

Traumatic Injuries Caused By Hazing Practices

MICHELLE A. FINKEL, MD

Hazing is defined as committing acts against an individual or forcing an individual into committing an act that creates a risk for harm in order for the individual to be initiated into or affiliated with an organization. Hazing is an enduring activity with roots that date back to the ancient and medieval eras. It has become increasingly prevalent in fraternities and sororities, high school and college athletic organizations, the military, professional sports teams, and street gangs. Scant information is available in the medical literature regarding hazing. This article reviews the history of hazing, provides statistics regarding its prevalence, presents information on specific hazing practices and consequent traumatic injuries, and assesses alcohol's influence on hazing. It also offers recommendations on how to recognize victims of hazing in the Emergency Department and proposes guidelines for their treatment. Current legislation and information on the prevention of traumatic injuries from hazing are discussed. (*Am J Emerg Med* 2002;20:228-233. Copyright 2002, Elsevier Science (USA). All rights reserved.)

Hazing practices have become increasingly prevalent in schools within fraternities and sororities and athletic teams, as well as in nonacademic settings including the military, professional sports organizations, and street gangs. Hazing can be defined as committing acts against an individual or forcing an individual into committing an act in order for the individual to be initiated into or affiliated with an organization.¹ Some of these acts can put the individual at risk for injury. Hazing victims have suffered severe traumatic injuries including irreversible intracranial damage, blunt intra-abdominal organ damage, third-degree burns, heat stroke, suffocation, aspiration, sexual assault, and death, making the topic pertinent to emergency physicians. These patients have distinct issues, similar to domestic violence patients, because hazing can be a violent practice that affects individuals on a physical, psychiatric, and social basis and can lead to victims' feelings of shame and the consequent potential for concealment. This article reviews the history of hazing, provides statistics regarding its prevalence, presents information on the victims of specific hazing practices and their traumatic injuries, and assesses alcohol's influence on

hazing. It also offers recommendations on how to recognize victims of hazing in the emergency department and proposes guidelines for the treatment of these patients. Current legislation and information on the prevention of traumatic injuries from hazing are discussed.

METHODS OF DATA ACQUISITION

Research for this article included a literature search of journal articles on the medical and forensic aspects of hazing; newspaper, news magazine, and news Web site reports detailing hazing incidents; reference texts on hazing; a nationwide survey completed by athletes regarding hazing practices; and social science journal articles on the precipitants and consequences of hazing.

HISTORY OF HAZING

Hazing has been practiced for ages, having existed in ancient and medieval schools in Greece, North Africa, and Western Europe. At that time it was called *pennalism*, and during the 1600s it became a requirement for graduation. University administrators and upperclassmen believed that underclassmen were uncivilized and had to be properly groomed. The pennalism requirement, however, was abolished in the 1700s because of serious injuries and deaths caused by the practice.² In the 18th and 19th centuries, English secondary schools reported problems with "fagging," the practice of upperclassmen's coercing underclassmen to act as servants for their senior colleagues.¹ Some lethal incidents of hazing were reported in the late 19th century, including a well-documented hazing incident of a freshman's being killed after he fell into a gorge trying to find his way home through the woods at night after his fraternity brothers abandoned him. Subsequently, several more hazing incidents were reported in the late 1800s.³

In the early 20th century, hazing was again accepted by students and school administrators as a way for newcomers to learn respect for a school organization. In 1916 a first-year university student was twice seriously harmed by beatings—once during an initiation and once because he reported his injuries to the school's administration.¹ Hazing practices were reported in secondary schools in the early 1900s. The first newspaper record of a high school student's presumptive death in a hazing incident occurred in 1905. A 13-year-old boy died as a result of contracting pneumonia after he was held down on the ground by upperclassmen while snow was pushed down his clothes.¹ *The New York Times* published the article under the headline "Hazing Kills Schoolboy."¹

From the Department of Emergency Medicine, Massachusetts General Hospital; and the Division of Emergency Medicine, Harvard Medical School, Boston, MA.

Manuscript received November 11, 2002, accepted November 21, 2001.

Address reprint requests to Michelle A. Finkel, MD, Massachusetts General Hospital, Clinics 115, Fruit Street, Boston, MA 02114. E-mail: mfinkel@partners.org

Key Words: Hazing, violence, trauma, injuries, alcohol.

Copyright 2002, Elsevier Science (USA). All rights reserved.

