

**Redefining Babes, Booze and Brawls:  
Men Against Violence -- Towards A New Masculinity**

by  
**Luoluo Hong**

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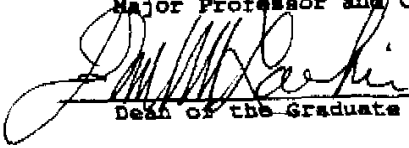
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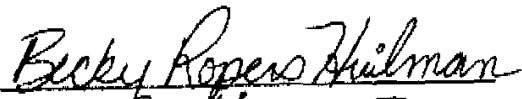



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**REDEFINING BABES, BOOZE AND BRAWLS:  
MEN AGAINST VIOLENCE — TOWARDS  
A NEW MASCULINITY**

A Dissertation

Submitted to the Graduate Faculty of the  
Louisiana State University and  
Agricultural and Mechanical College  
in partial fulfillment of the  
requirements for the degree of  
Doctor of Philosophy

in

The Department of Educational Leadership, Research and Counseling

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# **Dedication**

This dissertation is dedicated to the eight young men who continue to strive for a campus and a community that is free from violence. Their commitment, enthusiasm, service and willingness to learn have inspired and motivated me throughout the dissertation process and beyond.

# Acknowledgments

I would like to thank the following individuals, without whom this dissertation would not have been possible: W. Richard Fossey, who had the wisdom to allow me freedom and flexibility in defining my research; Nancy I. Mathews, for entrusting me with the job of working with *Men Against Violence*; Annann Hong, who provided sisterly support, tenacious editing, and efficient, accurate transcriptions; Becky Ropers-Huilman, who was always a willing and insightful sounding-board; Christopher J. Aamodt, for giving me permission to be imperfect; and Gabriel O. Northern, who believed enough in me to trust my leadership.



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# Abstract

Despite evidence that 90% of violent crimes are committed by men, higher education professionals and researchers still understand relatively little about the process by which male students acquire the attitudes, knowledge, values and skills which serve as deterrents to perpetrating violence against women and against other men. *Men Against Violence* is a peer advocacy organization at a large, public Research I institution in the South which focuses on the special and unique responsibility men have to end violence. Through participation in a wide array of service learning, community action and leadership opportunities, *MAV* members challenge cultural norms which link masculinity with violence. Types of violence targeted by *MAV* include: fighting, domestic violence, rape, vandalism, hazing, harassment, hate crimes, homicide and suicide.

Utilizing a sociological, public health perspective that incorporates theories of masculinity and models of student development, this dissertation is a case study of the organization *Men Against Violence*. It examines the ways in which a close-knit association of men generated and sustained an organizational culture that encourages and rewards non-violence among its members, as well as begins to reframe traditional conceptions of masculinity. Subjects for this study consisted of the eight male students who comprised the 1997-1998 Executive Board of *MAV*. Primary research questions were:

- (1) What are the characteristics of an organizational culture of non-violence that is created and maintained among a close-knit group of male college students?
- (2) How can higher education professionals, particularly women, facilitate the process of creating such an organizational culture?

Chapter 1 addresses methodological concerns in the dissertation; Chapters 2 and 3 review current literature regarding men and campus violence; Chapter 4 provides a historical

narrative of the founding and development of *MAV*; Chapter 5 presents cultural themes which emerged during content analysis of data from ethnographic interviews and participant-observation; and Chapter 6 offers theoretical and practical implications of the study.

# **Chapter 1. First Things First, Or How I Became a Woman Working With Men**

## **Returning to the Public Health Tradition**

This dissertation documents both the evolution of a campus peer advocacy organization known as *Men Against Violence* [MAV], the healing of my soul, and the learning that took place for eight men and myself. It is no mistake that I was drawn to health education as a profession and to campus violence as an area of research interest. During the spring semester of my first year in college, I was raped by a sophomore fraternity member. At the time of the incident, I was incapable of defining my experience as sexual assault. I became a peer health educator on campus two weeks after the rape, and after two years of informing others about the reality of alcohol, sex and violation, I found the courage to name my experience and joined the ranks of survivors.

