PERSPECTIVES ON SOCIAL WORK

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Perspectives on Social Work

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EDITORIAL – Social Work Values in *Perspectives on Social Work*

Social work is a broad field with social workers across the globe engaging diverse populations in a variety of settings. The scope of *Perspectives on Social Work* reflects this spectrum by accepting a variety of submissions covering a myriad of topics in social work. We ask only that submissions encompass social work values and ethical principles. As in the social work profession itself, the values of social work create a common thread for the papers we feature in our journal. We hope to increase the number of submissions we receive as we continue to offer a space for doctoral students to showcase their research.

The Perspectives on Social Work Editorial Board has launched several new projects to raise the visibility of our journal while increasing opportunities that support doctoral students and strengthen our peer reviewer network. The doctoral education journey can be a path filled with many unique challenges and struggles. One area that remains critical to the doctoral student's career is the ability to produce scholarly writing. Our editorial board sought to add to the discourse through a conference presentation and webinar training. We hosted a panel discussion October 21, 2017, during the CSWE Annual Program Meeting in Dallas, Texas. The title of our presentation was "Professional Socialization of Doctoral Students through Editing, Managing, and Volunteering for Academic Journals." While at the APM, we also hosted a "meet and greet" for doctoral students in our peer review network. In February of this year we offered our first web-based training titled: Best Practices on the Peer Review Process. This webinar was facilitated by Dr. Jeff Jensen, Editor-in-Chief of the *Society of Social Work Research Journal*. It was open to current doctoral students in our peer reviewer network. We intend to offer more opportunities like these to further our commitment and support to doctoral students who look to publish.

In this issue, the work of the authors reflects the level of diversity in their ability to address complex issues that encompass both practice and policy. Robert Motley and Andrae Banks (2018) provide a systematic review of prior research on black males, trauma and engagement in mental health services. They provide a valuable contribution to the field as they attempt to uncover the challenges that face our work with this population. Sarah English, Andrew Flaherty, and Andrew English (2018) examine the prevalence of bullying within academia. They take a qualitatively examine the experiences of doctoral students while bringing attention to the phenomenon of adult bullying in organizations. In our final article, Rex Rempel (2018) addresses the complexity of conducting student evaluations in higher education. He addresses key implications for teaching faculty. I encourage you to reflect on our shared values as social workers as you read these articles.

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Kenya R. Minott, MSW
University of Houston
Editor

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References

English, S., Flaherty, A., & English, A. (2018). Gaslit! An examination of bullying on doctoral students. *Perspectives on Social Work, 14*(1), 20-32.

Motley, R. & Banks, A. (2018). Black males, trauma, and mental health service Use: A systematic review. *Perspectives on Social Work, 14*(1), 4-19.

Rempel, R. (2018). The validity and utility of student evaluations. *Perspectives on Social Work, 14*(1), 33-43.

Black Males, Trauma, and Mental Health Service Use: A Systematic Review

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Abstract

Objective: To systematically review the evidence of and synthesize results from relevant studies that have examined barriers and facilitators to professional mental health service use for Black male trauma survivors ages 18 and older. **Methods**: A thorough search of selected databases that included EBSCO, ProQuest, and Web of Science Core Collection and careful consideration of inclusion and exclusion criteria yielded a final six studies for detailed review. **Results**: Black male trauma survivors were significantly less likely to be utilizing mental health services than other sex-ethnic groups. High levels of daily crises, a lack of knowledge of steps to obtain services, and service eligibility issues were significant individual barriers to mental health service use for Black males, whereas social support, occupational disability, and PTSD symptoms severity were significant facilitators for mental health service use. **Conclusion**: Exposure to trauma, whether through witnessing or direct victimization, is often a daily reality for many Black males. Findings from this review suggest that 56-74% of Black males exposed to traumatic events may have an unmet need for mental health services. Future research examining the relationship between trauma and mental health service use for Black men and factors that moderate and/or mediate this relationship is warranted.

Key words: Black males, African-Americans, Mental Health, Trauma, Victimization

Background Literature

Each year trauma accounts for 41 million emergency department visits, 2.3 million hospital admissions and 192,000 deaths across the nation (National Trauma Institute, 2014). The American Psychiatric Association (2013) Diagnostic and Statistical Manual 5th edition (DSM-V) defines a traumatic event as exposure to actual or threatened death, serious injury, or sexual violence in the following ways:

(1) Directly experiencing the traumatic event,

(2) witnessing in person or as it occurred to others,

(3) learning that the event occurred to a close family member or friend, and/or

(4) experiencing repeated or extreme exposure to aversive details of the traumatic event(s). (p. 271)

Trauma has been identified as a major public health and medical issue, and Black males ages 18 and older are at a noticeably high risk for trauma exposure (Centers for Disease Control and Prevention, 2016; Davis et al., 2008; Fein, Wade, & Cronholm, 2013).

Studies examining trauma exposure among community samples of Black males show that approximately 62% have directly experienced a traumatic event in their lifetime, 72% witnessed a traumatic event, and 59% have learned of a traumatic event involving a friend or family member (Afful et al., 2010; Centers for Disease Control and Prevention, 2016; Davis et al., 2008; Fein, Wade, & Cronholm, 2013; Kilpatrick et al., 2013; Substance Abuse and Mental Health Services Administration, 2014; Tolin & Breslau, 2007). In addition, homicide rates for Black males are 26.77 per 100,000 compared to 2.67 per 100,000 for their White counterparts, and they are roughly three times more likely than White men to be victims of a nonfatal injury by firearm (Centers for Disease Control and Prevention, 2016). However, it is not just the event itself that determines whether something is traumatic, but also the individual's experience of the event (Substance Abuse and Mental Health Services Administration, 2014). Although many Black males who experience a traumatic event will go on with their lives without incurring lasting negative outcomes, others may experience traumatic stress reactions that lead to deleterious mental and/or behavioral outcomes (Cuff & Matheson, 2015; Roberts et al., 2011).

Empirical research has documented an association between trauma and Post-Traumatic Stress Disorder (PTSD) (Breslau et al., 1999; Gillespie et al., 2009; Kessler et al., 2005), depression (Hovens et al., 2012; Mezuk et al., 2010; Williams et al., 2010; Wolff & Shi, 2012), anxiety (Gibb, Chelminski & Zimmerman, 2007; Kessler et al., 2010; Lochner et al., 2010; Mersky, Topitzes, & Reynolds, 2013), substance use (Dube et al., 2003; Mersky, Topitzes, & Reynolds, 2013; Reichert, Ruzich, & Osher, 2015; Rich & Grey, 2005; Turner & Lloyd, 2003), and violence perpetration (Gorman-Smith, Henry, & Tolan, 2004; Layne et al., 2014; Lynch & Cicchetti, 1998; Sansone, Leung, & Wiederman, 2012; Tummala–Narra et al., 2014). The frequency of trauma exposure among Black males ages 18 and older put them at great risk for experiencing one or more of these deleterious outcomes that may require mental health service use (Gary, 2005; Institute of Medicine, 2006; Snowden, 2003). Nevertheless, Black males are approximately half as likely as their White counterparts to use professional mental health services, even after adjusting for socioeconomic and clinical factors (Gonzalez et al., 2010; Hankerson et al., 2011).

Professional mental health services has been defined as formal facilities where specialized professionals (i.e., psychiatrist, psychologists, or licensed clinical social workers) provide specialized treatment to individuals with mental disorders that seeks to attenuate their symptomatology (Kessler et al., 2005). Mental health service use for Black males may be associated with certain factors that serve as barriers or facilitators to treatment use (Hines-Martin et al., 2003). According to the Behavioral Model of Health Services Use (Andersen, 1995) predisposing (e.g., age, gender, ethnicity, education), enabling (e.g., health insurance, income, social support), and need (e.g., symptom severity level, level of functional impairment) factors are associated with mental health service use for individuals in need of service. However, less is known about the relationship between predisposing, enabling, and need factors that may serve as barriers or facilitators to mental health service use for Black male trauma survivors. Thus, this study identified and synthesized results from relevant studies that have examined barriers and facilitators to mental health service use for Black male trauma survivors ages 18 and older. In addition, implications for future research, practice, and policy in this area are proposed.

Methods

The authors use the term "Black" and "African American" interchangeably throughout the paper to refer to a social, political, and culturally constructed ethnic group identity (Graves, 2001; Sussman, 2014; Zuberi, 2001) and recognize that this ethnic group, like all other ethnic groups in the United States, are heterogeneous. Literature searches were conducted between March 2016 and April 2016 in EBSCO (Academic Search Complete; America: History & Life; Applied Science & Technology Full Text [H.W. Wilson];CINAHL Plus; Communication Abstracts; Education Full Text [H.W. Wilson];Family & Society Studies Worldwide; Gender Studies Database; Global Health; Global Health Archive; History of Science, Technology & Medicine; MEDLINE; PsycINFO; Social Work Abstracts; SocINDEX), ProQuest (Applied Social Sciences Index and Abstracts Criminal Justice Database; Education Database; ERIC; Ethnic NewsWatch; Political Science Database; ProQuest Dissertations & Theses A&I; Social Science Database; Social Services Abstracts; Sociological Abstracts; Sociology Database), and Web of Science (Web of SCIENCE Core Collection; Inspec; KCI-Korean Journal Database; Russian Science Citation index; SciELO Citation Index).

Relevant articles were identified using search words formed according to the search guidelines and BOOLEAN combinations defined by the selected databases (see Table 1). Inclusion criteria for this review included articles that (1) were published after 1990, (2) were conducted in the U.S. (3) published in English (4) included Black males ages 18 and older, (4) measured trauma exposure, (5) measured mental health service use, (6) Assessed barriers to mental health service use, and/or, (7) assessed facilitators to mental health service use. The searches were completed by May, 2016. Titles and abstracts were screened, and articles were retrieved if they met the established inclusion criteria. Grey literature and the reference lists of retrieved papers were also screened to identify additional studies.

