a coping mechanism for those who experience hazing. However, when Hughey and Hernandez (2013) were reviewing just under 2,000 U.S. newspaper articles to better understand BGLO's racialized media portrayal, they found that the same secrecy and silence within groups that haze can also be valued by group members, enhancing the mysteriousness and intrigue of their organization while also limiting the ability to seek help. By maintaining such cultures of silence, secrecy, and rumor enhances the risk of hazing to occur within organizations because it limits the opportunity for intervention and potentially puts future members at risk for victimization.

Strong Value of Tradition. Many acts of hazing occur because of the ritualized and cyclical nature of the behavior. After reviewing a wide range of disciplines that publish sports-related violence literature, Fields, Collins, and Comstock (2007) found that those who haze often justify their behavior as taking part in a tradition that builds a stronger team unit, ultimately just maintaining control over the group and enhancing the risk of hazing behavior. Supporting this, when interviewing 21 current collegiate or former high school athletes, Waldron and Kowalski (2009) concluded that veteran group members often want to continue the hazing practices because they were hazed as a rookie, noting that the behavior is a tradition of their institution and

a rite of passage for new members. With this type of mentality, in addition to the other risk factors for hazing, the behavior will persist.

Pervasive Power Dynamics. This study found that groups with pervasive and extensive power dynamics are more likely to experience hazing. When discussing why hazing occurs, participants highlighted the need to preserve the power structure of the team (Waldron & Kowalski, 2009). Furthermore, by intimidating and humiliating others, respondents in the study noted that veteran group members assume dominant and privileged positions, appearing more important than rookies. Similarly, Drout and Corsoro's (2003) study participants concluded that when preserving the hierarchies and honoring the power differentials is a central component of a group, hazing is likely to occur. However, Howard and Kennedy (2006) analyzed a specific hazing incident and noted the prevalent perception that when a group of individuals express power over another it can make someone feel included or be seen as a joke, however, it is a mode of domination and valuing the group over an individual.

Hypermasculinity. When conducting focus groups with nine former high-school athletes to examine their hazing experiences, Waldron and Kowalski (2009) noted the emphasis of traditionally masculine values of strength, power, and domination and the marginalization of non-masculine behavior are particularly at risk for hazing behavior. In these narratives, athletes who resisted hazing were seen as the "antithesis to hegemonic masculinity", inconsistent with team expectations and perceived as weak (Waldron & Kowalski, 2009). For those that haze, they that feminize and emasculate new members in order to feel domination over them. Similarly, when attempting to make sense of why hazing persists in BGLO's, Parks and Spencer (2013) concluded that enduring hazing is often seen as an act of proving their manhood to garner respect

and belonging, though for those who haze. This powerful experience and belief of traditional values has been found to be a strong factor in increasing the risk of hazing.

Protective Factors

At the relationship level of the SEM, I categorized peer advocacy and support as a protective factor.

Peer Advocacy and Support. During Waldron, Lynn, and Krane's (2011) focus groups, respondents noted that group members or friends outside of the organization support someone that has been hazed or are willing to empower someone to confront hazing behavior, the risk of hazing is mitigated (Waldron et al., 2011). Having this type of bystander intervention, positive leadership, and role modeling behavior can decrease the likelihood of continuing hazing within a group, or at least deter individuals from condoning hazing behavior (Campo et al., 2005; Hakkola et al., 2019). Moreover, supporting hazing victims and enabling them to remove themselves from the hazing behavior was found to be most helpful when mitigating the risk of hazing (Campo et al., 2005).

Community Level of the Social Ecological Model

At the community level of the SEM, settings or institutions in which social relationships take place can be assessed for potential risk factors (Dahlberg & Krug, 2002).

Risk Factors

This study yielded Lack of Hazing Education and Community Adherence to Hazing Behavior as two potential risk factors for hazing.

Lack of Hazing Education. Respondents in Waldron and Kowalski's (2009) interviews concluded that those who haze or condone hazing behavior believe hazing is acceptable as long as the behaviors do not cross the line by hurting or injuring someone else, and most victims of

hazing believe their personal experiences were acceptable. The lack of trainings, workshops, and other educational programming around hazing increases the risk of hazing by manifesting through unclear definitions and policies of hazing, ambiguity around what hazing looks like, and misconceptions around the benefits of hazing. Scholars note the gap between hazing experience and self-reports of hazing are due to the narrow definition of hazing and the normalizing, positive perceptions of the behavior (Crow & Macintosh, 2009; Hakkola et al., 2019).

Administrators who have neglected their institutional policies, regulations, and student code of conduct also increase the likelihood of hazing behavior by not clarifying what constitutes hazing and what the consequences are for those who haze (Hollman, 2002; Silveira & Hudson, 2015). Similarly, by sending mixed signals about its acceptability, administrators are enabling its continuation (Etzel, 2006). By not properly acknowledging the dangers of hazing, broad misconceptions about the benefits of hazing permeate organizations, such as the belief that it builds team cohesion and bonds members together (Campo et al., 2005; Waldron & Kowalski, 2009).