This is a dissertation about a central and defining aspect of my professional experience, and it is work that I take personally. Herman (1992) has written about survivors and social action:

Most survivors seek the resolution of their traumatic experience within the confines of their personal lives. But a significant minority, as a result of the trauma, feel called upon to engage in a wider world. These survivors recognize a political or religious dimension in their misfortune and discover that they can transform the meaning of their personal tragedy by making it the basis for social action. While there is no way to compensate for an atrocity, there is a way to transcend it, by making it a gift to others. The trauma is redeemed only when it becomes the source of a survivor's mission (p. 207).

In my case, the course of social action I have selected is education and advocacy. In so much as I have been able to make an impact on the eight officers of MAV that I worked with during the course of my dissertation research, I have fulfilled a part of my "survivor's mission."

Like many other survivors of sexual assault, I became a vocal activist in the movement to make streets, homes, campuses — and dates — safer for women. Always, the marches, speak-outs and rallies were packed with the faces of dedicated women and dominated by the voices of passionate women. A token male was present every now and then at these events, silently and hesitatingly supporting the cause at the risk of being labeled effeminate, gay or “mama’s boy” by men disengaged from the movement.

For a survivor, this energy and commitment from women was supportive and strengthening, as well as blinding and all-consuming. I found that we frequently discounted the perspectives of men and sometimes excluded men altogether from the work of prevention, even though men were the perpetrators of nearly all of the crimes against us. Some women even refused to listen to testimonies of how men have themselves been hurt by violence, failing to recognize the insidious way in which violence among men fuels violence by men against women. Implicitly, these women believed that men’s experiences were not as legitimate as their own. Men were the enemy; they were who we were fighting; how could we trust their motives? Perhaps these women adhered to a philosophy of feminism which “concentrates on the development of a counter-culture, a woman-centered world wherein participants have little contact with men” (hooks, 1984, p. 26), rather than a feminist ideology which strives for a fundamental transformation of society into one which embraces equity and non-violence.

The anti-male undercurrent has resulted in three damaging trends which I have witnessed with respect to violence prevention at the campus level: (1) the almost universal use of the term “violence” as a synonym for sexual assault, to the exclusion of other forms of violence, including fighting among men and homicide; (2) the proliferation of the myth that “all men are potential rapists,” followed by the corollary that therefore, “all men are bad;” and (3) the reluctance of women, as well as of men, to incorporate the experiences and

realities of men as both perpetrators and victims of violence. Unfortunately, says Berkowitz (1998), the sentiment of suspicion towards men in the field of violence prevention has permeated research and practice in institutions of higher education to such an extent that, “Men, feeling reviled, are retreating from campus leadership in this area.” This is an unfortunate state of affairs, as **a key underlying assumption of this dissertation is that men are a critical and fundamental part of the partnership against violence.**

Men perpetrate most of the violence against women, and men perpetrate epidemic levels of violence against each other, as well. In fact, men constitute 90% of the perpetrators of violence (Miedzian, 1991). Throughout the history of the anti-rape movement, many well-meaning educators have targeted risk-reduction messages at potential victims — predominantly women — **while providing few or no educational programs targeted specifically at men.** It is not that teaching women how to defend themselves safely, to communicate assertively, or to handle weapons appropriately isn’t important; rather, it is insufficient. If we are to live up to the truth of sexual assault and assert that no woman ever asks or deserves to be raped, then we need to stop telling women how to “prevent” their own rapes and instead refocus our precious energies and resources towards the source of the problem. Primary prevention<sup>1</sup> in the purest sense proscribes **stopping potential perpetrators — those most in control of their own actions — from committing violence in the first place.**

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<sup>1</sup> **Prevention** refers to the process whereby specific action is taken to prevent or reduce the possibility of a health problem or condition development and to minimize any damage that may have resulted from a previous condition. There are three levels of prevention. **Primary prevention** involves stopping the health problem or condition before it occurs; **secondary prevention** refers to early detection of symptoms and early intervention to deter escalation of the health problem; and **tertiary prevention** includes treatment, rehabilitation and relapse prevention to minimize negative consequences, further disability and early death (Modesto, 1996).