Table 1: Study Search Hedges

Category	Search Terms
Black	"african american" OR "african americans" OR "black" OR "blacks"
Men	"male" OR "males" OR "man" OR "men"
Trauma	"community violence" OR victim* OR "disaster" OR "disasters" OR witness* OR "emotional trauma" OR "emotionally traumatic" OR "psychological trauma" OR "psychologically traumatic" OR "emotional traumas" OR "psychological traumas" OR "psychosocial trauma" OR "psychosocial traumas" OR "rape trauma" OR "rape traumas" OR "psychological stress" OR "psychological stresses" OR "emotional stress" OR "emotional stresses" OR "psychologically stressed" OR "emotionally stressed" OR "stress disorder" OR "stress disorders" OR "stress disordered" OR "crisis" OR "domestic violence" OR "partner violence" OR "exposure to violence" OR "partner abuse" OR "husband abuse" OR "posttraumatic stress" OR "posttraumatic stresses" OR "post-traumatic stress" OR "post-traumatic stresses" OR "ptsd" OR "emotional abuse" OR "emotionally abused" OR "verbal abuse" OR "verbally abused" OR "anger" OR "perpetrator" OR" perpetrators" OR "neighborhood violence" OR "emotional distress" OR "emotionally distressed" OR "psychological distress" OR "psychologically distressed" OR "mental stress" OR "mental stresses" OR "mentally stressed" OR "mental distress" OR "mentally distressed" OR "mental trauma" OR "mental traumas" OR "mentally traumatic" OR "traumatic experience" OR "traumatic experiences" OR "traumatic event" OR "traumatic events" OR "traumatized" OR "violence survivor" OR "violence survivors" OR "rape survivor" OR "rape survivors" OR "trauma survivor" OR "trauma survivors"
Mental Health Services	"therapy" OR "therapies" OR "treatment" OR "treatments" OR "psychotherapy" OR "psychotherapies" OR "group work" OR "groupwork" OR "counseling" OR "behavior modification" OR "community psychology" OR "community based psychology" OR "community mental health" OR "community mental healthcare" OR "community based mental health" OR "community based mental healthcare" OR "hotline" OR "hotlines" OR "stress management" OR "crisis intervention" OR "crisis interventions" OR "anger management" OR "self-help group" OR "self-help groups" OR "support group" OR "support groups" OR "mental health" OR "psychological service" OR "psychological services" OR "psychological clinic" OR "psychological clinics" OR "psychological walk-in clinic" OR "psychological walk-in clinics" OR "psychological walkin clinic" OR "psychological walkin clinics" OR "mental healthcare" OR "psychotherapeutic intervention" OR "psychotherapeutic interventions" OR "therapeutic intervention" OR "therapeutic interventions" OR "health service utilization" OR "health services utilization" OR "health care utilization" OR "healthcare utilization"

Findings

A flow diagram for this review is presented in Figure 1. The Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) statement developed by Moher et al. (2009) was used as a guideline to formulate the flow diagram. An initial electronic search identified 6,218

studies published between January 1990 and April 2016 after exact duplicates were removed. The titles and abstracts of these articles were screened by the authors, resulting in 6,208 articles excluded because data was collected outside the U.S. or the outcomes studied did not meet the inclusion criteria. The remaining 10 studies were retrieved for full-text review. Four studies were excluded due to the sample not representing the population of interests, resulting in six studies that were included in the final research synthesis. Description of the studies design, sample, and setting are summarized in Table 2, and a description of how studies measured trauma exposure, mental health service use, and barriers or facilitators to mental health service use are summarized in Table 3.

Figure 1

PRISMA Flow Diagram

Trauma Exposure and Mental Health Disorders

There were a variety of trauma exposures and accompanying mental health disorders for Black males in the studies reviewed. Rates for trauma exposure among Black males across studies varied by type of traumatic events that included physical abuse/assault (52%), sexual abuse (37%), serious accident/injury (52%), death of a loved one (59%), domestic abuse (24%), emotional abuse (62%), and witnessing trauma (39%). In addition, Ghafoori et al. (2014a) found that the average number of traumas reported by Black males was 7.4, with assaultive trauma averages totaling 1.9 and non-assaultive trauma averages totaling 5.5.

The deleterious mental health outcomes for Black men across studies largely consisted of post-traumatic stress disorder, depression, schizophrenia, anxiety disorder, substance abuse, and psychiatric comorbidities. Rates of post-traumatic stress disorder ranged from 12-22%, while rates of depression ranged from 15-28%. The rate of schizophrenia identified was 8.6%, rate of generalized anxiety disorder identified was 8.2%, and rates of substance use were 7% for current and 28% for past use. Psychiatric comorbidities with post-traumatic stress disorder appeared common ranging from 17% of Black males having two disorders to 50% having three or more. Roughly 23-31% of black males with post-traumatic stress disorder had depression disorder, 22% had alcohol or substance use disorder, and 5.5% had a diagnosis of bipolar disorder.
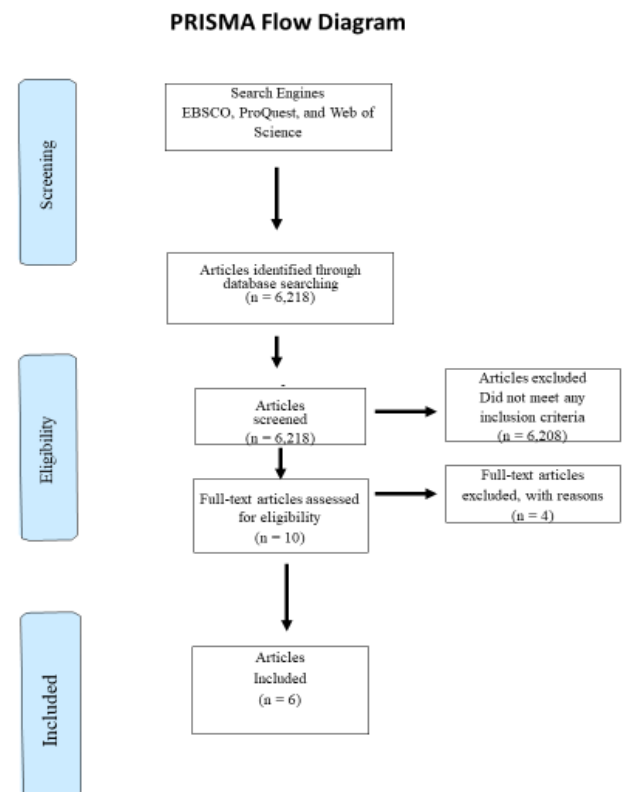
Figure 2: Description of studies design, sample, and setting

Citation	Study Design	Sample Demographics	Type of Setting
Davis et al. (2008)	Cross-sectional	97.3% Black and 41% male Civilian population	Urban nonpsychiatric hospital clinic
Ghafoori et al., (2014a)	Cross-sectional	45% Black and 66% male Civilian population	Health and mental health facility
Ghafoori et al. (2014b)	Cross-sectional	52.2% Black and 61% male Civilian population	Urban community health clinic
Rhoades et al. (2014)	Cross-sectional	71.6% Black and 100% male Civilian population	Community
Sripada et al. (2015)	Cross-sectional	12.9% Black and 28% male Civilian population	Community
Wiechelt et al. (2009)	Cross-sectional	25% Blacks and 46% male Civilian population	Mental Health facility

Table 2: Description of how studies measured trauma, mental health service use, barriers and facilitators to mental health service use

Citation	Trauma Measures	Measure of Mental Health Service Use	Measure of Barriers to Mental Health Service Use	Measure of Facilitators to Mental Health Service Use
Davis et al. (2008)	The Traumatic Events Inventory	Lifetime utilization	16-item Barriers to Need Questionnaire	N/A
Ghafoori et al., (2014a)	The Stressful Life Events Screening Questionnaire	Current utilization	Qualitative Semi-structured interviews were conducted to explore perceived barriers	N/A
Ghafoori et al. (2014b)	The Life Events Checklist	Current utilization	Participants selected from the following barriers: (1) Lack of time, (2) Lack of money, (3) Lack of transportation, (4) I do not believe it will help me, (5) Other: Reason:	A History Form
Rhoades et al. (2014)	PC-PTSD Screen	Current utilization	N/A	Personal Network Characteristics
Sripada et al. (2015)	Diagnostic and Statistical Manual of Mental Disorders, 4th edition criteria to diagnose PTSD	Lifetime utilization	Sociodemographic measures	12-item Interpersonal Support Evaluation List (ISEL-12)
Wiechelt et al. (2009)	Instrument was developed by authors and participants to assess trauma exposure	Participants were current mental health service recipients	N/A	Instrument was developed by authors and participants to assess perceived facilitators

Barriers and facilitators to mental health service use

Approximately 26% of trauma exposed Black males in this review currently used mental health services and 43% reported using mental health services at one point in their life. Being Black, male, older, and having only a high school education were significantly associated with nonuse of mental health services (Ghafoori et al., 2014a; Ghafoori, Barragan, & Palinkas, 2014b). Ghafoori, Barragan, and Palinkas (2014b) examination of enabling factors revealed that health insurance and income was not significantly associated with mental health service use for Black males, whereas social support (friend, spouse/partner, family) significantly predicted current mental health service use. Data from a sample of Black homeless men revealed that those who visited a drop-in center or accessed alcohol or drug counseling were significantly more likely to use mental health care services (Rhoades et al., 2014). In terms of need characteristics, occupational disability and increased depression symptom severity were significantly associated with current mental health service use (Ghafoori et al., 2014a; Ghafoori, Barragan, & Palinkas, 2014b), whereas greater levels of psychiatric comorbidity and PTSD symptom severity was significantly associated with lifetime service use (Rhoades et al., 2014).

Black males subjectively perceived barriers and facilitators to mental health service use were also examined. Davis et al., (2008) examined perceived individual and institutional barriers to mental health service use among Black males visiting a nonpsychiatric hospital clinic. Findings showed that poor physical health, lack of faith in treatment, high levels of daily crisis, and lack of time were significant individual barriers. In contrast, too much hassle, unaware of steps to obtain services, and service eligibility issues were significant institutional barriers to service use. Similarly, results from an examination of mental health beliefs related to the use of mental health services revealed that fear of the potential effects of medication and a lack of knowledge about the benefits of treatment were reasons why Black males did not seek mental health services for their trauma related symptoms (Ghafoori et al., 2014a). In terms of perceived facilitators to service use, findings from a sample of Black males showed that the majority of participants agreed/strongly agreed that transportation to services (76%) and financial assistance to obtain treatment (69%) are needed to facilitate service use (Wiechelt, Delprino, & Swarthout, 2009).