Community Adherence to Hazing Behavior. The final risk factor yielded from this study was community adherence to hazing behavior. When introducing innovative ways to address hazing behavior at the college level, Mowrey (2012) noted the administrative tolerance and passive consequences for the offenders that fail to acknowledge responsibility and harm being done to the community. After investigating the causation of adherence to hazing behavior, Howard and Kennedy (2006) emphasized that when leaders of the community condone or ignore hazing behavior, it is thought to reinforce that the behavior is acceptable and therefore okay to be replicated. Tofler (2016) agrees that poor supervision and lack of consequences for those that haze reinforce the negative behavior and aid in its persistence.

Protective Factors

Multiple protective factors at the community level of the SEM were found to mitigate the risks of hazing. Such protective factors include clear policies for hazing, comprehensive and ongoing education for hazing, promotion of alternative team-building behavior, institutional commitment to hazing prevention, administrative competence of hazing behavior, strong enforcement of hazing policies, and multifaceted engagement in prevention.

Clear Policies for Hazing. It is for institutions to have clear, concise, and well-developed hazing policies in order to mitigate the occurrence of hazing behavior (DeWitt & DeWitt, 2012). Multiple scholars have noted that critical reflection of institutional policy and regulations, student organization statements, and the study code of conduct, as well as the constant evaluation and review of these campus safety policies in order to deter groups from hazing for the long term (Rund, 2002; Tofler, 2016). In addition to having comprehensive policies for hazing, institutions also need to be consistent in the disciplinary actions taken against those who haze and establish protocol for a fair investigative process (Tofler, 2016). Scholars also call for stricter and specific state-level statutes against hazing in order to support institutions and groups from deterring hazing (Dixon, 2001; Fields et al., 2006).

Comprehensive and Ongoing Education for Hazing. Another protective factor for hazing at the community level is to have comprehensive and ongoing education for hazing. This entails education around what hazing looks like and its different manifestations, the definition, the dangers of and the consequences of hazing (Dixon, 2001; Waldron & Kowalski, 2009; DeWitt & DeWitt, 2012). Some scholars note that discussing power dynamics and oppression is also important in workshops like these to mitigate the risk of other dangerous behaviors (Allan et al., 2019). Creating these settings where group members and leaders can learn about hazing from

a trained professional in a safe environment, such as a hazing workshop, is a great example for this (Hollmann, 2002). Ongoing discussions should occur within groups in the greater community but also within senior leadership and administrators. With a clear understanding of the definition of hazing, hazing behaviors, the dangers and consequences of hazing, individuals are less at risk to condone hazing and groups are less likely to employ hazing as a bonding technique.

Promotion of Alternative Team-Building Behaviors. Because of the broad misconception that hazing builds team cohesion, this study found that promoting alternative team-building behaviors for groups to use is a protective factor for hazing. Holding workshops that empower critical thought around involvement within groups is recommended, as well as discussing empathy, leadership, and pro-social behaviors that highlight positive social norms (DeWitt & DeWitt, 2012; Waldron, 2012; Allan et al., 2019). These behaviors generate partnerships versus rivalry and hierarchies and exemplify how rituals can build cohesion in a safe manner (Waldron, 2008; Waldron & Kowalski, 2009). Such workshops and discussions should be ongoing and held in an encouraging environment, where members can ask questions and explore their confusion on hazing. Promoting alternative team-building behaviors can redefine what is acceptable for groups to value and remind members that they can always opt out of hazing behavior (Waldron et al., 2011; Silveira & Hudson, 2015).

Institutional Commitment to Hazing Prevention. This study found that an “engaged institution” mitigates hazing behavior (Rund, 2002, p. 6). When administrators are committed to prevention policy and enforcement, an environment rid of intolerance, discrimination, and violence can develop (Rund, 2002; Waldron, 2008). In fact, when developing the Hazing Prevention Framework, scholars found that commitment to preventing hazing was an integral

part of deterring hazing from continuing (Allan et al., 2018). Such commitment refers to the dedication of resources and support structures that foster a campus climate conducive to hazing prevention (Allan et al., 2018). Their study found that when senior leaders engaged in various forms of commitment, the credibility of their prevention efforts strengthened (Allan et al., 2018).

Administrative Competence of Hazing Behavior. Differing from commitment and education around hazing and its prevention efforts, this study found that administrators also need to have a certain level of competence around hazing behavior in order to mitigate it. Knowledge of current research and findings surrounding hazing, understanding the role of risk factors, and having an awareness of what organizations and groups are doing to initiate new members is crucial in deterring hazing from continuing (Hollmann, 2002; Parks & Spencer, 2013). Furthermore, having a better understanding of the prevalence, nature, and reasons for hazing within groups can enhance the cultural competence of administrators and create a safer environment for all (Etzel, 2006). Monitoring initiation activities and increasing group supervision can assure transparency of the group rituals (Hollmann, 2002; Crow et al., 2004). Scholars recommend that staying up to date with literature, knowing the liability and criminal charges around hazing, and having regular discussions about hazing behavior can substantially mitigate the risk of hazing (Crow et al., 2004).

Strong Enforcement of Hazing Policies. When administrators strongly enforce their hazing policies, groups will likely deter from engaging in hazing behaviors. After giving an example of poor institutional responses to hazing incidents, Sawyer and Sawyer (2014) highlight the necessity of all administrators, coaches, and leaders reporting hazing incidents as they occur and embrace the view that everyone has a responsibility to prevent and report hazing.

