Qualitative review of hazing in collegiate and school sports: consequences from a lack of culture, knowledge and responsiveness

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ABSTRACT

Background As with most mental health disorders, the topic of hazing is not exclusive to the student athlete. However, it is also clear that the unique set of situations faced by athletes create a set of additional and difficult challenges to their mental and physical well-being. A deep-rooted culture, a lack of knowledge about hazing and its causal relationships, and a failure to act by teammates and adults all play a role in the propagation of this danger. Also, in an era where the popular press similarly celebrates and chastises episodes of hazing, it is increasingly crucial to turn to the scientific literature for guidance.

Purpose To provide a comprehensive review of the scientific research on hazing in sports and to make recommendations for enhancing the approach and assistance to those in need on an individual and societal level.

Study design Qualitative literature review of hazing in collegiate and school sports.

Methods Databases including PubMed, Google Scholar, SPORTDiscus, EMBASE and MEDLINE were searched using standardised terms, alone and in combination, including 'hazing', 'bullying', 'sport', 'athlete', 'college', 'school' and 'youth'.

Findings Despite increased attention to its dangers, hazing remains pervasive throughout the sports world. However, many do not recognise those actions as consistent with hazing. A change in culture, increased education and awareness, along with methodologically sound strategies for action must occur in order to reduce the ill effects and cycle of hazing. To date, current information and efforts are lacking.

INTRODUCTION

Hazing in the arena of sports is a focus that has been brought to light by the mainstream media. However, before delving into the specifics that exist in the world of athletics, it is important to provide an operating framework. The terms *hazing* and *bullying* are often used synonymously because both are forms of interpersonal violence in which a power-differential exists or is implied and which have immediate and long-term consequences. While related, there are important differences. The US Centers for Disease Control and Prevention defines bullying as:

Any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated.

Bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm.

In comparison, hazing has been defined as:

Any humiliating or dangerous activity expected of a student who belong to a group, regardless of his or her willingness to participate.¹

Thus, the definition of hazing does not include an expectation that the behaviour is repetitive and also calls for activities to be considered hazing even if the person being hazed willingly participates.

Case reports of extreme sport hazing have been published in news articles on espn.com, Sports Illustrated, People, and Sports Illustrated for Kids among others.² Cases of extreme hazing result in significant morbidity and mortality and receive considerable public attention. However, the true incidence of hazing that occurs in sports is not well known. Research investigating hazing in college, high school and middle school athletics is limited but is beginning to yield valuable information that may guide future response.

MENTAL HEALTH IMPACT AND UNDERPINNINGS

According to Cimino,³ the abuse of new or prospective group members, has fascinated social scientists for over a century. Initially conceptualised as a manifestation of individual aggression and psychopathology, the concept of hazing has evolved into complex theories transcending individual psychodynamics, and now encompasses myriad social psychological and evolutionary theories.

A review of the literature yields studies referencing the terms hazing, psychological/sexual/physical harm, bullying, violence, abuse (in various forms), harassment, psychological maltreatment, neglect, brawling, exploitation and foul play. Stirling⁴ has provided recently a conceptual framework for researchers in this area, coalescing the variable terms noted in the literature to the superordinate concept of 'maltreatment', defined as 'volitional acts that result in or have the potential to result in physical injuries and/or psychological harm'.5 Recently, and at a clinical level, the IOC's consensus statement on Youth Athletic Development crystallised the term into 'violence', and proffered safeguarding principles for the child athlete. As in any area of social psychological study, the variable operational definitions of psychological terms and constructs in hazing research may have inadvertently obfuscated progress in this area. Although the purpose in this paper is not to suggest a single term



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of preference, the point to be made is that the utilisation of consensually agreed clinical terminology and conceptual frameworks for research would be of value going forward.

Fields *et al*² have offered a sports-specific definition of hazing: "Hazing among youth is sports-related violence perpetrated by member(s) of a sports-related group against individual (s) seeking inclusion within, admittance to, and/or acceptance by that group. Hazing may be perpetrated by and/or endorsed by parents, coaches or other non-athlete members of the sports-related group as well as by adolescent athletes."