0735-6757/02/2003-0017\$35.00/0

doi:10.1053/ajem.2002.32649

TABLE 1. Summary of Hazing Practices, Mechanism, and Injuries

Hazing Practices	Mechanism	Potential Injuries
Alcohol, binge drinking	Acute alcohol intoxication	Aspiration, alcoholic coma, hematemesis, injuries associated with concomitant hazing practices
Beating/paddling/whipping/striking	Blunt trauma	Intra cranial, -thoracic, -abdominal; extremity
Blood pinning	Penetrating trauma to chest	Superficial chest trauma
Branding/tattooing/cigarette burning/burning	Burns	1st, 2nd, 3rd degree burns; oropharyngeal and esophageal burns
Calisthenics	Heat-related	Syncope, vomiting, end-organ damage including seizure and coma
	Cardiac	Ischemia in patients with underlying heart disease
Confinement in a restricted area	Heat-related	Syncope, vomiting, end-organ damage
	Hypoxia	Multi-organ system failure, hypoxic brain damage
Consumption of nonfood substances	Toxicity to gastrointestinal tract	Gastrointestinal distress
Drowning, near-drowning	Hypoxia	Multiorgan system failure, hypoxic brain damage
Falls	Blunt trauma	Spinal cord/c-spine; intra-cranial, -thoracic, -abdominal; extremity
Immersion in noxious substances	Heat- or cold-related	Burns, cold exposure, dermatitis
Psychologic abuse	Verbal humiliation, coercion into performing demeaning acts, forced sleep deprivation	Depression, post-traumatic stress, poor self-esteem
Sexual assaults	Blunt trauma to mouth, vagina, anus	Anal, oral, vaginal trauma; human immunodeficiency virus, hepatitis C and other sexually transmitted diseases; unwanted pregnancy

By 1933, educators at 14 colleges signed an agreement to eliminate detrimental hazing practices among fraternities and sororities.⁴ Unfortunately, deaths from the practices—including excessive alcohol ingestion, falls, and drownings—continued throughout the century, including several well-publicized cases.³ Toward the end of the 20th century, the reported incidents had escalated, leaving hazing and pledging activities the cause of at least 56 fraternity and sorority deaths from 1970 to 1999.¹

PREVALENCE

Considering the presumed massive underreporting of incidents, defining the prevalence of hazing is extremely difficult and few studies have attempted to quantify it. An investigator from Alfred University, however, conducted a national survey of a random sample of college athletes at National Collegiate Athletic Association institutions in early 1999. Of the 325,000 athletes surveyed, 80% of respondents reported anonymously that they were subjected to “questionable or unacceptable activities as part of their initiation onto a collegiate athletics team.” One in 5 was subjected to, “unacceptable and potentially illegal hazing,” including beatings, kidnapping, and abandonment.⁵

The number of patients who present to emergency departments with hazing-related injuries has never been reported. One study that attempted to catalogue fraternity hazing injuries and deaths up to 1982 indicated that students received medical care in 44.64% of the cases reported in the paper.² The investigators stated that seeking medical care was related to the severity of injury. Thus, victims of less severe injuries may not present to medical personnel. Conversely, some patients may be presenting, but disguising the etiology of their injuries, resulting in an underreporting of patients who are victims of hazing-related practices presenting to health care providers. Beyond hypotheses, the true numbers have not been studied.

METHODS OF HAZING

The methods by which individuals are hazed vary. Knowledge of these practices is important for medical personnel who treat the victims. Sometimes hazed patients will conceal the cause or extent of their traumatic injuries. An emergency physician who is aware of the types of hazing practices will be better equipped to manage these patients (Table 1).

Beating, Paddling, Whipping, Striking

Intra-abdominal injuries, intracranial damage, and deaths are all documented consequences of blunt trauma caused by beatings as part of hazing practices. Excessive beating has also led to hemoglobinuria and renal failure.^{2,6} A particularly disturbing hazing case occurred in 1994 at a state university in Missouri when a fraternity member died after being beaten and kicked by at least 7 fraternity brothers during a pledge session. Fraternity members left the initiate dying in a vehicle while they ate at a fast-food restaurant. The college student’s injuries included a massive subdural hemorrhage, fractured ribs, a fractured kidney, and a bruised thigh.⁷ Another college student was slammed into a wall during a hazing incident in 1975, leading to a fractured skull, irreversible intracranial injury, and eventual death.³ In 1991, a 22-year-old first-year law student was kicked, mauled, and beaten to death in a hazing incident.³ Less injurious cases of hazers’ striking initiates with ropes, belts, or hands to cause welts or cuts on victims’ chests and abdomens have also been reported.⁸ A gang initiation ritual called a jump-in or beat-in occurs when multiple gang members assault an initiate. The new member is required to endure the attacks for an allotted amount of time.⁹