Furthermore, quick responses to hazing violations, thorough investigations, and establishing a record of disciplinary actions against hazing behavior is an important part of mitigating the risk of hazing (Hollman, 2002; Campo et al., 2005; DeMartini, 2016).

Multifaceted Engagement in Prevention. The final protective factor at the community level yielded from this study is a multifaceted engagement approach in prevention. On all levels, active engagement and support for prevention must take place in order to lessen the risk of hazing behavior from occurring (Essex, 2014). The community must share a vision of no hazing, support the safety of individuals that are at risk for hazing, and effectively communicate with campus safety officials when they think hazing is occurring (Rund, 2002; DeWitt & DeWitt, 2012). Furthermore, avoiding a one-size-fits-all approach to hazing and developing a holistic, broad, multi-pronged prevention training can enhance all of the action taken against hazing and mitigate the risk for hazing (Campo et al., 2005; Etzel, 2006; Allan et al., 2019).

Intersections with Sexual Violence

The guiding purpose of this investigation was to identify intersections among the risk and protective factors for hazing and sexual violence. In order to answer this, the list of 11 risk and nine protective factors for hazing that were yielded from this study was compared to the risk and protective factors for sexual violence that the CDC has posted on their website. The aggregated list of risk and protective factors for sexual violence released by the CDC can be found in the Appendix C. When comparing these lists, a Venn Diagram (below) was created to visualize the four risk factors that were identified for each form of interpersonal violence. The intersections, as depicted in the segment where both circles overlap, are substance misuse, hypermasculinity, intrapersonal challenges and past victimization, and particular group association.

Figure 3

Intersections of Sexual Violence and Hazing Risk Factors



No protective factors overlapped as a result of this study, but the Venn diagram can be found in Appendix D. The following chapter will further discuss the intersections of these risk factors for sexual violence and hazing.

Summary of Findings

A review of 73 research articles yielded 277 characteristics coded as risk factors (11) and protective factors (9) for hazing. The risk factors identified include: (a) deviant overconformity, (b) intrapersonal challenges and past victimization, (c) substance misuse, (d) particular group association, (e) groupthink mentality, (f) culture of silence, (g) strong value of tradition, (h) pervasive power dynamics, (i) hypermasculinity, (j) lack of hazing education, and (k) community

adherence to hazing behavior. The potential protective risk factors are (a) anonymous reporting system, (b) peer advocacy and support, (c) clear policies for hazing, (d) comprehensive and ongoing education for hazing, (e), promotion of alternative team-building behaviors, (f) institutional commitment for hazing prevention, (g) administrative competence of hazing behavior, (h) strong enforcement of hazing policies, and (i) multifaceted engagement in prevention.

When the identified risk and protective factors for hazing were compared with the CDC's list of risk and protective factors for sexual violence, four overlapping risk factors were identified: substance misuse, hypermasculinity, intrapersonal challenges and past victimization, and particular group association ("Risk and Protective Factors", n.d.). The following chapter will further discuss the overlap of sexual violence and hazing, while also providing implications for campus professionals and recommendations for future research.

CHAPTER 5

DISCUSSION, LIMITATIONS, IMPLICATIONS, AND FUTURE RESEARCH

Discussion

The aim of this study was to investigate potential intersections of sexual violence and hazing in terms of risk and protective factors. I concluded that substance misuse, hypermasculinity, intrapersonal challenges and past victimization, and particular group association may place college students at risk for hazing and sexual victimization, supporting the CDC's assertion that there are connections between different forms of violence and extending the prior research that the different manifestations of interpersonal violence intersect (Wilkins et al., 2014).

Intersections of Hazing and Sexual Violence

The CDC's *Connecting the Dots: Overview of the Links Among Multiple Forms of Violence*, identified substance use as a risk factor at the individual level of SEM associated with the eight types of violence perpetration that was investigated (Wilkins et al., 2014). Rund (2002) notes that alcohol's most devastating characteristic is its link to destructive behavior, particularly with college-aged students. Furthermore, Meier, Hinsz, & Heimerdinger (2007) say that alcohol consumption can enhance aggression individuals, a common component in both sexual violence and hazing. Therefore, by acknowledging the intersection of substance misuse in both sexual violence and hazing, this study extends prior research done by the CDC that it is a common risk factor for multiple forms of interpersonal violence.

The CDC's publication also notes that psychological and mental health problems, history of violent victimization, and poor behavioral control and impulsiveness are common risk factors for multiple forms of violence (Wilkins et al., 2014). In addition to enhanced aggression, there

were a number of other characteristics at the individual level for sexual violence, such as lack of empathy, general aggressiveness, delinquency, suicidal behavior, and prior victimizations that can be categorized under this risk factor (Meier et al., 2007; Howard & Kennedy, 2006; Carroll et al., 2009; Parks & Spencer, 2013). Associating with particular groups that identify with these negative behaviors and struggle with such characteristics can put students at risk for both hazing and sexual violence.