At a general level, it has been posited³ that hazing, despite being a multifaceted phenomenon that lacks a specific cause, generates group cohesion, serves as an expression of dominance, and allows for the selection of committed group members. As Cimino³ points out, there is likely an evolutionary aspect to the hazing process, as the newcomer integration process serves to promote group survival. At the level of the hazing perpetrator, the psychological concepts of power, dominance, group cohesion, identification and reduction of future exploitation may explain the motivations for hazing. Student athletes tolerate hazing in order to gain acceptance, identify with the group, enjoy the benefits of group membership, and protect themselves from potential harm from non-group members. Experimental studies of hazing motivation have been reported in a university population³ and replicated in a representative sample of the US population.8

Allan, 9 in the 2008 national study of collegiate hazing, found that more students perceived positive (as opposed to negative) benefits of the hazing experience, with 31% claiming a greater identification with the group, 22% feeling a sense of accomplishment, and 18% feeling 'stronger'. It is quite likely that Festinger's theory of cognitive dissonance 10 provides an explanatory purpose for these findings. From this perspective, the effort involved in a severe hazing initiation into group membership is justified by the rewards of belonging to that group.

Marks et al¹¹ have summarised the psychological sequelae of hazing/maltreatment (in its multiple forms) in victims, which include clinical diagnostic categories such as depression, anxiety (including post-traumatic stress), and eating disorders. Symptomatic reactions include suicidal thoughts and behaviours, loss of confidence and self-esteem, aggression towards self and/ or others, interpersonal conflicts (often revolving around trust issues), and changes in weight, energy, sleep, concentration and substance use. Stirling et al¹² listed a multitude of adverse psychological effects in victims of various forms of maltreatment, including increased rates of psychopathology, sexual difficulties, low self-esteem, interpersonal problems, depression, anxiety, debilitating developmental effects, emotional instability, physical self-abuse, eating disorders, substance abuse, attachment problems, dependency, aggression/violence, delinquency/criminality, impaired moral reasoning, overly compliant behaviours, and failure to thrive. It should be noted, however, that limited research to date has focused exclusively on the effects of maltreatment/hazing on athletes in particular, and that the adverse psychopathological effects reported in victims have been culled largely from the general literature on adolescents.

GENERAL POPULATION FINDINGS

Prevalence rates of bullying among youth vary widely, ranging anywhere from 13% to 75% in the USA. This variation is largely due to differences in definition and reporting. A recent meta-analysis of 80 studies each of which included adolescents (12–18 years) found that the prevalence rate for bullying was 35% and the prevalence of cyber-bullying (bullying through the

use of technology) was 15%. ¹³ There is considerable variability between countries although reported rates in Europe are similar to those in the USA. ¹⁴ Bullying behaviour can be observed in preschool interactions, peaks in prevalence during the middle school years and declines some during the high school years. ¹⁵ When assessing the prevalence of youth who bully others, the source of the reporting matters. In studies utilising self-reports of bullying others, the prevalence is approximately 12–19% with increasing prevalence through eighth grade. Studies utilising independent observers on a playground have reported that 77% of 3rd–6th graders have been observed bullying others or encouraging peers to bully others. ¹⁶

Similar to studies on bullying, studies on hazing vary in terms of definitions and reporting. Who reports hazing is also important because youth who experience hazing may not recognise or label the experience as such. One large study of US students found that 47% of students reported being hazed during high school. The highest percentages of youth reporting hazing were observed for those participating in sports (47%), Reserve Officers' Training Corps (ROTC) (46%), and band (34%). Sixteen per cent reported that they experienced hazing as part of class initiation to high school itself. In Importantly, the study noted that of the 47% who experienced a hazing behaviour, only 8% labelled the behaviour as hazing. A companion study of college students performed by the same authors found that among college students involved in clubs, teams and organisations, 55% experienced hazing.