There have been some attempts at providing co-educational programs in order to role model effective sexual communication skills between men and women. There have been even fewer attempts at providing programs in all-male settings; almost all of these interventions have been developed from women's perspectives. For example, the *Men Against Rape* program at Tulane University is actually comprised of fairly equal numbers of male and female students; the award-winning *Sexual Assault Peer Educators [SAPE]* at Brown University (Simon, 1993) and *Athletes for Sexual Responsibility* at University of Maine (Caron, 1993) are also coeducational. Exceptions include *Mentors in Violence Prevention [MVP]* at Northeast University, a program that uses male-athletes to teach each other about domestic violence prevention (Katz, 1995), and *Men Stopping Rape, Inc.* at University of Wisconsin-Madison, a non-profit organization consisting of both college and community men striving to end sexual violence. Yet, even these exceptions still solely address violence against women. Several extensive literature searches and internet "fishing expeditions" that I conducted yielded no campus programming efforts or educational media materials that addressed other forms of violence, e.g., fighting, hate crimes, homicide.

Again, it is not that the work of preventing sexual violence against women is not important; it is critically important. That public health and higher education professionals have finally recognized the seriousness of such crimes is the culmination of many years of advocacy and political action on the part of feminists and their allies. **Rather, I am insisting that the voices and efforts of willing, caring men be invited and welcomed into the anti-rape movement, and that the anti-rape movement be expanded to include the anti-violence movement.**

In my own educational and professional experiences, I have observed that the broader field of health promotion and the subfield of violence prevention that it subsumes are based



on the principles of inclusivity, empathy and empowerment. I argue that as a profession, we have strayed inadvertently from these values in so much as men have felt alienated, unfairly judged and disenfranchised from anti-violence efforts. Our job is to empower both men and women to do the work of violence prevention. I also argue that our profession has strayed from its public health roots by isolating perpetrators from victims, and by artificially focusing on one type of violence almost to the exclusion of all other types — even though their causes, correlates and sequelae are interdependent and cyclical. Health education and similar fields such as social work have historically refuted the medical model, which separates and compartmentalizes human experience (for example, we see a cardiovascular specialist for chest pain, a psychiatrist for stress and anxiety, and an ophthalmologist for vision problems — even though all three presenting problems may have the same underlying cause), and have instead adopted the interdisciplinary approach of public health (Loupe, 1991). **Public health** is the science and art of preventing disease, prolonging life, and promoting health through organized community efforts focused on the sanitation of the environment, control of communicable infections, education in personal hygiene, organization of medical services, and the development of the social system to ensure everyone a standard of living adequate for maintenance of health (Modesto, 1996). Public health focuses primarily on the health of populations, communities and organizations rather than on just individuals and is committed to social responsibility. Usually public health is concerned with a health problem, based on the assumption that the social, physical and political environments play major roles in the amelioration of the problem (Modesto, 1996).

Public health also presumes an interrelationship between all aspects of wellness — emotional, physical, spiritual, social, environmental, intellectual and occupational (Hettler, 1980) — and recognizes overlapping causation among a wide range of public health challenges, including violence, substance abuse, teenage pregnancy, AIDS, poverty, racism,

and homelessness. **Violence is a complex, sociological phenomenon that can only be tackled and beaten when its various parts are regarded as a whole.**