Blood Pinning

Blood pinning, also called blood winging, is most commonly seen in military hazing practices. The ritual consists of a senior officer's inserting the sharp points of ceremonial wings into the subcutaneous tissue of the new initiate.¹ Bleeding from wounds and severe pain have been reported.¹⁰

Branding, Tattooing, Cigarette Burning, Burning

Although branding has traditionally been associated with African-American fraternities, coerced tattoos, cigarette burns, and branding itself are all used to permanently mark members of a variety of organizations. A predominantly Caucasian sorority conducted a ceremony in 1997 that included using cigarettes to burn initiates. Some hazing incidents consist of other types of burning as well, including one in which grain alcohol was poured down initiates' lips, after which hazers lit matches, resulting in burn wounds.⁸ Human branding is not uncommon in African American, as well as Caucasian, fraternity and sorority organizations and has been reported in the medical literature to cause even third-degree burns. In a case reported in the burn literature, the branding injuries were so severe that the plastic surgeon consulted on the case recommended skin grafting.¹¹

Calisthenics

Excessive calisthenics have claimed the lives and well being of several initiates. A particularly famous episode occurred in 1901 when, at West Point Academy, Douglas MacArthur was forced to do calisthenics over shards of glass until he had a syncopal episode. In 1980, a fraternity pledge died after being coerced into performing calisthenics in a steam room. A college student was hazed to death by a local fraternity in 1981 when he was made to wear winter clothing on a hot day and do calisthenics.³ These patients may present with symptoms of heat exhaustion or—in severe cases—exertional heat stroke, including confusion, bizarre behavior, seizure, and coma.

Confinement in a Restricted Area

Forcing initiates into confined spaces is another common hazing practice. A death occurred when a fraternity pledge suffocated after being forced to dig and climb into his own grave, which then collapsed on him.⁹ Incidents among athletes have included putting an intoxicated player into a car trunk for a ride in the winter and stuffing rookies inside equipment bags.⁸ Heat-related injuries and prolonged hypoxia are the principal emergency medical concerns in these cases.

Consumption of Nonfood Substances

Incidents that include consumption of distasteful substances are disconcerting but nonhazardous unless the substance consumed is toxic. One benign episode that occurred as part of a military initiation included coercing enlistees to consume shortening covered with hot sauce and tobacco juice.¹ Other initiates have reportedly been forced to eat pubic hair, and others, corn flakes mixed with their own blood.^{7,8} Potentially dangerous substances are also some-

times forced on an initiate. In one case, a member consumed excessive quantities of laxatives during a hazing incident.²

Drowning, Near-Drowning

Forcing initiates to swim in untoward circumstances—sometimes after excessive alcohol ingestion—is a form of hazing that has led to death by drowning. In 1979, 2 African American pledges disappeared and presumably drowned after being forced to swim to the center of a local river at dark. Fellow students did not report the disappearances until almost 3 hours later.⁷

Falls

Blunt trauma from falls is the harmful effect of hazing practices that include coercing initiates to climb roofs, ledges, and bridges—oftentimes after ingesting excessive amounts of alcohol. Conventional blunt trauma issues including spinal cord, intracranial, intra-abdominal, and orthopedic trauma all must be considered in this patient population. Because it is not uncommon that these patients are intoxicated, clinical evaluation is oftentimes unreliable, making an evaluation more difficult.

Immersion in Noxious Substances

As with cases in which initiates are coerced into consuming distasteful substances, episodes in which pledges are required to immerse themselves in foul materials are usually not harmful, but repugnant. Episodes including immersion in excrement, beer,¹ raw eggs, mayonnaise,⁸ deer intestines,⁴ and vomit have all been reported. Clinically significant episodes can occur when initiates are submerged in excessively hot or cold substances. In one case, military enlistees were required to sit naked in tubs of ice water and refuse as part of a hazing incident.¹