Far from innocuous activity or 'horseplay,' those who experience hazing are often humiliated and forced to perform dangerous and illegal activities. A study by Hoover and Pollard¹⁹ found that 48% of students experienced hazing, 43% were subjected to humiliating activities, and 30% were made to perform potentially illegal acts. The study noted episodes of being singled out (tormented, prevented from associating with other members), physical humiliation (pushing penny across the floor of the bus with one's nose, being made to consume urine or other inappropriate or unsafe foods/substances), forced public nudity, sexual acts and physical danger (allowing members to hit you, playing high speed car games, jumping off bridges). 19 Alcohol and other substance abuse is commonly utilised in hazing behaviour in high school and college. 17 18 Of those who experienced hazing, 71% reported negative consequences including relationship difficulties and physical and psychological symptoms.²⁰

Studies suggest that students' likelihood of experiencing hazing is affected by both their attitudes about hazing and the experiences and attitudes of important adults in their lives. Students who feel that hazing is socially acceptable are more likely to experience hazing. Many who experience hazing believe that coaches and advisors are aware of the hazing activities. In addition, students who know adults who have been hazed are more likely to experience being hazed themselves, evidence of the role that the drive for social conformity has in the perpetuation of hazing.

HAZING IN SPORTS

Hazing is remarkably common in sports. At the collegiate level, a national study of hazing found that as high as 80% of National Collegiate Athletic Association (NCAA) athletes have experienced some form of hazing throughout their college athletic career while 42% of these athletes reported a history of also being hazed in high school.²¹ A survey of over 325 000 collegiate athletes identified more than 250 000 who experienced some form of hazing during team initiation activities. Further

breakdown revealed that one in five of these athletes was subjected to an illegal form of hazing, such as kidnappings, beatings or forced to destroy property; one-half (125 000 athletes) were involved in alcohol-related hazing; and two-thirds (170 000 athletes) were subjected to various forms of personal humiliation. Extreme hazing practices have resulted in 30 deaths in college students between the years 2000 and 2009. Despite these large numbers, college athletes have a poor understanding of what actions and behaviours constitute hazing. Only 12% of athletes report being hazed, but 80% describe hazing behaviours as part of their team initiation. In addition, 60–95% of athletes who were subjected to hazing practices note that they would not report the hazing.

Unfortunately hazing is not limited to collegiate athletes and also regularly occurs at both the middle school and high school levels. The incidence of hazing in middle school ranges from 5% to 17.4%, with incidences as high as 13.3% in sixth graders.² ²² In high school athletes, the incidence ranges anywhere from 17.4% to 48%.² ²² Over half of students who reported being involved in athletics had been hazed at the high school level. 19 Similar to the collegiate level, this young group of athletes also have a poor insight into the definition of hazing. In fact, only 3% of athletes felt that the activities they were subjected to were dangerous, when in actuality 22% of the activities described had the potential for serious physical harm.²² The issue of under-reporting, also similar to college athletics, is a problem for secondary school athletes and perhaps even more concerning was that 86% of these middle school and high school athletes felt that their experiences were worth it to be part of the team.²²

There are several types of hazing practices that are commonly instituted as part of an initiation to a team. The three main categories of hazing are physical, psychological and alcohol related.²³ How that hazing is expressed can vary as well. Those subsets are depicted in figure 1. Physical forms of hazing that have been reported range from beatings/paddling, branding, burning, tattooing, calisthenics, and head shaving, to even more extreme actions such as kidnapping, abandonment and sexual assaults.²² ²⁴ Psychological hazing that has been reported includes being forced to perform embarrassing acts, wear embarrassing clothes or makeup, being screamed at, name-calling, depriving sleep or food, acting as a slave, and being tied or taped up and/or confined.²² ²⁴ ²⁵ Alcohol-related hazing typically consisted of forced binge drinking.²⁴



Figure 1 Subsets of hazing.

The dangers and potential for significant harm related to hazing is often underestimated because it is assumed that participating in these acts is consensual.²⁶ Unity is an important part of being on a team. Hazing in sports is rooted in this notion and has been described as a 'deviant over-conformity'. 27 28 The basis behind hazing and the lack of perception of its occurrence is rooted in the athlete's attempt to demonstrate self-worth, dedication and willingness to make sacrifices for the team by participating in these hazing events. Athletes across all sports can experience hazing. Epidemiological data on rates of hazing in different types of sports is understudied and inconclusive. In one study 62 incidences of hazing were reported, half in football (33) and a third in men's basketball (16). Another study found that athletes who reported the most hazing events tended to participate in higher levels of competition, team sports and in contact sports.²³ However, a separate study found the highest rates of hazing in sixth graders occurred in more individualistic, non-contact sports such as gymnastics (42.9%) and cheerleading (35.3%).²² This second study also found that hazing rates for boys and girls are equal at 17.4% vs 17.6%, but boys tended to undergo more physical forms of hazing.²² It is unclear at this point why certain personal demographics, sports or levels of participation lead to more or less hazing-related activities.