The two forms of interpersonal violence also overlap with hypermasculinity. Though it is an overlapping risk factor for both sexual violence and hazing, it occurs at different levels of the SEM. For sexual violence, hypermasculinity is a risk factor for perpetration. For hazing, however, hypermasculinity occurs at the relationship, or group, level because of the collaborative nature of hazing, where both the hazed and the hazer may draw upon hypermasculinity as an excuse for hazing behavior. Within the CDC's publication, harmful norms around masculinity and femininity is a risk factor at the societal level for almost every form of violence that was investigated (Wilkins et al., 2014). Regardless of the level of SEM, this study extended prior research that suggests the maintenance of traditional masculine values of domination and power enhance the risk of perpetration for multiple forms of violence.

In the Venn Diagram depicting the intersections of sexual violence and hazing (Appendix E), some risk factors for both forms of interpersonal violence are underlined. These indicate other potential intersections of sexual violence and hazing. More specifically, sexual violence risk factors that are underlined were identified characteristics that enhance the risk for hazing. They are not labeled as overlapping risk factors, however, because they either were not mentioned enough to be yielded as a risk factor for hazing, or because they are phrased too specifically for sexual violence. For example, "weak laws and policies related to sexual violence

and gender equity” is too specific to be overlapping with hazing. However, weak laws and policies related to broader forms of violence would overlap. Similarly, community adherence to hazing behavior was yielded as a risk factor for hazing as a result of this study. Though “societal norms that support sexual violence” is similar to this risk factor, both are too specific to be identified as overlapping for the purposes of this study. These risk factors for hazing are consistent with risk factors that were listed in the CDC’s publication, where weak health, educational, economic, and social policies and laws have been noted within multiple forms of violence (Wilkins et al., 2014).

Two gaps from the findings of this study are worthy of note: no risk or protective factors at the societal level of SEM, and no intersecting protective factors for sexual violence and hazing. I was not surprised that this study did not yield any risk or protective factors at the societal level because literature around hazing is still developing, and Tharp et al. (2013) notes that evidence is limited on how societal level factors are associated with sexual violence. The majority of studies and review that were analyzed for this research focused on particular groups within high school and college campuses and provided insight into the community level of SEM rather than the societal level. As both hazing literature and the investigation of intersections of interpersonal violence continue to grow and are studied at the societal level of SEM, an understanding of the societal influences will likely unfold.

Similarly, no protective factors were found to intersect from this study for a few reasons. First, though the research on sexual violence is extensive, it is limited pertaining to protective factors as only four are identified by the CDC. Tharp et al. (2013) only yielded a few protective factors for sexual violence as well and concluded that perhaps protective factors are only activated in certain situations. If this is true, it would help to explain why no protective factors

were found through this study since characteristics authors said were relevant to specific hazing incidents were not added to the list of potential risk and protective factors for hazing (see Figure 1). Second, if I had not coded and carefully grouped the list of characteristics mitigating the risk of hazing, many would have fell under the categories of protective factors for sexual violence, such as emotional health and connectedness and empathy for others. However, that would not have followed the investigative protocol for this study. I do believe there are intersections among the protective factors for hazing and sexual violence, and future research should attempt to delineate them.

Limitations

There are some limitations of this research that merit discussion. First, multiple selection criteria were required for inclusion in this data set, likely limiting the scope of hazing literature reviewed in this study. Though hazing is a relatively recent topic of inquiry, it can be assumed there are articles published outside of the designated time frame as well as in other scholarly databases. Nonetheless, it is important to note there has yet to be a comprehensive review of hazing literature or an empirical study specifically designed to identify risk and protective factors for hazing.

Second, none of the articles in this sample were studies specifically designed to uncover the risk and protective factors of hazing. Therefore, unbiased interpretation and a specific data gathering process for each article made it impossible to include all potentially significant characteristics that have an impact on hazing behavior and the findings should be interpreted against that backdrop. Because there has yet to be a large-scale study on the risk and protective factors for hazing (akin to what exists in the sexual violence literature), this study reported on a

systematic meta-analysis of the hazing literature with a comparative analysis to examine the overlap between the risk and protective factors for both forms of violence.

Implications for Campus Professionals

College student affairs professionals have been tasked to support the holistic development of college students, including providing support and guidance through traumatic life-events, since the publication of *The Student Personnel Point of View, 1937* (American Council on Education Studies, 1937). As campus climates and student cultures evolve, the manifestations of traumatic experiences have made it difficult to manage student trauma and wellbeing effectively. As noted earlier in the paper, literature in prevention science calls for comprehensive and multidimensional approaches to strengthen prevention efforts for interpersonal violence (Fields et al., 2007; Wilkins et al, 2014). Furthermore, when targeting higher education settings Langford (2002) highlights the need for multiple, coordinated efforts that complement and reinforce one another. Finally, the Division of Violence Prevention's mission is to prevent multiple forms of violence ("Funded Programs and Initiatives", n.d.). By uncovering the protective factor of hazing at the community level, multifaceted engagement in prevention, as well as identifying the intersections of sexual violence and hazing, this study has extended the prior research done on prevention science.