When I critique the profession of campus health education, I include myself in those being critiqued. I, too, have succumbed to some of these trends and narrowed my vision. That is why understanding the impact of *Men Against Violence* on its members – that is, understanding what members learn from being in *MAV* – may represent a critical paradigm shift in how we do the work of violence prevention. This organization demonstrates to me that men can be and must be allies with women in the work to end violence. From working with *MAV*, what I knew intuitively – that men’s experiences are so different from those of women when it comes to violence – was experienced starkly. We must therefore begin accounting for this difference if we wish to meaningfully reach and positively affect men. Until now, our society has accumulated a substantial arsenal of technologically-advanced medical procedures to deal with the consequences of violence, and it has passed a plethora of state and federal legislation – some relevant, some irrelevant – to deal with its perpetrators after the fact. In advising *MAV*, it has become clear to me how little I know about preventing violence and stopping the crimes before they occur: my profession has a lot to learn. Finally, this group demonstrates to me that I can have hope. Even though I and thousands of other women have been victimized by men, there are a plethora of men who are tired of being bystanders and willing to become part of the solution — indeed, to lead the efforts — if only we would just trust them enough to let them.

### **This Is A Mighty Big Black Hole**

Anyone who has completed a dissertation will understand all joking references to the “big hole;” that is, meaningful research at the doctoral level requires contributing to the literature in an area which has been studied relatively little or not at all. With the exception

of Miedzian's book (1991) and Hammond and Yung's (1993) article examining assaultive violence among African American men, there is a paucity of research that focuses primarily and specifically on violence **among** college-age men; a majority of the violence-related literature addresses men's violence against women, particularly sexual violence. While the literature is saturated with books and articles on the predictors, risk factors, correlates, determinants, and sequelae of sexual assault and rape, one is at great loss to find any similar research on fighting. Similarly, there are no formal studies which examine the **process** by which men acquire values and adopt behaviors that resist violence against women and against other men; nor is there literature on how to teach or impart these values and behaviors. This is essential information for the development of appropriate educational programs.

If we regard what researchers choose to study, as well as who they choose to study, as a cultural artifact — a reflection of what our society values or considers worthy of attention, if you will — then I could draw the conclusion that during the past two decades, the field of scientific inquiry in the psychological and health-related realms has been gravely concerned about the victimization of women, particularly adolescent and college-age women. On the other hand, the same level of abhorrence directed at crimes of sexual violence is not present when we consider men's victimization. Except for the National College Health Risk Behavior Survey conducted in 1995 (Douglas, et al., 1997) and the CORE Survey conducted in 1996 by Southern Illinois University at Carbondale (Presley, Meilman & Cashin, 1997), **there is no data regarding college men's fighting and related issues**, even though homicide is the second leading killer of all college-age men and the leading killer of African American college-age males) (National Center for Health Statistics [NCHS], 1996).

Violence is inarguably one of the most pressing public health concerns confronting this country and our campuses – manifested frighteningly in the post-football game student

riots which took place at Michigan State University in May of 1998 (Hauck, 13 May 1998). Yet, practitioners have failed in most cases to create effective violence prevention interventions or to implement risk-reduction policies which meaningfully alter the face of violence in our communities. As citizens of the United States, we exist in a culture which celebrates masculinity and admires the daring and strength of its men. This exultation of one of the basic tenets of manhood is exhibited in athletics, on and off the field; abroad during war and in home politics during times of peace; in the workplace, home or bars; in the media, and on university campuses — the training grounds of our future leaders. Fighting and other raucous boyhood activities have been regarded as simply that: "boys being boys." Never mind that some boys grow up and continue to engage in aggressive behavior as men. The concept that "boys will be boys" is so ingrained in our mindset that we seldom have questioned its inevitability. So, while we worry incessantly about the safety of girls and women, in contrast, we as parents, teachers, and politicians have rarely doubted the ability of men to survive injury and pain or to face death fearlessly. Indeed, we expect that our men do no less.