Psychologic Abuse

Although usually not clinically pressing, no list of hazing activities would be complete without the mention of psychologic abuse. According to the 1999 Alfred University study, two thirds of those surveyed reported being subjected to this kind of humiliating hazing, including being yelled or sworn at, forced to wear embarrassing clothing, or forced to deprive themselves of sleep, food, or personal hygiene.¹¹ Other incidents have included upperclassmen's coercing victims into performing personal services for them.⁵ Demeaning episodes have included making rookies carry veterans' equipment and food trays and coercing them to push pennies down the halls with their noses.⁸

Sexual Assaults

A particularly troublesome and dangerous practice includes forced sexual activity as part of the hazing process. Pledges may be made to simulate sex, endure members' buttocks being shoved into their faces—a practice called *butting*, forced to attach objects to their genitalia, have undesirable materials rubbed on their bodies, coerced into unwanted close proximity with a naked individual, forced to have unwanted sexual relations with members, or be raped or sodomized with an object or digit.

In 1993, some high school novice cheerleaders were forced to pretend they were performing sexual acts on male students who were unrelated to the group while the older members watched.¹ This incident was subsequently exposed in the *Chicago Tribune*. An episode of an initiate's being coerced into attaching a chicken to his penis was reported, as well as an episode in which members of a high school football team forced initiates to disrobe and climb into a sleeping bag together.⁸

More dangerous, however, are episodes in which initiates are coerced into unwanted sexual activity with others. Being sexed in is a common practice among some gangs. This entails requiring initiates to have sexual relations with existing members to join.⁹ Several episodes of anal rape with objects have been reported in hazing episodes. In 1997, older members of a high school wrestling team were accused of anally raping some younger wrestlers with a mop handle they jokingly nicknamed Pedro. No charges were ultimately lodged against the older wrestlers. One victim reported being teased afterward and being called a homophobic epithet.¹ Another episode occurred when a freshman football player was accosted by teammates in a locker room. There, the boy reported, his shorts and underwear were pulled down and he was sexually assaulted. When the case went to trial the plaintiffs reported that they were indulging in mere horseplay.⁸ In 1998, 4 high school football players pled guilty to misdemeanor hazing for forcing a soda bottle into a rookie's anus.⁸ Sexually transmitted diseases; oral, vaginal, and anal injuries; and unwanted pregnancies are all potential physical consequences of these practices.

Influence of Alcohol

Alcohol abuse often is a major factor in hazing incidents. The peer pressure to drink alcohol has been divided into an *indirect* type—which includes the easy accessibility of alcohol and reinforcement to drink by observing others; and the *direct* type—the urging to drink or suffer social punishment, used in hazing behavior.¹²

Binge drinking in colleges has been an issue broached in the medical literature² but scant clinical information exists regarding its blunt or penetrating traumatic secondary effects. According to the National Intrafraternity Conference, which in 1998 studied traumatic incidents among its members, alcohol was present in 95% of falls from high places, 94% of fights, 93% of sexual abuse incidents, 87% of automobile accidents, 67% of all falls on fraternity property, and 49% of hazing incidents. Alcohol use was a factor in 80% of injuries resulting in paralysis and in just under 90% of deaths.¹³ Excessive alcohol use in hazing incidents is not limited to college fraternities; it is infamous in high school and athletic initiations as well.

The impact of alcohol use on coercive sexual activities was recently studied in college undergraduates. Alcohol use was found to have a positive association with a woman's being a victim of certain types of sexual coercive strategies. Being a fraternity member was associated with the use of verbal coercion and physical force, and being a sorority member was associated with being a victim of alcohol or drug coercion and physical force.¹⁴

Acute alcohol intoxication itself is a consequence of hazing that has led to episodes of aspiration, alcoholic

coma, and death.² According to the Alfred University National Collegiate Athletic Association study, half of all respondents were required to participate in drinking contests or alcohol-related hazing, and 2 in 5 consumed alcohol on recruitment visits even before enrolling.⁵

Recognizing Hazing Victims

Recognizing a patient as a hazing victim can be difficult. Similar to victims of domestic violence, these patients may disguise the cause of their injuries out of embarrassment or the desire to protect the perpetrator(s). Furthermore, patients may not want to be considered the cause of their organization's being disciplined if the injuries became public knowledge.