Discussion

The collection of studies included in this review present compelling evidence concerning trauma exposure, mental illness, and barriers and facilitators to mental health service use for Black males ages 18 and older. The prevalence of trauma exposure and deleterious mental and behavioral outcomes among Black males found in this review are comparable to prior research on this population (Afful et al., 2010; Felitti et al., 1998; Fein, Wade, & Cronholm, 2013; Gillespie et al., 2009; Hovens et al., 2012; Kilpatrick et al., 2013; McLaughlin et al., 2010; Truman & Langton, 2014; Turner & Lloyd, 2003). Despite the potential need for mental health services, findings from this review suggest that 56-74% of Black males exposed to traumatic events may have an unmet need for mental health services.

Before an individual seeks mental health services, they progress through several stages that consist of experiencing symptoms, evaluating the severity and consequences of the symptoms, assessing whether treatment is required, assessing the feasibility of and options for treatment, and deciding whether to seek treatment (Goldberg & Huxley, 1980). Each stage may

serve as a barrier or facilitator to mental health service use. For Black male trauma survivors in the studies reviewed, specific predisposing, enabling, and need factors served as barriers or facilitators to their use of mental health services. Black males with low incomes and no college education were significantly less likely to use mental health services, whereas, disability and psychiatric symptom severity were significantly associated with service use (Davis et al., 2008; Ghafoori et al., 2014a; Ghafoori, Barragan, & Palinkas, 2014b).

Perhaps, a lack of financial resources decreases the ease with which a Black male can decide to spend resources for mental health treatment. Likewise, a lack of education may make it more difficult to understand mental health, mental health treatment, and mental health service systems, while also contributing to a lack of financial resources. On the other hand, the facilitating factors of disability and psychiatric symptom severity may lead to increased Black male mental health service use due to more obvious need presentation, concentrated efforts to intervene, and support from their social network (Ghafoori et al., 2014a).

Although Evidenced-based trauma-informed mental health treatments for trauma survivors are available, use of services is however affected by many interacting factors. Findings from this review revealed that many of the Black males were not using mental health services due to self-reported perceived barriers such as lack of insurance coverage and fear of side effects from medication (Davis et al., 2008; Ghafoori, Barragan, & Palinkas, 2014b). In contrast, self-reported perceived support from friends, spouse/partner, and family members significantly predicted current mental health service utilization (Ghafoori et al., 2014a). Among the Black males who reported mental health service use, the services mostly comprised of outpatient services at a community hospital or health facility with their primary care physician, or substance abuse treatment facility. These findings support prior research that suggest Black males who have experienced trauma, particularly those residing in low-resourced urban communities, are more likely to seek psychiatric treatment in primary care settings than from mental health specialists (Gary, 2005; Institute of Medicine, 2006; Snowden, 2003). Research show that approximately 50% of all mental health related visits are made to a medical clinic or provider, with 90% of these visits specifically being made to primary care practitioners (Prins, Kimerling, & Cameron et al., 1999). Furthermore, when Black men do seek treatment, clinicians in mental health treatment programs regularly overlook their trauma exposure because of a lack of competency in addressing the effects of trauma and their concern for addressing other presenting problems that are more persistent (Cusak et al., 2006; Salyers et al., 2004).

Limitations

This review is limited by the relatively few studies available that examined Black male trauma survivors ages 18 and older use of mental health services and factors that serve as barriers and facilitators to their service use. All of the studies in this review (n = 6) used a cross-sectional design which limits our ability to make causal inferences regarding trauma exposure in relation to barriers and facilitators to mental health service use. Measures used for mental health service use, and barriers and facilitators to service use were self-report. The use of these self-report measures may have minimized findings due to biases that are inherent in self-report. Lastly, although this review targeted all studies focused on barriers and facilitators to mental health service use for Black male trauma survivors ages 18 and older, it is possible that some studies

were not identified and thus not included in this review. Despite the current limitations, results from this review offer implications for future research, practice, and policy.

Implications

One advantage of a systematic review is the ability to use summaries from two or more studies on the same topic to obtain a more precise assessment of the relationship between to variables (Shadish, Cook, & Campbell, 2002). Furthermore, combining results from several studies can lend more credence to the findings than a single study alone. There have been significant changes to the U.S. health care system since the passing of the Affordable Health Care act, which may lead to changes in perceived barriers and facilitators to mental health service use for Black male trauma survivors. Future research should employ a longitudinal design to examine the relationship between trauma and mental health service use for Black men, and individual, familial, and institutional factors that moderate and/or mediate this relationship. It is also important for future research to carefully examine the relationship between cultural perceptions of barriers and facilitators to mental health service use for Black male trauma survivors. Research investigating factors associated with mental health service use is essential for improved mental and behavioral health outcomes and informing policy and practitioners in the mental health care profession.

Due to the prevalence of Black male trauma survivors ages 18 and older use of primary care settings for psychiatric symptoms, primary care providers should provide a safe space for Black men to discuss their traumatic experiences, how they are coping with these experiences, and refer them to a mental health service provider if needed. Practitioners should also be cognizant of social support systems (i.e., peers, family, and spouse/partner) that can be used to facilitate service use for Black male trauma survivors. Furthermore, policies aimed at creating an integrated system of care consisting of primary care, mental health care, and behavioral health care services focused on the traumatic experiences and associated deleterious outcomes of Black males are warranted.

Conclusion

Black males age 18 and older have the highest age adjusted all-cause mortality rate and perhaps the worst health status of any ethnic-sex group in the United States (Rich & Marguerite, 2002; Ravenell et al., 2006). Exposure to trauma, whether through witnessing or direct victimization, is often a daily reality for many Black males (Bertram & Dartt, 2008; Rich et al., 2005). Additionally, having prior experiences of trauma exposure puts one at risk for exposure to traumatic events in the future (Breslau et al., 1991; Cottler, Nishith, & Compton, 2001; Yehuda et al., 2006). This cycle of trauma that encompasses the lives of many Black men ages 18 and older poses tremendous social and economic costs to the victims, their families, society, and the healthcare system. Each year trauma accounts for 41 million emergency department visits, 2.3 million hospital admissions and 192,000 deaths across the nation (National Trauma Institute, 2014). Trauma related to car accidents ($400 billion), child maltreatment ($585 billion), inpatient ($37 billion), and fatal ($214 billion) and nonfatal ($457 billion) injuries result in a lifetime cost of $1.7 trillion dollars for the U.S. economy due to loss of life and wages lost (CDC, 2015; Paniker et al., 2015; Velopulos et al., 2013).

Evidenced-based trauma-informed mental health treatments such as Cognitive Processing Therapy (Resick & Schnicke, 1993), Prolonged Exposure (Foa, Hembree, & Rothbaum, 2007; McLean & Foa 2011), and Eye Movement Desensitization and Reprocessing (Shapiro, 2001) have shown to be effective in treating and reducing the rates of deleterious mental and behavioral outcomes for trauma survivors, which contribute to reductions in health care costs (Foa et al., 2009; Hassija & Cloitre, 2015). Therefore, addressing barriers to mental health service use for Black male trauma survivors is vital to creating a healthier and thriving society. Moreover, it will take a collective effort from researchers, practitioners, mental and behavioral health organizations, and policy makers to eradicate barriers to mental health service use and strengthen support systems for Black male trauma survivors.

References

Afful, S., Strickland, J., Cottler, L., & Bierut, L. (2010). Exposure to trauma: A comparison of cocaine-dependent cases and a community-matched sample. *Drug & Alcohol Dependence, 112(1/2)*, 46-53.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Andersen, R.M. (1995). Revisiting the behavioral health model and access to medical care: Does it matter? *Journal of Health and Social Behavior, 36,* 1-10.

Bertram, R., & Dartt, J. (2008). Post-traumatic stress disorder: A diagnosis for youth from violent, impoverished communities. *Journal of Child & Family Studies, 18(3),* 294-302.

Breslau, N., Chilcoat, H.D., Kessler, R.C., & Davis, G.C. (1999). Previous exposure to trauma and ptsd effects of subsequent trauma: Results from the Detroit area survey of trauma. *American Journal of Psychiatry, 156,* 902–907.

Breslau, N., Davis, G. C., Andreski, P., & Peterson, E. (1991). Traumatic events and posttraumatic stress disorder in an urban population of young adults. *Archives of General Psychiatry, 48,* 216–222.

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Analysis, Research, and Practice Integration. (2016). *2014 Violence-related all injury causes nonfatal injuries and rates per 100,000*. Retrieved from http://webappa.cdc.gov/sasweb/ncipc/nfirates2001.html

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Injury Prevention & Control: Data & Statistics (WISQARS). (2015). Fatal injury reports, national, regional and state, 1981 – 2016. Retrieved from https://webappa.cdc.gov/sasweb/ncipc/mortrate.html

Cottler, L. B., Nishith, P., & Compton, W. M. (2001). Gender differences in risk factors for trauma exposure and post-traumatic stress disorder among inner-city drug abusers in and out of treatment. *Comprehensive Psychiatry, 42(2),* 111-117.

Cuff, R., & Matheson, F.I. (2015). *Women, trauma & incarceration: What they say, how we work*. Retrieved from http://content.govdelivery.com/accounts/USDOJBOPNIC/bulletins/111206c

Davis, R. G., Ressler, K. J., Schwartz, A .C., Stephens, K. J., & Bradley, R. G. (2008). Treatment barriers for low-income, urban african americans with undiagnosed posttraumatic stress disorder. *Journal of Traumatic Stress, 21(2),* 218–222.

Dube, S., Felitti, V., Dong, M., Chapman, D., Giles, W., & Anda, R. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The adverse childhood experiences study. *Pediatrics, 111(3),* 564-572.