Cycles of hazing may be perpetuated by those holding beliefs that these activities support team building. However, this theory has undergone significant scrutiny. One study found that as an athlete was subjected to more hazing, the less attracted they became to the team and the less team bonding and closeness they felt. Conversely, if the athlete participated in appropriate team building activities there was a higher level of team social cohesiveness. Thus, the dangerous consequences of hazing provide no added benefit to the concept of team unity and likely have the opposite of the intended effect. Table 1 examines some of the key differences between activities that are 'hazing' or 'team building'.

ACTION ITEMS

In order to help bring an end to hazing as a tradition in sport initiation and the beliefs that hazing promotes team building, more education and culture change need to occur across the board. That includes but is not limited to athletes, coaches, athletic administrators and healthcare providers. Table 2 depicts some of the key roles that these individuals should play in hazing awareness and prevention. Currently 43 states have some form of antihazing statute.²⁹ It is critical to have a widespread awareness and implementation of these policies. In addition, those involved with athletics should be encouraged to understand the importance of a zero tolerance policy and initiate a shift away from negative hazing-like actions to positive team building activities. Effective antihazing strategies have been

Hazing	Team building	
Humiliates and degrades	Promotes respect and dignity	
Tears down individuals	Supports and empowers	
Creates division	Creates real teamwork	
Lifelong nightmares	Lifelong memories	
Shame and secrecy	Pride and integrity	
Is a power trip	Is a shared positive experience	

Administrators	Coaches	Student athletes	Team captains
Dispel myths/set the record straight	Create environment of total respect and dignity for all	Understand what constitutes hazing	Encourage others to speak up without fear of retribution
Ensure comprehensive approach	Address topic/consequences early and consistently	Insist on open communication among teammates and coaches	Understand potential level of accountability
Provide appropriate resources/support	Involve your team in process; be supportive	Plan alternate activities that enhance bonding	Ensure new members feel supported
Establish protocols and procedures for the process (reporting, investigating, adjudicating)	Help develop positive traditions that are significant and meaningful	Understand team acceptance and success should be based on strong work ethic, positive attitude, positive relationships	Help develop positive traditions that are significant and meaningful
Enforce clearly defined sanctions	Discuss expectations re: character, values on/off field	Discuss among your team how to report potential incidents	Create conduct guidelines along with coaches
	Take it seriously	Make caring about each other a high priority	Accept role as leader; Set proper tone with your actions and words
	Avoid creating division between veterans and new players	Seek advice from trusted adults/leaders	

developed which include confidential player entrance and exit interviews, antihazing team presentations, signing of an antihazing document with clear guidelines and consequences, maintaining open lines of communication, and swift punishment for any infractions. Mental health providers who are uniquely equipped to provide care for perpetrators, passive participants or victims of hazing should be involved early in the process in order to help address the underlying causes and/or sequelae of this type of action.

With the release of its hazing prevention manual, the NCAA has made the issue of hazing a critical part of its mission to protect the health and safety of student athletes.³⁰ As depicted in table 2, the organisation reiterates that the prevention of hazing is a shared responsibility with the need for administrators, coaches, student athletes, team captains and healthcare providers all needed to play their roles in order to make a difference. A comprehensive approach that involves education, incorporation of programmes with validated measures, and clearly defined policies and penalties will allow a shift to preventing incidents as opposed to reacting to them after the fact. Although adults must clearly convey an attitude of zero tolerance towards hazing in addition to always promoting an environment of civility, respect and dignity, it is crucial that student athletes take ownership of the process.

Strategies outlined by the authors of the manual³⁰ include the importance of understanding why it happens and what hazing really does versus what people believe it does. Hazing is an inappropriate and misguided example of a traditional initiation. It is a harmful tradition thrust on students seeking acceptance thereby resulting in their victimisation. Expectations attached to acceptance into the group need to be eliminated. In addition, terms such as 'pranks' or 'stunts' that soften the true nature of the conduct should not be used. Similarly, allowing for or encouraging a 'little hazing' leads to a tolerance for 'big hazing' type activities. For example, the mixed message from the media and professional teams where rookie singing or head shaving is celebrated at the end of sport highlight shows leads to a loss of credibility to investigative shows on the same channels featuring scientists and advocates exposing the true dangers of hazing typically after a catastrophic event has occurred.