One way to coordinate prevention efforts and develop them in a more comprehensive and multidimensional manner is to work across the levels of SEM. For example, Banyard (2007) suggests that the attitudes about the need for prevention as well as the awareness of the perspective problem are widely held at the community level of SEM, however, they also have a profound impact at the individual level. In order to more effectively change the negative behavior or attitudes, such as interpersonal violence, prosocial behaviors need to be encouraged

on all levels of SEM. Social media campaigns have been found to be effective tools for changing broader community norms and attitudes through individual skill-building and the encouragement of bystander intervention (Banyard, 2007).

Another example of enacting a more comprehensive prevention approach is to integrate theoretical models and public health approaches guiding specific efforts, resulting in practitioner-researcher partnerships (Banyard, 2014). For example, researchers with StopHazing have developed their Hazing Prevention Framework by using SAMHSA's strategic prevention framework to guide their approach to hazing prevention (SAMHSA, 2017; Allan et al., 2018). Allan (2016) also considers hazing along a spectrum of behavior, similar to the continuum of sexualized violence (Basile, 1999). Finally, by replicating Tharp et al.'s (2013) study design, referencing the CDC's list of risk and protective factors for sexual violence, and using SEM as a framework, this study extended the literature on the integration of public health approaches to better understand the broader scope of interpersonal violence and its multiple manifestations.

A final way to strengthen prevention efforts by making them more comprehensive is to expand the constituents involved in the efforts, primarily those already on college campuses. When studying counseling centers and student mental health services on community college campuses, Dykes-Anderson (2013) found that students better maintain the educational information they are receiving when the counseling centers are collaborating with academic services, disability services, financial aid, registration, career services, and developmental studies. By reinforcing positive social norms and demonstrating prosocial behavior within multiple office students may interact with, this collaboration suggests a unique opportunity to enhance student wellbeing and expand the opportunity for outreach and education across departments on college campuses.

By implementing strategies at multiple levels of the SEM, across various forms of interpersonal violence, and through researchers and practitioners, prevention efforts may be more effective. If institutions of higher education expand their conceptualization and categorization of the various forms of interpersonal violence, it is possible that they could see great strides in their prevention efforts. I encourage campus professionals to prioritize prevention education and take a more comprehensive approach to interpersonal violence prevention efforts.

If American colleges and universities broke their siloed approaches to prevention and addressed the broader risk factors for multiple forms of interpersonal violence that college students face, they would enhance efficiency and their efforts could be more effective. However, it is important to recognize the different resources and strategies used by campus professionals given the different types of educational institutions in which they may work. In comparison to large universities that may have the opportunity to host on-campus departments for violence prevention and engage their students in prevention programming on a regular basis, community colleges often refer students to local, off-campus resources and lack the assets necessary to engage in recommended prevention strategies. However, this does not mean that the findings of this study are not relevant to them. Campus practitioners at community colleges or other institutions that do not have the resources to undertake prevention strategies can observe and acknowledge the risk factors and warning signs of students who may fall victim to interpersonal violence and provide them with appropriate resources and adequate support.

Recommendations for Future Research

Making improvements to research and practice allows us to develop comprehensive and broad prevention techniques that can alleviate risk factors at all levels of SEM for not only one form, but the multiple manifestations of interpersonal violence. Future research needs to

investigate the additional variables that enhance or mitigate all of the manifestations and forms of interpersonal violence, especially for particularly vulnerable populations like college students. Individual college campuses should periodically evaluate the success of their educational programs and examine the impact of such workshops. Furthermore, campuses must use this assessment data to further the assertion that multiple forms of violence intersect and can reinforce one another.

Because hazing is a complex issue that can be detrimental to college campuses, continued research can help identify characteristics that enhance or mitigate hazing behavior in the context of higher education, perhaps given the different types of educational institutions in which hazing can occur. Future research can encapsulate the international literature on hazing that was excluded for this study as well.

Conclusion

Extensive research on interpersonal violence in the United States has illuminated that college students are at particularly high risk for experiencing interpersonal violence and its consequences, such as mental, emotional, physical, sexual, and psychosocial health complications (Sumner et al., 2015; CDC, 2016). To address this, the Centers for Disease Control and Prevention have acknowledged that violence can take many forms, and these manifestations, such as sexual violence, hazing, bullying, and homicide, tend to be interconnected and share the same root causes (Wilkins et al., 2014). To support and extend that line of inquiry, this study culled the literature and identified 11 risk factors and nine protective factors for hazing, ultimately finding four intersections in the risk factors for hazing and sexual violence: substance misuse, hypermasculinity, intrapersonal challenges and past victimization, and particular group association.

In order to more effectively cultivate safe environments for college students, a shift in prevention strategy is needed. Literature in prevention science extends the CDC's assertion by indicating that comprehensive, multidimensional, and coordinated prevention efforts are most effective for preventing interpersonal violence on college campuses. This calls for campus professionals to break down their siloed and individualized prevention efforts and come together to reinforce one another's strategies and approaches. A stronger understanding of hazing, sexual violence, and other overlapping forms of interpersonal violence can guide campus professionals in using comprehensive and multidimensional approaches and ultimately strengthen their prevention strategies.