Fein, J., Wade, R., & Cronholm, P. (2013). *Findings from the Philadelphia urban ace survey*. Retrieved from http://www.instituteforsafefamilies.org/sites/default/files/isfFiles/Philadelphia%20Urban%20AC E%20Report%202013.pdf

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ace) study. *American Journal of Preventive Medicine, 14,* 245-258.

Foa, E. B., Hembree, E., & Rothbaum, B. (2007). *Prolonged exposure therapy for ptsd: Emotional processing of traumatic experiences*: Therapist guide. New York: Oxford University Press.

Foa, E. B., Keane., T.M., Friedman, M.J., & Cohen, J.A. (2009). *Effective treatments for ptsd: Practice guidelines from the international society for traumatic stress studies*. New York, NY: Guilford Press.

Gary, F. A. (2005). Stigma: Barrier to mental health care among ethnic minorities. *Issues in Mental Health Nursing, 26,* 979–999.

Ghafoori, B., Fisher, D.G., Koresteleve, O., & Hong. M. (2014a). Factors associated with mental health service use in urban, impoverished, trauma-exposed adults. *Psychological Services, 11(4),* 451-459.

Ghafoori, B., Barragan, B., & Palinkas, L. (2014b). Mental health service use after trauma exposure: A mixed methods study. *Journal of Nervous and Mental Disease, 202(3),* 239–246.

Gibb, B.E., Chelminski, I., & Zimmerman, M. (2007). Childhood emotional, physical, and sexual abuse, and diagnoses of depressive and anxiety disorders in adult psychiatric outpatients. *Depression and Anxiety, 24(4),* 256-263.

Gillespie, C. F., Bradley, B., Mercer, K., Smith, A. K., Conneely, K., Gapen, M., & Ressler, K. J. (2009). Trauma exposure and stress-related disorders in inner city primary care patients. *General Hospital Psychiatry, 31,* 505–514.

Goldberg, D., & Huxley P. (1980). *Mental health in the community: The pathways to psychiatric care*. London: Tavistock Publications.

Gonzalez, H. M, Vega, W. A, Williams, D. R, Tarraf, W., West, B. T., & Neighbors, H. W. (2010) Depression care in the United States: Too little for too few. *Archives of general psychiatry, 67,* 37-46.

Gorman-Smith, D., Henry, D. B., & Tolan, P. H. (2004). Exposure to community violence and violence perpetration: The protective effects of family functioning. *Journal of Clinical Child & Adolescent Psychology, 33(3),* 439–449.

Graves, J. L. (2001). *The emperor's new clothes: Biological theories of race at the millennium.* New Brunswick, NJ: Rutgers University Press.

Hankerson, S. H., Fenton, M. C., Geier, T. J., Keyes, K. M, Weissman, M. M, Hasin, D. S. (2011). Racial differences in symptoms, comorbidity, and treatment for major depressive disorder among black and white adults. *Journal of the National Medical Association, 103,* 576-584.

Hassija, C. M., & Cloitre, M. (2015). STAIR narrative therapy: A skills focused approach to trauma-related distress. *Current Psychiatry Reviews, 11,* 172-179.

Hines-Martin, V.,Malone,M., Kim, S., & Brown-Piper, A. (2003). Barriers to mental health care access in an african american population. *Issues in Mental Health Nursing, 24,* 237–256.

Hovens, J., Giltay, E.J., Wiersma, J.E., Spinhoven, P., Penninx, B.W.J.H., & Zitman, F.G. (2012). Impact of childhood life events and trauma on the course of depressive and anxiety disorders. *Acta Psychiatrica Scandinavica, 126,* 198–207.

Institute of Medicine. (2006). *Improving the quality of health care for mental and substance-use conditions: Quality chasm series.* Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK19830/pdf/Bookshelf_NBK19830.pdf

Kessler, R. C., Berglund, P., Demler, O., Jin, R.,Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of dsm-iv disorders in the national community survey replication. *Archives of General Psychiatry, 62,* 593-602.

Kessler, R. C., Demler, O., Frank, R. G., Olfson, M., Pincus, H. A., Walters, E. E. Zaslavsky, A. M., et al. (2005). Prevalence and treatment of mental disorders, 1990 to 2003. *New England Journal of Medicine, 352,* 2515–2523.

Kessler, R. C., McLaughlin, K. A., Green, J. G., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., et al. (2010). Childhood adversities and adult psychopathology in the WHO world mental health surveys. *British Journal of Psychiatry, 197,* 378-385.

Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National estimates of exposure to traumatic events and ptsd prevalence using dsm–4 and dsm–5 criteria. *Journal of Traumatic Stress, 26(5),* 537–547.

Layne, C. M., Greeson, J. P., Ostrowski, S. A., Kim, S., Reading, S., Vivrette, R. L., & Pynoos, R. S. (2014). Cumulative trauma exposure and high risk behavior in adolescence: Findings from the national child traumatic stress network core data set. *Psychological Trauma: Theory, Research, Practice, and Policy, 6(1),* 40-49.

Lochner, C., Seedat, S., Allgulander, C., Kidd, M., Stein, D., & Gerdner, A. (2010). Childhood trauma in adults with social anxiety disorder and panic disorder: A cross-national study. *African Journal of Psychiatry, 13,* 376-381.

Lynch, M., & Cicchetti, D. (1998). An ecological–transactional analysis of children and contexts: The longitudinal interplay among child maltreatment, community violence, and children's symptomatology. *Development and Psychopathology, 10(2),* 235–257.

McLaughlin, K. A., Conron, K. J., Koenen, K. C., & Gilman, S. E. (2010). Childhood adversity, adult stressful life events, and risk of past-year psychiatric disorder: A test of the stress sensitization hypothesis in a population based sample of adults. *Psychological Medicine, 40,* 1647-1658.

McLean, C. P., & Foa, E. B. (2011). Prolonged exposure therapy for post-traumatic stress disorder: A review of evidence and dissemination. *Expert Review of Neurotherapeutics, 11(8),* 1151– 1163.

Mersky, J. P., Topitzes, J. J., & Reynolds, A. J. (2013). Impacts of adverse childhood experiences on health, mental health, and substance use in early adulthood: A cohort study of an urban, minority sample in the U.S. *Child Abuse & Neglect, 37(11),* 917-925.

Mezuk, B., Rafferty, J. A., Kershaw, K. N., Hudson, D., Abdou, C.M., Lee, H., Jackson, J. S., et al. (2010). Reconsidering the role of social disadvantage in physical and mental health: Stressful life events, health behaviors, race, and depression. *American Journal of Epidemiology, 172,* 1238–1249.

Moher, D., Liberari, A., Tetzlaff, J., Altman, D., & the PRISMA Group. (2009). Preferred reporting items for systematic reviews and meta-analysis: The prisma statement. *Annals of Internal Medicine, 151,* 264–269.

National Trauma Institute. (2014). *Trauma statistics*. Retrieved from http://www.nationaltraumainstitute.org/home/trauma_statistics.html

Paniker, J., Graham, S. M., & Harrison, J. W. (2015). Global trauma: The great divide. *Sicot-J, 119*.

Prins A., Kimerling, R., Cameron, R, et al. (1999). *The primary care ptsd screen (PC-PTSD)*; Paper presented at: 15th annual meeting of the international society of traumatic stress studies; Miami, FL.

Ravenell, J. E., Johnson, W. E., & Whitaker, E. E. (2006). African-American men's perceptions of health: A focus group study. *Journal of the National Medical Association, 98(4),* 544-550.

Reichert, J., Ruzich, D., & Osher, M. (2015). *Male survivors of urban violence and trauma: A qualitative analysis of jail detainees.* Chicago, IL: Illinois Criminal Justice Information Authority.

Resick, P. A., & Schnicke, M. K. (1993). *Cognitive processing therapy for rape victims: A treatment manual*. Newbury Park, CA: Sage.

Rhoades, H., Wenzel, S. L., Golinelli, D., Tucker, J. S., Kennedy, D. P. & Ewing, B. (2014). Predisposing, enabling and need correlates of mental health treatment utilization among homeless men. *Journal of Community Mental Health, 50,* 943-952.

Rich, J. A., & Grey, C. M. (2005). Pathways to recurrent trauma among young black men: Traumatic stress, substance use, and the "code of the street." *American Journal of Public Health, 95(5),* 816–824.

Rich, J., & Marguerite, R. (2002) *A poor man's plight: Uncovering the disparity in men's health. A series of community voices publications*. Battle Creek, MI: W.K. Kellogg Foundation.

Roberts, A. L., Gilman, S. E., Breslau, J., Breslau, N., & Koenen, K. C. (2011). Race/ethnic differences in exposure to traumatic events, development of post-traumatic stress disorder, and treatment-seeking for post-traumatic stress disorder in the United States. *Psychological Medicine, 41,* 71-83.

Salyers, M. P., Evans, L. J., Bond, G. R., & Meyer, P. S. (2004). Barriers to assessment and treatment of posttraumatic stress disorder and other trauma-related problems in people

with severe mental illness: Clinician perspectives. *Community Mental Health Journal, 40*, 17-31.

Sansone, R. A., Leung, J. S., & Wiederman, M. W. (2012). Five forms of childhood trauma: Relationships with aggressive behavior in adulthood. *The Primary Care Companion for CNS Disorders, 14(5)*.

Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Boston, MA: Houghton Mifflin.

Shapiro, F. (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures* (2nd Ed.). New York: Guilford Press.

Snowden, L. R. (2003). Bias in mental health assessment and intervention: Theory and evidence. *American Journal of Public Health, 93,* 239–243.

Sripada, R. K., Pfeiffer, P N., Rauch, S. A. M., & Bohnert, K. M. (2015). Social support and mental health treatment among persons with ptsd: Results of a nationally representative survey. *Psychiatric Services, 66,* 65-71.

Substance Abuse and Mental Health Services Administration Trauma and Justice Strategic Initiative. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Retrieved from http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

Sussman, R. W. (2014). *The myth of race: The troubling persistence of an unscientific idea*. Cambridge, MA: Harvard University Press.