Quantitative research has produced a basic epidemiological profile to describe violence in the general U.S. society. Yet, quantitative methods appear to be appallingly inadequate in their ability to even begin fully capturing the behavioral phenomenon of violence; its exhibition is complex, embedded in culture and context, and subject to unknown psychological needs and inhibitions. Qualitative methods would yield much richer information about the context within which violence occurs. The qualitative studies that do exist arise largely from the fields of feminism, psychology and sociology; what is missing from those pieces for me as a reader are the voices of men and the stories of men's experiences. In other words, if men are the primary perpetrators of violence, how can we

even begin to understand violence without first soliciting and listening to and trusting their perspectives?

**Until recently, little attention has been given to the phenomenon of men's violence as a serious field of inquiry. This study will incorporate a broader definition of violence on campus that extends beyond violence against women to include “all behavior, ranging from verbal to physical, which by intent, action, and/or outcome harms another person”** (Roark, 1993). Fighting, homicide, courtship violence, hazing and bias-related crimes fall under the purview of this definition. In addition, I will adopt a relatively new approach to studying campus violence. I will focus on men's perspectives on and experiences with violence: as its perpetrators, its witnesses, its enablers and its victims. Through a combination of participant-observation methods and ethnographic interviews, I intend to provide an in-depth analysis of violence as it effects men's lives and men's realities.

Although many behaviorists (Ardrey, 1966; Lorenz, 1967; Morris, 1967) have argued that aggression is biologically determined and inherent in man's nature, this dissertation analysis will be guided by a theoretical framework which posits culture and masculinity as the vehicle for understanding violence. That is, **violence is not a predetermined but rather a learned behavior** (Dworkin, 1981; Marshall, 1993; Miedzian, 1991; Montagu, 1966). The conceptualization of violence as a learned behavior is consistent with both the underlying assumptions of health education practice and with student development theories which guide higher education practitioners.

**Health education** is an educational process concerned with providing a combination of approaches to lifestyle change that can assist individuals, families and communities in making informed decisions on matters that affect restoration, achievement and maintenance of health (Modesto, 1996; World Health Organization, 1974). It is a deliberately structured

discipline or profession that provides learning opportunities about health through interactions between educators and learners using a variety of learning experiences. This process of learning can enable people to voluntarily change conditions or modify behavior. Health education is more than factual information. It includes those experiences that affect the way people think and feel about their health, and it motivates them to put information into practice (Modesto, 1996). A more in-depth review of the various individual and social-level behavior change theories used in health education is provided in *Chapter 4, Campus Peer Advocacy Groups and Men Against Violence*.

Similarly, many student development theories describe the process of students' psychosocial, cognitive, personality and ethical development as a continuum, along which a student moves in response to internal and external determinants — Erikson's (1959, 1963) eight "stages" of psychosocial development, Chickering's (1969) seven "vectors" of student development, Perry's (1970) nine "positions" of intellectual development, Kohlberg's (1969) six "cognitive stages" of moral development, Loevinger's (1976) eight "stages" of ego development, or Douglas Heath's (1978) five "dimensions" of maturation. Furthermore, note student development theorists, the college environment, including the experiences, peers and professionals that the student encounters, can either inhibit or enhance a student's development (Knefelkamp, Widick & Parker, 1978).

Of related significance, this study will examine and document the lives of a group of college males — in this case the group comprised by the eight Executive Board officers of *Men Against Violence*. Such details are virtually unknown to the majority of health education and higher education professionals, even though information of this nature is invaluable in designing prevention and intervention programs for men. Men on campus are joining numerous organizations, both formal and informal ones, many of which afford opportunities to interact in all-male contexts. From the literature review contained in

*Chapter 2, Men Behaving Badly: The Epidemiology of Campus Violence* and in *Chapter 3, Boys Will Be Boys...But Do They Have To? Understanding Men's Culture*, we can predict that men in groups are at increased risk for either participating in violence (active perpetrator), or for witnessing acts of violence (passive enabler or bystander). From an ethical standpoint, it is unclear whether "sins of omission" are as significant as "sins of commission" with regard to violent incidents. Nevertheless, that membership in all-male groups (e.g., fraternities, intercollegiate athletic teams, military organizations) or affiliation with all-male networks (e.g., all-male residence halls) and all-male environments is associated with increased violence begs the question about the educational purpose that such groups and contexts serve in institutions of higher education. Is allowing men on campus to join or affiliate in such a manner detrimental or beneficial to their leadership development and moral growth?