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APPENDIX A

LIST OF CHARACTERISTICS FROM DATA COLLECTION

Table A1: *Potential Risk and Protective Factors for Hazing*

Potential Risk Factor Characteristics	Potential Risk Factor Characteristics
Perceived requirement for acceptance	Commitment to prevention policy (institutional level)
Desire to belong	Supportive network at all levels for reporting
Culture of silence	Promote rituals that generate partnerships versus rivalry
Perception of avoiding consequences	Institutional support
Shame preventing from reporting	Education on oppression
Tradition	Multilevel institutional support for change
Provocation	Education around the consequences of hazing
Alcohol consumption	Empathy
Physical pain	Clear hazing policy
Gender roles	Multilevel educational efforts
Impulsivity	Shared vision of no hazing
Aggression-related emotions	Workshops that empower critical thought around involvement
Deindividuation	Administrative support in prevention
Group accentuation	Environment rid of intolerance, discrimination, and violence
Individual differences	"Engaged institution"
Desire to belong to specific group	Effective communication with campus safety officials
Administrative tolerance or involvement	Evaluation and review of campus safety policies
Unquestioning obedience	All-level institutional support for safety

Table A1 Continued

Misperceptions of values	Restorative justice initiatives and workshops
Association with negative peer behaviors	Proper instruction on liability and criminal charges
False consensus/Pluralistic Ignorance	Sufficient supervision
Institutional history and traditions around hazing	Hazing policy and follow through with consequences
Alcohol consumption/misuse	Administrative education
Passive punishment	Bystander intervention initiatives
Unclear policies	Role-modeling
Broken sense of community	Positive leadership
Perception of team cohesion building	Increased outreach efforts
Narrow definition of hazing	Intentional efforts to interrupt hazing behaviors
Coercion	Creating settings where educators can be certain about what is happening
Prior victimization	Clear, comprehensive policy
Childhood peer victimization	Contracts among members
Heterogeneity within group	Strong disciplinary action against hazing cases
Alcohol abuse/misuse	On-going education
Views of drunkenness as entertainment	Anonymous reporting system
Peer pressure	Established protocol for fair investigative processes
Valuing hierarchy and authority	Visuals of hazing policies where hazing occurs
Values of secrecy and rumor	Regular case reviews by unbiased review team
Community ignoring/condoning hazing behaviors	Official, required workshops demonstrating positive team building
Code of secrecy	Develop hazing prevention as a campus-wide orientation

Table A1 Continued

Need to display masculinity	Develop broad, multi-pronged student hazing prevention trainings
Expression of power over others	Avoid a one-size-fits-all approach to hazing
Sexual domination or harassment	Campus-wide trainings to provide clarity about hazing, power dynamics, etc.
Societal emphasis to conform to group norms	Continually highlight positive social norms and discuss prosocial student behaviors
Hero worship of in-group members	Emphasize positive approaches that help build skills for desired social norms
Social norms to assimilate or isolate	Implement systems to closely track and report incidents and investigation processes for hazing
"Legacy" framing	Clear understanding of hazing
Institutional traditions	Institutional liability for physical and emotional injuries of hazing
Institutional silence	Specific anti hazing statutes
Social reinforcement of behavior	Increased adult supervision
Initiation ritual	Adult leaders taking decisive action and punishing perpetrators
Alcohol and drug abuse	Teams substitute hazing behavior for positive team building experiences
Physically taxing activities	Having supportive friends outside of group
Destruction of property/Delinquency	Leadership encouraging an environment where hazing isn't acceptable and where members can speak out
Physical, psychological, emotional violence	Positive team building activities
Secret	Promoting partnerships versus group dynamics and hierarchies
In-Group/Out-Group dynamics	Discussions about consequences of hazing
	Discussions on what is and isn't hazing

Table A1 Continued

Search for self-meaning/identity through intense processes	
Peer pressure	Framing hazing as health-compromising behavior
Fear of being ostracized	Redefine acceptable team norms and values
Negligence	Leaders recognizing strong social desires for acceptance
Institutional history of hazing	Create alternatives to hazing
No anti-hazing statutes	Educate about social norms
Valuing group unanimity over personal morals	Empower others to confront hazing
Conformism	Ongoing education about hazing
Inner circle mentalities	Established and re-examined policies and implementation strategies
Silence	Administrators must support activities that welcome new team members and contribute to team cohesion and goal achievement
Substance intoxication	Anti-hazing statutes and legislation at the state level
Sexual aggression	Administrators with authority must take corrective action when responding to hazing incidents
Mental health disorder history	Regular discussions on hazing policy and how to enforce it
Depression	All coaches must report all hazing incidents
Suicide Ideation	All reported hazing incidents must be investigated
Racism	Code of Conduct must be approved and enforced by administrators
Social class-based discrimination	Stricter state anti-hazing laws
Lack of empathy	Education for students about consequences of hazing