Tolin, D., & Breslau, N. (2007). Sex differences in risk of ptsd. *PTSD Research Quarterly, 18(2)*.

Truman, J.L., & Langton, L. (2014). *Criminal victimization, 2013*. Retrieved from http://www.bjs.gov/content/pub/pdf/cv13.pdf

Tummala-Narra, P., Li, Z., Liu, T., & Wang, Y. (2014). Violence exposure and mental health among adolescents: The role ethnic identity and help seeking. *Psychological Trauma: Theory, Research, Practice, and Policy, 6(1),* 8-24.

Turner R. J. & Lloyd, D. A. (2003). Cumulative adversity and drug dependence in young adults: Racial/Ethnic contrasts. *Addiction, 98,* 305–315.

Velopulos, C. G., Enwerem, N. Y., Obirieze, A., Hui, X., Hashmi, Z. G., Scott, V. K., & ... Haider, A. H. (2013). National cost of trauma care by payer status. *The Journal of Surgical Research, 184(1),* 444-449.

Wiechelt, S. A., Delprino, R., & Swarthout, J. A. (2009). Characteristics of traumatic experience and survivor perceptions of mental health services: The 2004–2005 Erie county community trauma survey. *Journal of Aggression, Maltreatment & Trauma, 18,* 484-498.

Williams, D. R., Mohammed, S. A., Leavell, J., & Collins, C. (2010). Race, socioeconomic status, and health: Complexities, ongoing challenges, and research opportunities. *Annals of the New York Academy of Sciences, 1186,* 69–101.

Wolff, N., & Shi, J. (2012). Childhood and adult trauma experiences of incarcerated persons and their relationship to adult behavioral health problems and treatment. *International Journal of Environmental Research and Public Health, 9(5),* 1908-1926.

Yehuda, R., Flory, J. D., Southwick, S., & Charney, D. S. (2006). Developing an agenda for translational studies of resilience and vulnerability following trauma exposure. *Annals of the New York Academy of Sciences, 1071(1),* 379-396.

Zuberi, T. (2001). *Thicker than blood: How racial statistics lie*. Minneapolis, MN: University of Minnesota Press.

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Conflicts of Interest

Gaslit! An Examination of Bullying on Doctoral Students

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Abstract

Bullying is the intentional and repeated infliction of duress upon another person. It may be psychological or physical, subtle or surreptitious; yet, regardless of form, the bully seeks to marginalize and oppress another in order to secure and/or enhance his or her own status (McDonald, 2011). Although bullying is often associated with children or adolescents, it is not restricted to youth and many adults experience bullying, incivility, and violence from other adults, reinforcing a culture of humiliation and antagonization. Like any form of violence, bullying affects the individual and the systems in which that individual operates. Whether overt or covert, bullying behavior is frequently embedded within the cultural context of organizations and often occurs in places of rigid structure, strict class division, and inflexible hierarchies, including some workplaces and places of higher education (Misawa & Roland, 2015). This study explores the presence of adult-on-adult bullying within the social environment of academia, as experienced by doctoral students.

Keywords: Adult-on-adult bullying, academia, higher education, students, marginalization

Twenty-five percent of all Americans reported experiencing some form of bullying as an adult (Namie, Christiansen, & Phillips, 2014; Randall, 2005). Among children and adolescents, bullying behavior is often rooted in the discrimination of someone seen as culturally or physically different or socially less (Olweus, 1993). Adults who bully other adults do not, generally, target those seen as *less*; rather, Ireland and Power (2004) found that adults who bully, tend to target those perceived as *threats*. Students who are capable, independent, and liked can become targets of whisper campaigns and repeated, intentional behaviors, which exist to undermine success (Randall, 2005).

Pierce, Hodge, Taylor, and Button (2017) defined the targeted undermining and cutting down of successful achievers as *Tall Poppy Syndrome*, sometimes found in highly competitive settings, where some persons are purposefully oppressed and marginalized by others. Such behavior is often embedded within the cultural context of institutions (Goffman, 1961; Misawa & Rowland, 2015; Rigby & Smith, 2011), with bullying seen as a by-product of top-down

hierarchies that encourage a culture of incivility, manifested through covert and overt forms of aggression of "interpersonal mistreatment and harassment" (Piotrowski & King, 2016, p. 299). Misawa and Roland (2015) explained bullying behavior, including marginalization (through exclusion, which creates isolation) and gas-lighting (through manipulation, which creates doubt) as particularly common in environments involving rigid hierarchies. Piotrowski and King (2016) noted that bullying behaviors, especially in academic arenas, may be supported by the hierarchy and class division common to academic settings where those who challenge power bases often incur marginalization and targeting (Flipper, 1878; Goffman, 1961; Rigby & Smith, 2011). Hierarchical expectations reinforce a culture of humiliation and antagonization, with abusive and repressive actions sometimes viewed as common to the doctoral experience, leaving those experiencing it with limited forms of redress, either personally or professionally (Hallberg & Strandmark, 2006). Although Bell-Ellison and Dedrick (2008) outlined the importance of supportive environments for doctoral students, especially regarding "feelings of acceptance and confirmation – *Believe in me*" (p. 566), collectivist behavior found in universities and colleges may contribute to mobbing and other bullying behaviors (Björkqvist, Österman, & Hjelt-Bäck, 1994; Vance, 2010).

Like any form of violence, bullying affects the individual and the systems in which the individual operates. The trickle-down effect from the trauma of bullying impacts not only the individual, but also those intimately connected to that individual. Hallberg and Strandmark (2006) found those who are aware of personal marginalization are often hypersensitive to the bullying of others and experience increased stress. Additionally, a report by Thomas (2005) found that almost half of all university employees had witnessed others being bullied by supervisors.

As noted by Hallberg and Strandmark (2006), the tightly-knit environment of higher education creates a great deal of social isolation for doctoral students being bullied. There is fear of additional rejection if one comes forward, and self-doubt regarding one's perception of events. There is frustration regarding the lack of support from sanctioning bodies who dismiss incidents of adult bullying as mere personality conflicts. Students who complain about untoward treatment are labeled as weak or troublesome (Lutgen-Sandvik, Tracy, & Alberts, 2007). Within the collegiate caste system, bullied students are often deemed untouchable, separated from others through surreptitious means, such as ostracism, gas-lighting, and gossip. These subtle tools are effective and covert, difficult to pinpoint as actions of targeting behavior, and often enduring as "a sting that burns long and fiercely" (Flipper, 1878, p.136), making systems of redress costly. Access to safety is limited for students dependent upon the university system for - contemporary and future - academic, financial, and professional support (Holiday & Rosen, 2010; Lutgen-Sandvik et al., 2007; Misawa & Rowland, 2015).

Context for Practice

A member of a socially dominant culture may seek to maintain power at the cost of segregating and stigmatizing others (Lee, 2010). Bandura (1977) explained social learning as observational in nature, passed from one to another. Persons learn how to construct meaning and behaviors by observing the behaviors of others, within social context. Yet, Bourdieu (1987) developed a deeper understanding of this social learning, with collective and replicated meaning-making as a form of social control, embodied and embedded, within the *habitus* of the *milieu*.

Nelson and Lambert (2001) found "ivory tower bullying" (p. 84) an embedded behavior within university settings and the stratified social structure of tenure. Unchecked power, pressure to publish or perish, competition for scarce resources, limited accountability, and highly competitive research agendas contribute to an uncivil and hostile environment in which junior persons, whether faculty or students, are dependent upon those who have power to extend support and legitimize their presence within the social system.

University students who are bullied often learn to keep a low profile; people, who are neither bullies nor bullied, learn not to interfere, as association with either group is undesirable (Nelson & Lambert, 2001; Piotrowski & King, 2016). Individuals create and construct the meaning of the world, and the roles people play, through observing and experiencing the pleasures and punishments offered by the society in which they live and operate. The lack of preventive response to those who marginalize others creates an environment of implicit approval and "unconsciously acceptable" behavior (Reisberg-Ross, 2010, para. 7).

The subtle nature of most adult-on-adult bullying makes it difficult to define and detect, with indirect forms of adult-on-adult bullying maintaining oppression of a targeted person (Dentith, Wright, & Coryell 2015). Less-obvious tactics may go unaddressed by faculty and administrative personnel unable and/or unwilling to acknowledge the existence of such behavior. The doctoral student who is bullied may fear losing status in the eyes of the very people he or she is trying to please. They may not seek help for fear of being labeled as a trouble maker who has misunderstood or misread a situation. Witnesses may be unwilling to bring up issues surrounding oppression and privilege, and university leaders may resist any type of confrontation for fear of damage to the reputation of both individual and institution. Such lack of intervention only feeds into the cultural *habitus* and makes the lack of response normative (Bourdieu, 1987). While the pressure to perform may be understood as essential to success in the arena of higher education, the highly pressurized system cultivates an environment conducive to bullying (Dentith et al., 2015; Levecque, Anseel, De Beuckelaer, Van der Heyden, & Gisle, 2017; Nelson & Lambert, 2001). High levels of stress experienced by bullied students may be associated with avoidance, anxiety, and abandonment of goals (Sirois, 2004). One's individual grit fails to compensate a student valued, merely, as grist.

Much of the literature on bullying behavior focuses on incidents among children and teens (McDonald, 2011; Misawa & Roland, 2015; Nelson & Lambert, 2001). The examination of bullying in higher education has focused on student-on-student bullying, neglecting what Dentith, Wright, and Coryell (2015) emphasized as a bullying-embedded culture, commonly occurring "between supervisors and subordinates" (p. 29). This study explores the presence of bullying experiences among doctoral students.

Methodology

To examine perceptions of bullying behavior, as experienced by doctoral students, this exploratory study utilized a 10-point survey, designed by the authors. The on-line survey was open for a period of 72 hours and distributed through purposive snowball sampling, via social media (Facebook and Twitter). Early local exploration of this topic revealed intense student concerns regarding fear of discovery. In acknowledgement of these concerns, this study does not include demographic information beyond whether the participant was, or had been, a doctoral student and what type of school the participant attended. Prior to the study, approval for research using human subjects was secured through the Institutional Review Board.