According to a forensic analysis of fraternity hazing episodes from the early 20th century through 1982, there are several demographic factors that can assist physicians in identifying hazed patients, including sex, race, calendar date, and geographic location. Hazing victims were exceedingly more often men; the number of hazing incidents involving Caucasian students was 3 times as many as those involving African American students. Hazing episodes occurred most often in February, March, April, September, and October, likely because most hazing activities occur with the entrance of new students at a new semester. Episodes were less prevalent around final examinations: May, June, and December; the fewest incidents occurred in July during summer break. Most hazing episodes reported were in the Mid-Atlantic and South Atlantic states.²

Treating Hazing Victims in the Emergency Department

It is important to treat hazing patients as victims of violent crime, rather than willing participants in their traumatic injuries. Reasons that individuals participate as initiates in hazing activities include a wish to be accepted, well liked, and successful. Furthermore, victims may fear even more deleterious injuries if they do not comply with the hazing activities, including severe harassment or worse physical violence. Victims of hazing may have been exposed to coercion and intimidation for months. This prolonged hazing can lead to a feeling of hopelessness or to the idea that after so much harassment, it would be foolish to quit.⁴ Initiates may pathologically take pride in being able to endure such abusive circumstances.¹⁵ They also may see their participation in hazing as a promise for a more powerful and satisfying social future.¹⁵ The reasons initiates participate in hazing are complex, but emergency physicians' treating hazing patients as victims should produce compassionate, nonjudgmental care.

Treatment of hazing victims who have been sexually assaulted is particularly complicated because it requires thorough emergency medical evaluations and treatment, meticulous documentation for potential legal purposes, and very sympathetic care. Rape examinations need to be carefully completed and, depending on the situation, prophylaxis for pregnancy and sexually transmitted diseases, including human immunodeficiency virus need to be considered. In cases of excessive bleeding or severe mucosal tears, gynecology, gastroenterology, or surgical consults may be necessary. Social workers, particularly those trained in sexual assault patient management, are helpful for these victims.

Guidelines for the treatment of hazing victims in the emergency department include the following:

1. Patients should be made to feel safe with no concern that retribution from the offending fraternity, sorority, military organization, athletic group, or gang will occur while the victim is in the Emergency Department. Security should be called if necessary to accomplish this goal. If the hazing incident was of a sexual nature, the patient should be granted a health care provider of the sex that the patient requests, if available.
2. A complete history should be taken and physical examination performed for clinical as well as legal purposes. Documentation should be thorough in case of legal action. Photographs of injuries should be taken if permitted.
3. Emergency physicians should explain clearly that hazing is a criminal act and that the patient has legal options. If a social worker or psychiatrist is available the patient should be offered these services.
4. After the preliminary assessment is complete and while the patient is getting necessary diagnostic tests, law enforcement should be called if the patient wishes to report the crime. The victim can be reminded that he or she can withdraw a complaint in the future but that early reporting is important if legal action is eventually pursued. Law enforcement and social work should be asked to make suggestions regarding safe disposition if the patient is to be discharged home.
5. Patients who are victims of hazing can be referred to antihazing groups for support and information. Organizations include the Multi-Jurisdictional Task Force (MJTF), www.stophazing.org; the Committee to Halt Useless College Killings (CHUCK), P.O. Box 188, Sayville, NY 11782; Cease Hazing Activities and Deaths (CHAD), P.O. Box 850955, Mobile, AL 36685. Victims may require long-term support and psychological help to cope with the hazing episode(s).

Hazing Legislation

Hazing legislation is in effect in all US states except 8: Alaska, Arizona, Hawaii, Montana, Michigan, New Mexico, South Dakota, and Wyoming. All state hazing laws delineate penalties for the act of hazing, but some legislation goes beyond this fundamental: Texas law calls for the allowance of medical personnel to report a hazing incident to the police with impunity. Florida's statute requires that each university adopt a written antihazing policy. Massachusetts obligates secondary and postsecondary schools to provide all students with the state's hazing policy and includes a penalty for not reporting a witnessed hazing incident. Some states have statutes that have been interpreted to mean that individuals can still be guilty of hazing even if the victim consented. The legal concept is that individuals who are physically beaten or mentally abused cannot truly consent. Over the years, hazing laws in general have become stricter, but it is still unusual that individuals are charged with hazing as a crime and, if they are and are found guilty, most are given punishments of less than a few months of jail time.⁷

Another form of legal action in hazing incidents is civil. Parents of victims have brought civil suits against universities and local and national headquarters of fraternities. The results have been variable but some families have won or settled for hundreds of thousands, even millions, of dollars.⁷

Hazing Prevention

In light of the severity of injuries from hazing practices, some schools have developed strategies to halt these dangerous activities. Certain universities have taken a strong antihazing stance, including banning Greek chapters and athletic teams guilty of hazing practices.