In addition,³⁰ open and honest discussion coupled with strongly enforced policy and risk reduction by avoiding situations that involve secrecy, alcohol and power imbalance are a few of the keys to prevention. It is important to understand that hazing occurs regardless of the willingness to participate in the activities and education addressing common myths is also critical. For example, perpetrators often cite the need for hazing-type activities in order to accomplish team building and bonding, instil needed humility in new team members and establish leadership hierarchy. They often believe these activities to be generally fun and harmless. However, it can be repeatedly demonstrated that hazing episodes have led to a team season being cancelled, student athletes being suspended and/or arrested, loss of team cohesiveness and not to mention serious physical and psychological injuries and even deaths.

It appears that some strides³¹ have been made as 78% of male and 74% of female student athletes indicated that their coach or someone in the athletic department had talked to them about hazing. In addition, 16% of male and 20% of female student athletes indicated that they would like more information about the topic. Interestingly, the 2012 Social Environments Survey³¹ conducted by the NCAA asked student athletes to whom they would turn first for advice, help or support with issues of hazing and bullying. Men were most likely to turn first to teammates (27%), while women were most likely to turn to their parents (29%).

CONCLUSION

Although discrepancies exist between perceived and observed behaviours, hazing in both the collegiate and school sports setting is pervasive. Veiled in a misguided culture of 'traditional initiations' and 'team bonding,' the cycle of hazing repeatedly leads to both short-term and long-term physical and mental health ramifications in its victims as well as the perpetrators and passive participants alike. To make changes in the arena of hazing and sports, changes need to be made to both the rules and the culture of sports. The development and implementation of comprehensive, evidence-based programmes aimed at addressing the underlying issues and myths that perpetuate hazing are crucial to putting an end to this home-grown danger facing our athletes.

What are the findings?

- ▶ The terms *hazing* and *bullying* are often used synonymously because both are forms of interpersonal violence in which a power-differential exists and which have immediate and long-term consequences. However, while the two are related, there are important differences including the fact that activities should be considered hazing even if the person being hazed willingly participates.
- Close to three-fourth of those who experienced hazing reported some degree of negative consequences including relationship difficulties as well as physical and psychological symptoms.
- ▶ A poor environment of understanding and culture continues to exist in the world of athletics regarding hazing. A large discordance exists among the number of reported actions and behaviours consistent with hazing and the actual reports of episodes of hazing. In addition, the majority of athletes note that they would not report the hazing.
- ► Hazing should be broadly viewed as 'maltreatment' and/or 'violence' and as such principles and practices that safeguard the health and wellness of the college and school-age athlete should be instituted across disciplines and populations.
- ► Hazing is an inappropriate and misguided example of a traditional initiation where the focus should be on team building as opposed to victimisation.

How might it impact on clinical practice in the future?

- Properly addressing the physical and psychological concerns of student-athletes requires the development of a comprehensive and well-implemented plan regarding the prevention of hazing.
- A zero tolerance policy should exist for all types and degrees of hazing.
- Positive team building activities should be encouraged and promoted as they actually achieve the desired effects many are incorrectly seeking through the participation in hazing.

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REFERENCES

- Gladden R, Vovolo-Kantor A, Hamburger M, et al. Bullying surveillance among youths: uniform definitions for public health and recommended data elements, Version 1.0. Atlanta, GA; National Center for Injury Prevention and Control, Centers for Disease Control and Prevention and U.S. Department of Education; 2014.
- 2 Fields SK, Collins CL, Comstock RD. Violence in youth sports: hazing, brawling and foul play. Br J Sports Med 2010;44:32–7.
- 3 Cimino A. The evolution of hazing: motivational mechanisms and the abuse of newcomers. J Cogn Cult 2011;11:241–67.