The Survey Instrument

This study utilized a survey, developed to discover more about the experience of bullying behavior among doctoral students. The survey included nine items, analyzed through quantitative analysis, including: five yes/no/not applicable questions regarding experienced or witnessed bullying behavior and four multiple-choice Likert-scale questions regarding bullying experiences. Participants were also invited to include any comments regarding bullying experiences in an additional open response text box. Responses were analyzed through a constant comparative analysis, focusing on common themes. The survey instrument was informed by earlier conversations with doctoral students, many of whom had shared bullying experiences during doctoral studies. Care was given to differentiate conflict from bullying, with conflict defined as discord between persons of similar power and bullying defined as repeated, insulting, or marginalizing behavior by a person with greater power than the doctoral student.

Research Questions

This exploratory study sought to answer the following questions regarding bullying behavior, as experienced by doctoral students: 1.) How common is bullying behavior in the academic setting, as experienced by doctoral students? 2.) What is the common role of the perpetrator, in relation to the doctoral student? 3.) Do doctoral students perceive that bullying behavior effects relationships with others? 4.) Do doctoral students perceive that bullying behavior effects personal/professional progress?

Variables, Analysis, and Participants

The variables considered were bullying experiences, role of the bullying perpetrator, interpersonal relationships, academic progress, and professional progress. Quantitative analysis was completed with SAS 9.4 software; qualitative analysis was completed with ATLAS.ti v.8.0.42 software. A total of 48 participants were recruited using purposive snowball sampling, via online social media platforms. Sampling recruitment was open for a period of 72 hours and collected through an encrypted online survey tool. All participants were current or former doctoral students. As previously mentioned, to allay reported fears of participants, limited demographic information was collected for this exploratory study.

Findings

Results of the study were gathered following the close of the survey. Among the participants ($N = 48$), 70.83% ($n = 34$) of the sample reported experiencing bullying behavior, at least *occasionally*. This finding indicates that bullying behavior is a common experience among the participants. Such behavior was reported as *severe* 20.83 % ($n = 10$) of the time, with 18.75% ($n = 9$) reporting having experienced bullying behavior from someone with more formal power *frequently* and 2.08% ($n = 1$) reporting bullying behavior as *always* experienced. Additionally, the majority, of participants reported having witnessed the bullying of other doctoral students, 72.34% ($n = 34$), whether they had experienced bullying behavior from others themselves. Please, see Figure 1 and Figure 2 below, for a visual summary of findings.
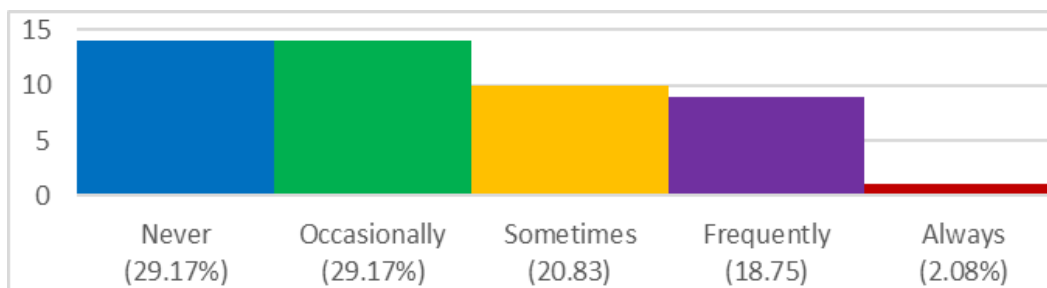

Figure 1: During my time as a doctoral student, I have experienced bullying, uncivil, or marginalizing behavior from persons with more formal power than myself. (N = 48)
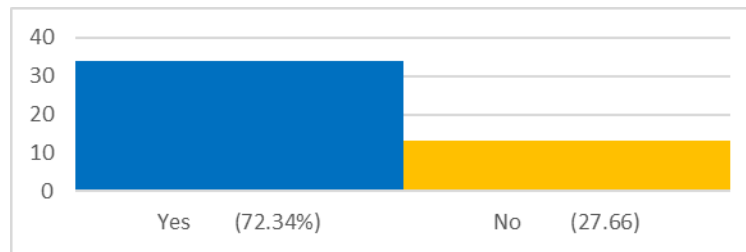
Figure 2: I have witnessed other doctoral students being bullied, treated uncivilly, or marginalized by others with greater power. (N=48)

To

determine the perception of origin of bullying behavior experienced by doctoral students, a question asked the participants to identify the role of the bully (administration, staff, tenured faculty, junior faculty, post-doc, advanced student, other, or no experience with bullying). The vast majority of participants reported bullying behavior by faculty (95.83%, $n = 46$), with 62.5% ($n = 30$) of participants reporting bullying behavior by tenured faculty. Please, see Figure 3, below, for a visual summary.
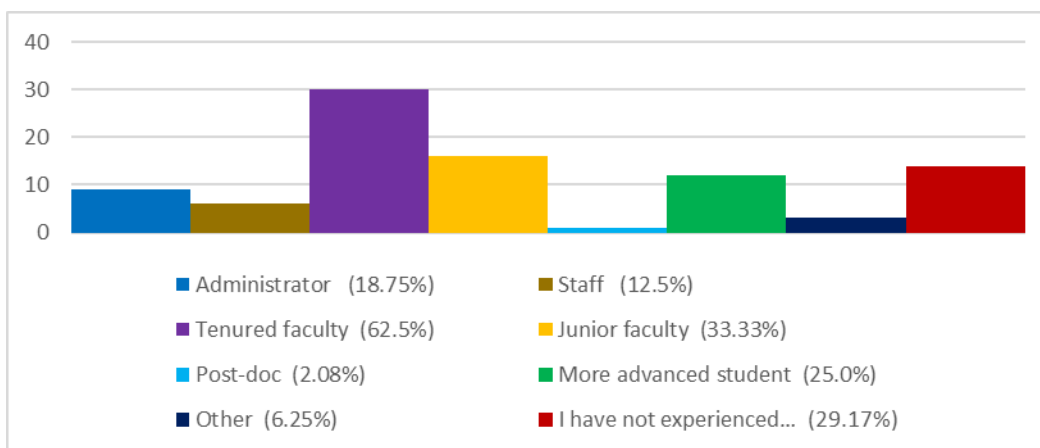

Figure 3: During my time as a doctoral student, I have experienced bullying, uncivil, or marginalizing behavior from a person in the following role. Please check all that apply. (N=48)

Previous studies regarding the effects of bullying indicate that bullying effects interpersonal relationships (Misawa & Roland, 2015; Namie et al., 2014). To determine any impact of bullying upon interpersonal relationships of doctoral students, the survey asked participants to identify perceptions of the effect of bullying upon relationships with others. Among the participants answering this question ($N = 48$), 56.25% ($n = 27$) identified that bullying behavior effected interpersonal relationships. Please, see Figure 4, below, for a summary.
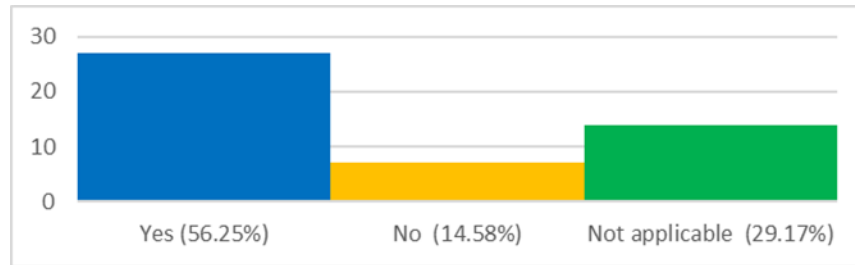
Figure 4: I believe that bullying, uncivil, or marginalizing behavior by others affected my relationships with others. (N=48)

Participants indicated similar experiences with regards to whether they perceived bullying to impact academic or professional progress, with approximately 71% (*n* = 34) of respondents indicating that they believed bullying would negatively influence progress, at least *sometime*.

Finally, we provided an open text box and invited participants to share any information regarding bullying experiences. A small number (*n* = 7; 6.865) of participants included comments; however, there were common themes among the participants, including hostile learning environment, institutionalized bullying, difference in treatment from other schools and departments; and witnessing of bullying of others. Please, see comments, below:

Respondent	Comments
4	I had horrible experiences with both senior faculty and junior faculty. I have witnessed others humiliated in the class and in meetings by faculty as well. As a doctoral student I find this issue especially disturbing. I am curious if it is just the culture (here) or if this behavior is found at other schools, as well.
5	The most heinous bullying I've experienced has come from students less advanced than me. I think it's just because the newer cohorts are significantly less competitive students than older cohorts who entered at a time when our program was more prestigious, and they feel intimidated. But even though they lack a higher status than me, their comments have been very hurtful and cruel. Other than that, I would say the bullying I've experienced has largely centered around tenured faculty making discriminatory comments based on my decision to change my last name after marriage (which was seen as anti-intellectual by them).
11	Thank you for doing this survey… Thanks again and good luck!
13	An unhealthy environment with student marginalization is structurally part of (our) doctoral program. It is institutionalized and (an) accepted way of doing by faculty and staff. I've been mocked and treated unfairly in class in front of other students. This never happened in classes that I took outside the college of social work. I was always treated with respect in outside departments.
18	I have experienced bullying and have witnessed bullying of others. It disgusts me that this behavior is found in (the department). I have not experienced any bullying behavior or anything less than total respect in other departments, whether in my own university or in other universities.
37	The bullying I experienced almost led to me not completing my proposal and I know of at least 2 others this person ran out of the program. It is shameful that faculty are not more supportive.
48	I have not been personally affected by this, but I do know that some of my peers have been.

Discussion

This exploratory study examined the presence of bullying experiences among doctoral students. Although no explicit descriptive information from this study has been shared due to concerns of discovery, it is notable that participants identified as being current, or former doctoral students, in schools of Library Science, Nursing, Social Work, and Public Health. These disciplines have adopted professional codes of ethics; however, most of the participants reported experiencing, or witnessing, conduct specifically outlined within ethical codes as being disparaging, distressing, devaluing, and disrespectful (American Library Association, 2018;

American Nurses Association, 2014; National Association of Social Workers, 2018; Public Health Leadership Society, 2002).