In a well-publicized, recent action the University of Vermont cancelled its hockey season in January 2000 after administrators determined that athletes lied during a hazing incident investigation. A former hockey player reported that as a rookie in October 1999 he and his freshman colleagues were forced to drink excessively and participate in degrading acts such as walking in a line while holding each other's genitals. The freshman sued the university, administrators, and other members of the hockey team in federal court, saying that the defendants were negligent because the plaintiff had warned university officials of the hazing incident before its occurrence. The University of Vermont's president cancelled the remaining 15 games of the hockey team's season and the university released guidelines intended to prevent hazing on campus. The incident also prompted Vermont's state legislature to pass new antihazing laws.¹⁶ In the end, the case was settled with the University's paying the player \$80,000.

Hazing persists on many campuses, and one investigator suggests a variety of strategies for schools. These include universities' keeping thorough and accurate records of hazing occurrences, appointing an ombudsperson well versed in the dangers of hazing to hear hazing complaints, postponing rush to the second semester of a student's first year or eliminating it altogether, and establishing severe punishments for hazing transgressions. He points out too that illegal hazing, sexual assaults, and alcohol injury cases should be referred for criminal investigation—not just handled by the university administration.¹⁷

Several organizations promote antihazing prevention through public education. These groups also work to pass antihazing legislation. Relatives of hazing victims initiated many of these grass-roots organizations.

Emergency physicians can help prevent hazing injuries by community activity, as well as educating the medical staff of hazing's dangers. Treating these patients as victims of crime sets the tone, reminding fellow health care workers of the potential severity of injuries and, oftentimes, criminal nature of the activity.

CONCLUSION

Hazing practices are so hazardous and increasingly prevalent that emergency physicians are now obliged to educate themselves about these activities so victims may be treated with adequate medical and psychiatric care. Emergency physicians need to be aware of the severity and range of traumatic injuries to have a low threshold for suspected harm. Hazing prevention through legislation, university pol-

icies, grass roots organizations, and individual community activity may be effective in lessening the traumatic injuries presenting to emergency departments.

REFERENCES

1. Nuwer H: High School Hazing. New York, Franklin Watts, 2000, pp 16-33
2. Leslie J, Taff M, Mulvihill M: Forensic aspects of fraternity hazing. *Am J Forensic Med Pathol* 1985;6:53-67
3. Nuwer H: *Wrongs of Passage*. Bloomington, IN, Indiana University Press, 1999, pp 238-250
4. Nuwer H: *Wrongs of Passage*. Bloomington, IN, Indiana University Press, 1999, pp 24-59
5. Hoover N: National Survey: Initiation Rites and Athletics for NCAA Sports Teams. Alfred University, 1999. Available at http://www.alfred.edu/news/html/hazing_study.html. Accessed March 2002
6. Baker BA, Schwartz KA, Segan DJ, et al: Hemoglobinuria after fraternity hazing. *Am J Kidney Dis* 1982;2:268-270
7. Nuwer H: *Wrongs of Passage*. Bloomington, IN, Indiana University Press, 1999, pp 169-179
8. Nuwer H: High School Hazing. New York, Franklin Watts, 2000, pp 63-78
9. Nuwer H: High School Hazing. New York, Franklin Watts, 2000, pp 101-111
10. McIntyre J: 10 Marines to be Disciplined for 'Blood Winging' Incident. CNN Interactive. Available at <http://www.cnn.com/US/9707/11/blood.pinning>. Accessed July 11, 1997
11. Todd W: Human branding in college fraternities: Round-up time at 'Animal House.' *J Burn Care Rehabil* 1993;14:399-400
12. Borsari BE, Carey KB: Understanding fraternity drinking: Five recurring themes in the literature, 1980-1998. *J Am Coll Health* 1999;48:30-37
13. Nuwer H: *Wrongs of Passage*. Bloomington, IN, Indiana University Press, 1999, p 72
14. Tyler KA, Hoyt DR, Whitbeck LB: Coercive sexual strategies. *Violence Vict* 1998;13:47-61
15. Ramzy I, Bryant K: Notes on initiation and hazing practices. *Psychiatry* 1962;25:354-362
16. Suggs W: Hazed Hockey Player will Receive \$80,000 from the U. of Vermont. *The Chronicle of Higher Education*, August 31, 2000
17. Nuwer H: *Wrongs of Passage*. Bloomington, IN, Indiana University Press, 1999, pp 207-209