<i>Table A1 Continued</i>	
Inner-circle mentality	Well-defined policies prohibiting hazing and proper procedures for reporting hazing
Unclear definition of hazing	Vigilance by school personnel in monitoring student activities
Need to belong to a group	Active engagement by community effort (multi-level)
Need to maintain long-lasting and meaningful relationships	discussions around the definition, dangers, and consequences of hazing
General misunderstanding of hazing	discussions on how to report
Need to feel in control over group	Understanding and enforcement of zero-tolerance regarding hazing
Leadership underestimating the dangers of hazing	embrace view that all have responsibility to prevent and/or report hazing
Alcohol use	Education coupled with enforcement and policy changes
Justification of tradition and bonding	Hazing education or workshops
Traditional masculine values of strength, power, and domination	label behaviors as hazing; provide them with list of behaviors and examples of hazing
Expectation to win, no matter the cost to self and others	reminders about opting out of behaviors
Deviant Overconformity	anonymous reporting systems
Misconception that it bonds members together	Understanding gang (group) culture and role of alcohol
In-Group/Out-Group distinction	Knowledge of current research and findings to develop alternative activities
Code of silence	Critical reflection of institutional policy and regulations, code of conduct, student org statements
Sacrificing in order to "prove" worthiness	Clear and realistic definitions and consequences of hazing
Need for social approval	Clear message of intolerance of hazing to all members of community

<i>Table A1 Continued</i>	
Loss of autonomy and individuality for group identity	Clarification and emphasis on high-risk alcohol consumptions and hazing behaviors
Competitive, team, and contact-sports	Administrator awareness of student org activities and regular check-ins
Preserving the power dynamics of a team	Thorough investigation of hazing reports
Honoring the power differentials of the group	Local and campus law enforcement official's involvement when violating state legislature
Rite of passage and tradition mentality	Campus administrator collaborating with national greek organization administrators
Dedication to the team	Trained leaders lead workshops to establish new team-building activities and initiation rites
Desire to be accepted	Engaged student leaders
Autonomy to group identification	Engaging student affairs professionals in addressing such behaviors
Ambiguity of hazing	Hazing-related policies and outreach efforts
Drive for social approval/acceptance	Quick responses to hazing violations
Deviant Overconformity	Zero-tolerance to hazing
Hegemonic masculinity	Organized activities that promote leadership and healthy behaviors
Willingness to make sacrifices for the team	Supporting hazing victims
Strong social goal orientation	Positive and supportive friendships outside of the group
Code of silence	Holistic approach to prevention
Pervasive power dynamics	Monitoring initiation activities and assure transparency of rituals
Fear of consequences when told (silence)	Discussions around hazing
Lack of supervision	Education at all levels about hazing and its consequences

<i>Table A1 Continued</i>	
Strong desire for the affirmation and approval of others	Establish a record of taking strong disciplinary action against hazing behavior
Misconceptions about benefits of hazing	Notifying families and law enforcement of suspected hazing
Groupthink mentality	Stay up to date with literature on hazing and hazing related groups
Lack of understanding on what constitutes as hazing	Greater cultural competence about BGLOs
Unwillingness to label experience as hazing	Hazing Prevention Framework (SH)
Internal struggle toward a finish line of initiation process (satisfying requirement)	Commitment
Misconception this makes them a "legitimate" member of org	Capacity
Need to avoid failure	Assessment
Legacies enduring what the relatives have endured	Planning
Self-esteem problems; need to feel important	Evaluation
Need to "fit in" and belong	Cultural Competence
Tradition	Sustainability
Adherence to impulsive, risk-taking behavior	Implementation
Excessive alcohol consumption	Administrators do research to better understand prevalence, nature, and reasons for hazing on their campus
Secrecy	Multifaceted approaches to prevention efforts
Inconsistent laws and broad definitions of hazing	Seek alternative ways to build team cohesion
Alcohol and drug use	Development of zero-tolerance policy
Being male	Discussions on why hazing is inappropriate and unacceptable

Table A1 Continued

Being a fraternity/sorority member

Encouragement to develop interests outside of individual group

Approval of friends

Past victimization

Fraternity and sorority members

Varsity athletes

Student leaders

Upperclassmen

Males

Belief that hazing builds cohesion

Need for belongingness

Self-esteem concerns

In-group v out-group dynamic

Desire for belonging and bonding

Proving one's manhood

Developing self-esteem and self-confidence

Garnering respect

Tradition

Tradition

Misconception about team building ability

Need for social approval

Adherence to comply for fear of ostracization

Need for acceptance, closeness, and intimacy with peers

APPENDIX B

RISK AND PROTECTIVE FACTORS FOR HAZING IN THE LEVELS OF SEM

Table B1: *Risk and Protective Factors for Hazing in the Levels of SEM*

Risk Factors for Hazing	Protective Factors for Hazing
Individual Level	Individual Level
Deviant Overconformity	Anonymous Reporting System
Intrapersonal Challenges and Past Victimization	
Substance Misuse	
Particular Group Association	
Relationship Level	Relationship Level
Group-think Mentality	Peer Advocacy and Support
Culture of Silence	
Strong Value of Tradition	
Pervasive Power Dynamics	
Hypermasculinity	
Community Level	Community Level
Lack of Hazing Education	Clear Policies for Hazing
Community Adherence to Hazing Behavior	Comprehensive and Ongoing Education for Hazing
	Promotion of Alternative Team-Building Behaviors
	Institutional Commitment to Hazing Prevention
	Administrative Competence of Hazing Behavior
	Strong Enforcement of Hazing Policies
	Multifaceted Engagement in Prevention

APPENDIX C

CDC’s RISK AND PROTECTIVE FACTORS FOR SEXUAL VIOLENCE IN THE LEVELS OF SEM (“Risk and Protective Factors”, n.d.)