Ethical codes note "bullying, harassment, manipulation, threats, or violence (as) always morally unacceptable behaviors" (American Nurses Association, 2014, p. 15); yet despite admonishments to create a culture of "civility and kindness" (American Nurses Association, 2014, p. 15); to "defend and assist colleagues" who are treated unjustly (National Association of Social Workers, 2018, p. 21); to "assure all in a community have a voice" (Public Health Leadership Society, 2002, p. 8); and to "treat co-workers and other colleagues with respect, fairness, and good faith" (American Library Association, 2018, para. 9), participants reported feelings of indignity and isolation. Additionally, participants identified bullying behavior as "shameful" and endemic to departmental culture.

Hatzenbueler, Phelan, and Link (2013) examined the process of targeting individuals as a function of social control, which creates stigma to *keep people down*, *keep people out*, and *keep people away*. The repeated and intentional bullying behaviors experienced by some doctoral students separates and squanders those who are bullied by the dominant culture. Toxic learning environments influence a student's well-being, including the roles and relationships of doctoral students, which are fundamental for a student's academic, personal, and professional development (Bell-Ellison and Dedrick, 2008).

Doctoral students who encounter bullying may experience depression, sleep deprivation, substance use, and dropping grades (Hallberg & Strandmark 2006). Levecque, Anseel, De Bueckelaer, Van der Heyden, and Gisle (2017) noted the relationship between the reported prevalence of mental illness among doctoral students and organizational policies and procedures inherent to the *academé*. Extant literature illustrates high degrees of depression, social isolation, and suicidal ideation among doctoral students (Levecque et al., 2017, Misawa & Roland, 2015; Nelson & Lambert, 2001). High rates of attrition are a costly product of the *habitus* of doctoral programs, manifested in lost time, lost effort, lost energy, lost funding, lost research, and lost talent.

Limitations

Because of the purposive snowballed sampling frame, the participants in the study were likely to be students who have already experienced bullying as doctoral students. Essentially, students who may have experienced this type of behavior, self-selected into the study. Additionally, snowball sampling, which often reveals rich descriptive data, is often disproportionally skewed by first participants. Future studies may benefit from more targeted and representative sampling of doctoral students.

Though this study was not conducted to generalize findings to the greater population, it does strongly indicate that bullying behavior is present in doctoral programs and, at least in this

small sample, is a common experience. As this study goes forward, more rigorous methodologies will be needed to determine the magnitude and means of bullying, regarding this population. Findings from the current study indicate that future examination of bullying behavior may provide important data regarding the experience of doctoral students in higher education, particularly the correlation between bullying and failure to complete doctoral education benchmarks. Future studies might also determine if bullying factors into the large numbers of doctoral students who fail to complete programs. Additionally, studies might explore the impact of bullying behavior on the mental health of doctoral students as they cope with the stressful environment of higher education, including studies that compare and contrast the experiences of graduate students that have not reported experiencing bullying with those who report having been bullied. This could provide an interesting point of comparison, enabling a more complete picture of the manner, function, and effect of academic bullying.

Conclusion

The path from student to scholar is based upon critique and feedback. Academic freedom depends upon the free exchange of opinion without political restraints. Bullying behavior lies at the boundary between what is advisory and what is adversarial. The concept of bullying, as experienced by doctoral students, influences the academic life of these persons and creates anxiety about personal and professional progress. This is seen in the individual results of the survey, where participants reported being bullied or witnessing incidents of marginalization of others by administration, staff, tenured faculty, junior faculty, students, and others.

Experiences with advisors, administrators, and others varies widely. It is surmised that though most doctoral students experience strong critique, bullying is not a universal experience. When it does occur, bullying behavior in higher education moves beyond mere criticism. To dismiss bullying as interpersonal conflict disregards the needs of person and place, student and scholarship, and fails to consider the complex hierarchies present in academia. Bullying is, by nature, persistent, repetitive, and tenacious. It tears down individuals and erodes the integrity of the educational environments in which they practice. Piotrowski and King (2016) reminded that bullying and "incivility in academic settings can have onerous repercussions" (p. 300) for both the individual and the institution. Understanding more about the stinging phenomenon of bullying, as experienced by doctoral students, may help promote a more positive praxis within the university setting.

References

American Library Association (2018). *Professional ethics.* Retrieved from
        http://www.ala.org/tools/ethics

American Nurses Association (2014). *The code of ethics for nurses with interpretive statements.*
        Silver Springs, MD: American Nurses Association. Retrieved from
        http://www.homecaremissouri.org/mahc/documents/CodeofEthicswInterpretiveStatements20141.
        pdf

Bandura, A. (1977). *Social learning theory.* New York, NY: General Learning Press.

Bell-Ellison, B., & Dedrick, R. F. (2008). What do doctoral students value in their ideal mentor?
        Research in Higher Education, 49(6), 555-567. doi: 10.1007/s11162-008-9085-8.

Björkqvist, K., Österman, K., & Hjelt-Bäck, M. (1994). Aggression among university
        employees. *Aggressive Behavior, 20*(3), 173-184.

Bourdieu, P. (1987). *Outline of a theory of practice.* (Richard Nice, Trans.). Cambridge, UK:
        University Press. Retrieved from
        https://monoskop.org/images/7/71/Pierre_Bourdieu_Outline_of_a_Theory_of_Practice_Cambrid
        ge_Studies_in_Social_and_Cultural_Anthropology_1977.pdf

Dentith, A. M., Wright, R. R., & Coryell, J. (2015). Mean girls and their friends: Bullying and
        mob rule in the academy. *Adult Learning, 25*(1), 28-34.

Flipper, H. O. (1878). *The colored cadet at West Point: Autobiography of Lieut. Henry Ossian
        Flipper, U.S.A., the first graduate of color from the U.S. Military Academy.* New York, NY: H.
        Lee and Company.

Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other
        inmates.* New York, NY: Doubleday and Company, Inc.

Hallberg, L., & Strandmark, M. (2006). Health consequences of workplace bullying:
        Experiences from the perspective of employees in the public sector.
        International Journal of Qualitative Studies of Health and Well-being, 2006(1),
        109-119.

Hatzenbueler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of
        population health inequalities. *American Journal of Public Health, 103*(5), 813-821. doi:
        10.2105/AJPH.2012.301069

Holiday, E., & Rosen, J. I. (2010). *Mean girls, meaner women.* [Kindle DX version]. Retrieved
        from amazon.com

Ireland, J. L., & Power, C. L. (2004). Attachment, emotional loneliness, and bullying
        behavior: A study of adult and young offenders. *Aggressive Behavior*,
        30, 298-312.

Lee, C. (2010). An ecological systems approach to bullying behaviors among middle school
        students in the United States. *Journal of Interpersonal Violence, 26*(8). 1664-1693.

Levecque, K., Anseel, F., De Beuckelaer, A., Van der Heyden, J., & Gisle, L. (2017). Work
        organization and mental health problems in PhD students. *Research Policy, 46*(4), 868=879.

Lutgen-Sandvik, P., Tracy, S. J., & Alberts, J. K. (2007). Burned by bullying in the American
        workplace: Prevalence, perception, degree and impact. *Journal of Management Studies, 44*(6),
        837-862.

McDonald, C. (2011, October 20). *Bullying still occurs in college, professors find.* Retrieved
        from http://www.indstate.edu/news/news.php?newsid=290

Misawa, M., & Rowland, M. L. (2015). Academic bullying and incivility in adult, higher,
        continuing, and professional education. *Adult Learning, 26*(1), 3-5.

Namie, G., Christiansen, D., & Phillips. D. (2014). *2014 WBI U.S. workplace bullying survey
        results.* Bellingham, WA: Workplace Bullying Institute.

National Association of Social Workers (2018). *Code of Ethics.* Retrieved from
        https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Nelson. E. D., & Lambert, R. D. (2001). Sticks, stones and semantics: The ivory tower bully's vocabulary of motives. *Qualitative Sociology, 24*(1), 83-106.

Olweus, D. (1993). *Bullying at school: What we know and what we can do.* Malden, MA: Blackwell Publishing.

Pierce, S., Hodge, K., Taylor, M., & Button, A. (2017). Tall poppy syndrome: Perceptions and experiences of elite New Zealand athletes. *International Journal of Sport and Exercise Psychology*, *15*(4), 1-19. doi:10.1080/1612197X.2017.1280834

Piotrowski, C., & King, C. (2016). The enigma of adult bullying in higher education: A research-based conceptual framework. *Education, 136*(3), 299-306.

Price, M., & Dalgleish, J. (2010). Cyberbullying: Experiences, impacts and coping strategies as described by Australian young people. *Youth Studies Australia, 29*(2), 51-59.

Public Health Leadership Society (2002). *Principles of the ethical practice of public health*, *version 2.2.* Public Leadership Society. Retrieved from https://www.apha.org/~/media/files/pdf/membergroups/ethics_brochure.ashx

Randall, P. (2005). *Adult bullying: Perpetrators and victims.* New York, NY: Routledge.

Reisberg-Ross, R. (2010). *Adult bullies.* Retrieved from http://www.goodtherapy.org/blog/adult-bullies/

Rigby, K, & Smith, P. K. (2011). Is school bullying really on the rise? *Social Psychology of Education, 14*(4), 441-455.

Sirois, F. M. (2004). Procrastination and intentions to perform health behaviors: The role of self-efficacy and the consideration of future consequences. *Personality and Individual Differences, 37*(1), 115-128.