- 4 Stirling AE. Definition and constituents of maltreatment in sport: establishing a conceptual framework for research practitioners. Br J Sports Med 2009; 43:1091–9
- 5 Crooks CV, Wolfe DA. Child abuse and neglect. Assess Child Disord 2007;4:639–84.
- 6 Bergeron MF, Mountjoy M, Armstrong N, et al. International Olympic Committee consensus statement on youth athletic development. Br J Sports Med 2015;49:843–51.
- 7 Van Raalte JL, Cornelius AE, Linder DE, et al. The relationship between hazing and team cohesion. J Sport Behav 2007;30:491–507.
- 8 Cimino A. Predictors of hazing motivation in a representative sample of the United States. Evol Hum Behav 2013;34:446–52.
- 9 Allan EJ. Hazing in view: college students at risk: initial findings from the National Study of Student Hazing. DIANE Publishing, 2009.
- 10 Festinger L, Carlsmith JM. Cognitive consequences of forced compliance. J Abnorm Soc Psychol 1959;58:203.
- Marks S, Mountjoy M, Marcus M. Sexual harassment and abuse in sport: the role of the team doctor. Br J Sports Med 2012;46:905–8.
- Stirling AE, Bridges EJ, Cruz EL, et al. Canadian Academy of Sport and Exercise Medicine position paper: abuse, harassment, and bullying in sport. Clin J Sport Med 2011;21:385–91.
- Modecki KL, Minchin J, Harbaugh AG, et al. Bullying prevalence across contexts: a meta-analysis measuring cyber and traditional bullying. J Adolesc Health 2014;55:602–11.
- 14 Chester KL, Callaghan M, Cosma A, et al. Cross-national time trends in bullying victimization in 33 countries among children aged 11, 13 and 15 from 2002 to 2010. Eur J Public Health 2015;25(Suppl 2):61–4.
- Hymel S, Swearer SM. Four decades of research on school bullying: an introduction. Am Psychol 2015;70:293–9.
- 16 Glew GM, Frey KS, Walker WO. Bullying update: are we making any progress? Pediatr Rev 2010;31:e68–74.
- 17 Allan EJ, Madden M. Hazing in view: high school students at risk. 2008. http://www.stophazing.org/wp-content/uploads/2014/08/HazinginViewHighSchool Report.pdf
- 18 Allan EJ, Madden M. Hazing in view: college students at risk. 2008. http://www.stophazing.org/wp-content/uploads/2014/06/hazing_in_view_web1.pdf
- Hoover N, Pollard N. High school hazing initiation rites in American high schools: A national survey. Alfred, NY: Alfred University, 2000.
- 20 Neal TL, Diamond AB, Goldman S, et al. Interassociation recommendations for developing a plan to recognize and refer student-athletes with psychological concerns at the secondary school level: a consensus statement. J Athl Train 2015;50:231–49.
- 21 Hoover NC. National survey: initiation rites and athletics for NCAA sports teams. Alfred University, 1999. http://www.alfred.edu/sports_hazinq/docs/hazinq.pdf
- 22 Gershel JC, Katz-Sidlow RJ, Small E, et al. Hazing of suburban middle school and high school athletes. J Adolesc Health 2003;32:333–5.
- 23 Waldron J, Kowalski C. Crossing the line: rites of passage, team aspects, and ambiguity of hazing. Res Q Exerc Sport 2009;80:291–302.
- 24 Finkel M. Traumatic injuries caused by hazing practices. Am J Emerg Med 2002;20:228–33.
- 25 Campo S, Poulos G, Sipple JW. Prevalence and profiling: hazing among college students and points of intervention. Am J Health Behav 2005; 29:137–49
- 26 Fields S, Collins CL, Comstock RD . Conflict on the courts: a review of sports-related violence literature. *Trauma Violence Abuse* 2007;8:359–69.
- Waldron JJ, Krane V. Whatever it takes: health compromising behaviors in female athletes. *Quest* 2005;57:315–29.
- 28 Raalte JLV, Cornelius AE, Linder DE, et al. The relationship between hazing and team cohesion. *Journal of Sport Behavior* 2007;30:491–507.
- 29 Crow B, Ammon R, Phillips DR, et al. Anti-hazing strategies for coaches and administrators. Strategies 2004;17:13–15.
- 30 Wilfert M, NCAA Education Services. Building new traditions: hazing prevention in college athletics. Indianapolis, IN: The National Collegiate Athletic Association, 2007
- 31 Wilfert M. NCAA Study of student-athlete social environments. *Research presented at the 2014 NCAA Convention*; San Diego, California, January 2014.



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