Table C1: *Risk and Protective Factors for Sexual Violence in the Level of SEM*

Risk Factors for Sexual Violence	Protective Factors for Sexual Violence
Individual Level	Parental use of reasoning to resolve family conflict
Alcohol and drug use	Emotional health and connectedness
Delinquency	Academic achievement
Lack of empathy	Empathy and concern for how one’s actions affect others
General aggressiveness and/or Acceptance of violence	
Early sexual initiation	
Coercive sexual fantasies	
Preference for impersonal sex and sexual risk taking	
Exposure to sexually explicit media	
Hostility towards women	
Adherence to traditional gender role norms	
Hyper-masculinity	
Suicidal behavior	
Prior sexual victimization or perpetration	
Relationship Level	
Family environment characterized by physical violence and conflict	
Childhood history of physical, sexual, or emotional abuse	

Table C1 Continued

Emotionally unsupportive family environment

Poor parent-child relationships, particularly with fathers

Association with sexually aggressive, hypermasculine, and delinquent peers

Involvement in a violent or abusive intimate relationship

Community Level

Poverty

Lack of employment opportunities

Lack of institutional support (from police and judicial system)

General tolerance of sexual violence within the community

Weak community sanctions against sexual violence perpetrators

Societal Level

Societal norms that support sexual violence

Societal norms that support male superiority and sexual entitlement

Societal norms that maintain women's inferiority and sexual submissiveness

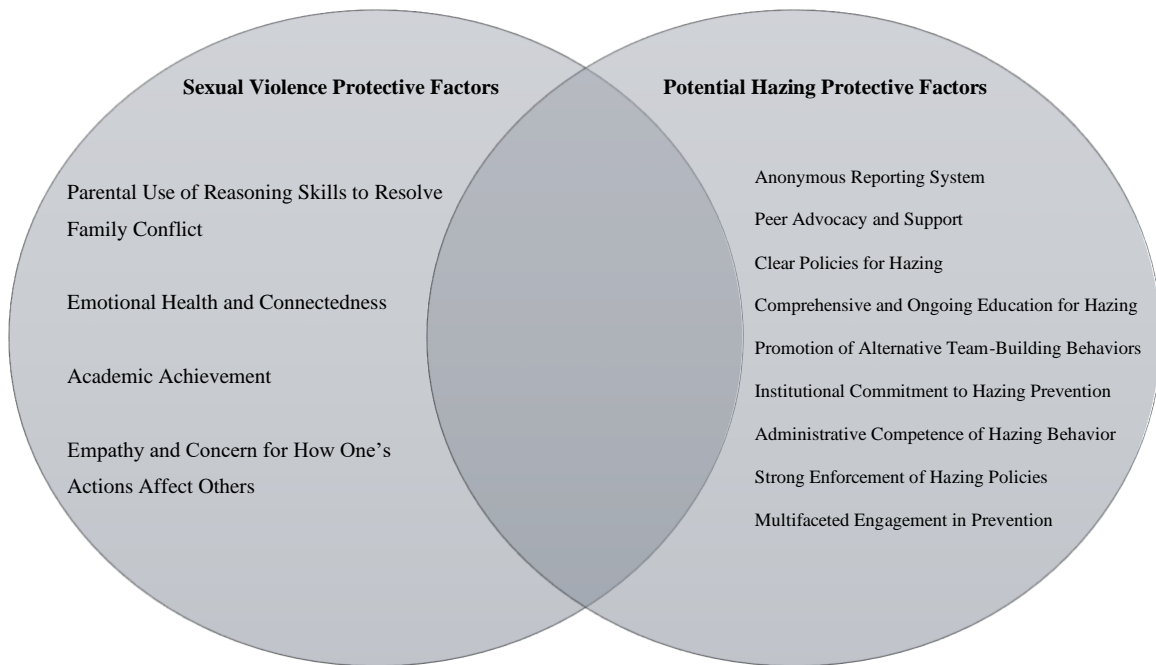
Weak laws and policies related to sexual violence and gender equity

High levels of crime and other forms of violence

APPENDIX D

**VENN DIAGRAM OF THE INTERSECTIONS OF SEXUAL VIOLENCE AND HAZING
PROTECTIVE FACTORS**

Figure D4: *Intersections of Sexual Violence and Hazing Protective Factors*



BIOGRAPHY OF THE AUTHOR

Kayla Goodwin was born in Boston, Massachusetts on June 28, 1996. She was raised in Williamstown, Massachusetts and graduated from Mount Greylock Regional High School in 2014. She attended the University of New Hampshire and graduated in 2018 with a Bachelor's degree in Sociology, where she also completed two minors in Spanish and Human Development & Family Studies. She entered the Student Development in Higher Education graduate program at The University of Maine in the fall of 2018, where she worked in the Office of Student Financial Aid, the Counseling Center and Division of Student Life, TRiO Upward Bound, and StopHazing. After receiving her degree, Kayla will be moving to the Blacksburg, Virginia area to serve as a Project Advisor for Virginia Tech's Upward Bound program, beginning her career in the field of higher education. Kayla is a candidate for the Master of Education degree in Student Development in Higher Education from the University of Maine in May 2020.