This dissertation will demonstrate that all-male organizations do not necessarily have to foster a culture which supports violence. Utilizing a sociological, public health perspective that incorporates theories of masculinity and models of student development, this dissertation is a case study of the organization *Men Against Violence*. It examines the ways in which a close-knit association of men generated and sustained an organizational culture that encourages and rewards non-violence among its members, as well as begins to reframe traditional conceptions of masculinity. Subjects for this study consisted of the eight male students who comprised the 1997-1998 Executive Board of *MAV*. Primary research questions were:

- (1) What are the characteristics of an organizational culture of non-violence that is created and maintained among a close-knit group of male college students?

- (2) How can higher education professionals, particularly women, facilitate the process of creating such an organizational culture?

The first research question is a theoretical one. Its answer yields a description of the learning process through which men can begin to break the link between masculinity and violence and author new sex-role scripts for men. The second research question is a practical one. Its response paints a picture of how to teach non-violence and intervene within a cultural context of traditional masculinity that encourages and tolerates violence.

This study is, in essence, a description of the long-term impact of a campus peer advocacy organizations on its members, as opposed to the impact on peer audiences reached by its programs. (*Chapter 4, Campus Peer Advocacy Groups and Men Against Violence* will highlight the role and functions of peer advocacy organizations.) Only four studies (Martin, Newman & Carlson, 1981; Russell & Thompson, 1987; Sanders, Wagoner & Thompson, 1978; Zapka & Mazur, 1977) have assessed learning outcomes with respect to college peer education programs; all four studies focus on changes in audience members' attitudes, beliefs and behaviors, and all are beset by methodological problems (Fennell, 1993).

## **So What Kind of Contact Lenses Am I Wearing?**

Epistemology refers to the branch of philosophy that studies the nature of knowledge and the process by which knowledge is acquired and validated. Until recently, institutions of higher learning have been dominated by the epistemological doctrine of **positivism**. In positivism, physical and social environments exist independently of the individuals who created them or who observe or study them (Gall, Borg & Gall, 1996). Observations of this reality, if unbiased, constitute objective, scientific knowledge. The quintessential example of positivism is the scientific method, predicated on controlled collection of data —



preferably quantitative — to “prove” existence of or explain the mechanism of natural phenomenon (Gall, Borg & Gall, 1996).

However, the assumption of an objective reality and the reliance on quantitative data become problematic when discussing issues of health behavior, which have multiple psychosocial determinants, or when considering the abstract concepts embraced by gender (masculinity versus femininity). For example, research demonstrates that men and women vary in their interpretation of sexual signals and thus perceive potential sexual assault scenarios differently (Abbey, 1982; Abbey, Cozzarelli, McLaughlin & Harnish, 1987; Abbey & Melby, 1986). In general, men are less likely to recognize coerced or forced sexual situations as such, whereas women are more sensitized to forms of assaultive and coercive sex. While the latter view may be more “desirable” from a prevention agenda, both perceptions may be “truth” — informed by differing experiences and backgrounds. The job of prevention specialists, then, is to take these “truths” and build a relevant behavior change intervention.

An opposing epistemological position, one that is more conducive and consistent with understanding the dynamics of campus violence, is known as **postpositivism**. Postpositivism is based on the assumption that social reality is constructed by the individuals who participate in it; these constructions take the form of interpretations, that is, the ascription of meaning to the social environment (Gall, Borg & Gall, 1996). Features of the social environment are not considered to have an existence apart from the meanings that individuals construct for them. Furthermore, social reality is constructed differently by different individuals. An extension of postpositivism is that individuals construct themselves — we do not have an objectively real self. Each of us constructs a self, sometimes multiple selves (Gall, Borg & Gall, 1996). For example, we might have a created self that is totally