Thomas, M. (2005). Bullying among support staff in a higher education institution. *Health Education, 105*(4), 273-288. doi:10.1108/09654280510602499

Vance, J. W. (2010*). Cyber-harassment in higher education: Online learning environments:* Los Angeles, CA: University of Southern California

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The Validity and Utility of Student Evaluations

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Abstract

This paper explores the conundrum of student evaluations. At the end of each school term, non-tenured collegiate instructors across disciplines and institutional classifications worry that student evaluations may unfairly derail their careers. Despite the prevalence of published research and opinion pieces, the academy seems far from reaching a consensus on whether or how to use student feedback. This re-examination of claims and the available evidence sets out to ascertain whether student evaluations of teaching provide meaningful information about the quality of teacher performance. Empirical studies reveal problems inherent to professorial evaluation and methodological flaws in the use of these high stakes tools. Nevertheless, the author argues, student evaluations offer useful qualitative and quantitative information about the student experience and the use of such feedback is consistent with social work practice. The author concludes with specific recommendations for the ethical and effective use of student evaluations in higher education.

Keywords: student evaluation, teaching, assessment, bias, best practices

Introduction

Institutions of higher learning have used Student Evaluations of Teaching (SET) for nearly a century in hopes of improving the quality of education (Stark & Freishtat, 2014). Colleges and universities of all types survey students about their instructors and courses near the close of school terms and use the results to inform decisions about faculty tenure, promotion, and reward (Johnson, Narayanan, & Sawaya, 2013). Given the place of student reports in such decisions, Nate Kornell is not alone in fearing that "My livelihood depends on what my students say about me in course evaluations" (2013, paragraph 1).

Heated debate about these evaluations continues despite their ubiquity. Some faculty members alter syllabi, assignments, and pedagogical modalities in response to students' numerical ratings and narrative comments; others refuse to open them. The purpose of this paper

is to present guidance to instructors and institutions alike for the use of student evaluations and to answer basic questions about their accuracy and appropriateness. Do SET reflect the quality of teaching? Does the nature of social work education suggest an appropriate course of action? Can any individual or tool objectively measure faculty performance? Educators argue whether students should be considered customers—whose satisfaction weighs heavily—whether young adults have the information necessary to assess professional performance, and whether the use of SET is just. Many point to the ambiguity in both what student responses measure and in how colleges and universities weigh those results. "The standards for tenure and promotion—teaching, research, and service—are often not clearly delineated, broadly discussed, or systematically evaluated" (Gentry & Stokes, 2015, p. 4). Used in the determination of merit raises, teaching awards, faculty assistance needs, and which faculty to dismiss, "this rating [practice] is perhaps the university's most important and widely used indicator of a faculty member's instructional effectiveness" (Thyer, Myers, & Nugent, 2011, p. 275). Given the disagreements about the use of SET, let alone the uncertainty about best practices, stakeholders' concerns deserve attention. Despite the volume of conversation about SET, the academic community has no consensus about their use. The University of Southern California, for example recently announced that they will continue collecting SET but will no longer use them in tenure and promotion decisions (Flaherty, 2018). Schools need clear guidance whether to abandon evaluations entirely, modify them, or continue using this singular quantitative assessment tool. The following synthesis of quantitative research into correlates of higher and lower student evaluations offers an evidence-based answer. Student evaluations do not accurately measure instructor performance but do convey feedback useful to both programs and instructors. Application of social work's ethical principles affirms that seeking and using such feedback remains not only reasonable but a responsibility of educators, provided schools address existent systematic flaws.

Literature Review

Instructors have much to say about student evaluations. Thousands have published discussions on the subject in peer-reviewed academic journals in the past decade. The Chronicle of Higher Education published an average of two online or print articles per week on the issue between 2014 and 2016. Though many of those pieces merely express educators' feelings, some report new research which can identify the strengths and problems inherent in current practices.

Strengths of Course Evaluations

Several researchers found correlations between students' course grades and their instructor ratings. In reviewing 9,240 SET from psychology courses at a large public university, Blackhart, Peruche, Dewall, and Joiner (2006) found significant evidence of higher evaluations for instructors in courses with higher average student grades. In his review of 18,175 students' grades and evaluations, Zabaleta (2007) found a modest correlation between students' grades and the evaluations they submitted. In 2010, Carrell and West published unique research: a randomized, controlled study of students and faculty. The United States Air Force Academy randomly assigned 10,534 cadets to instructors for a required course, taught from the same syllabus. Carrell and West established that classes with stronger performances that term—greater success towards course objectives—rated their instructors higher. A few years later Miles and House (2015) ascertained that the correlation with SET extended beyond students' actual grades to include their *expected* grades. Student evaluations have not demonstrated partiality between

adjunct and full-time faculty, nor between tenured and non-tenured faculty (Thyer et al., 2011; Cheng, 2013). These findings reveal that students recognize and reward classroom success as they perceive it.

Students use these survey tools to express their feelings and reactions to their experiences, particularly about the learning environment. In a laboratory test of reactions to brief videos, students graded a lecturer using eye contact and gestures, speaking fluidly, and moving in space higher than the same lecturer when looking down, reading notes haltingly from behind a podium, even when students learned the material equally well[1] (Kornell, 2013). A seven-semester review of 3,938 engineering courses and 549 instructors at another R1 institution found higher SET for smaller classes and elective courses (Johnson et al., 2013). Miles and House (2015) confirmed that students used SET to express preferences for smaller classes, elective courses, and upper level courses in their review of over 30,000 evaluations. In parallel with informal tools such as direct interaction with instructors, conversation with peers, and web-based forums such as ratemyprofessor.com, students continue using SET - the only routine, recognized means at their disposal - to inform their institutions about the type of education they prefer.

Finally, Student Evaluations of Teaching create both a qualitative and quantitative measure of instructor assessment. In many cases, they supply the *only* barometer for evaluation of instructor effectiveness. As Miles and House (2015) put it, "other qualitative metrics such as peer evaluation and educational development activities are included in the [Tenure and Promotion] package, but the [student evaluation] score is the only standard quantitative metric available for measurement" (p. 299), though many question the validity and reliability of student evaluations.

Methodological Problems with SET

Multiple methodological flaws reduce the validity of SET as measures of teacher effectiveness. First, students evaluate partial courses; schools typically solicit student evaluations before completion of a course. Second, sample sizes have shrunk. Schools' replacement of in-class pencil-and-paper exercises with cheaper outside-class online response systems has been accompanied by a drop of thirty percent or more in response rates (Jan, 2010).

The Director of the University of California Berkeley Center for Teaching and Learning, Richard Freishtat, feared that educators misread SET scores. He and Cal-Berkeley Dean of Statistics Phillip Stark considered the comparison of averages of SET scores foolish.

> Personnel reviews routinely compare instructors' average scores to departmental averages. Such comparisons make no sense, as a matter of Statistics. They presume that the difference between 3 and 4 means the same thing as the difference between 6 and 7. They presume that the difference between 3 and 4 means the same thing to different students. They presume that 5 means the same thing to different students and to students in different courses. They presume that a 3 "balances" a 7 to make two 5s. For teaching evaluations, there's no reason any of those things should be true. (2014, pp. 5-6)

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[1] Kornell misrepresents the observable behaviors to which students reacted by characterizing them as *fluent* and *disfluent,* inducing consideration of ethnic bias without language- or ethnicity-based justification from his findings.

Instead, they recommended that users consider the distribution of scores, the number of respondents, and the response rate; the range and scatter of responses tell much more than an average, including the variability of student perceptions and instructors' consistency across time and courses.

Several environmental factors beyond the instructors' control affect SET scores and thus such instructors' professional opportunities. As noted above, students gave higher ratings for smaller classes and elective courses (Johnson et al., 2013; Miles & House, 2015; Voeten & Martin, 2013). In an experimental study of 325 students, female students rated teachers significantly lower on most elements than did their male counterparts (Basow, Codos, & Martin, 2013). Consequently, instructors assigned to larger, female-populated, and required courses fare worse in evaluation, presumably without cause. This may be significant in disciplines such as social work, nursing, and education with majority female student bodies.

Multiple studies demonstrate that SET reflect student grades (Blackhart et al., 2006; Langbein, 2008; Zabaleta, 2007). Instructors who deliver high grades will generally get better evaluations than those who confer a range of grades. When professors and students grade one another and thereby impact each other's career opportunities, instructors benefit from grade inflation rather than honest assessments of student performance (Langbein, 2008). In such conditions, SET can reflect an instructor's willingness to give an A as much as their skill.

Finally, some students make false reports. Up to thirty percent of students included information that they knew to be inaccurate, such as their accounts of the timeliness of grading or the quality of presentations. Students reported intentionally inflating or deflating their evaluations to reward or punish an instructor (Clayson & Haley, 2011). Surveying students does not necessarily mean measuring teacher effectiveness. As Stark and Freishtat (2014) state, however effectively students can assess certain pedagogical practices, SET are only tenuously tied to teaching effectiveness.

Bias in Student Evaluations

Student evaluations seemed to be products of cultural biases as much as objective measures of performance. Weinberg, Fleisher, and Hashimoto (2007) found inconsistent and statistically insignificant evidence of students grading foreign-born instructors lower than those born in the United States. Earlier research asserted but did not prove that teachers' appearances had a marginal impact on their ratings (Ambady & Rosenthal, 1993).

The evidence of sexism and racism is stronger. In reviewing nearly fifty thousand evaluations of a university's economics courses, Weinberg et al. (2007) found that male instructors scored higher than female instructors and saw a "substantial (but statistically insignificant) foreign-domestic gap" with regard to instructors' place of birth (p. 11). Basow et al. (2013) reported surprising results from their experimental study using computer-animated instructors who variously appeared as African-American, White, female, and male.

> Contrary to predictions, African American professors were rated higher than White professors on their hypothetical interactions with students. Quiz results, however, supported predictions: higher scores were obtained by students who had a White professor compared to those who had an African American professor, and by students who had a male professor compared to those who had a female professor. These results

may be due to students paying more attention to the more normative professor. Thus, performance measures may be a more sensitive indication of race and gender biases than student ratings. The limited relationship between student ratings and student learning suggests caution in using the former to assess the latter. (p. 352)

Johnson et al.'s (2013) review of engineering courses not only found higher aggregate SET for smaller classes and elective courses but also for male instructors. Studies differed on the size of the effect, but female instructors did tend to receive lower SETs, especially in large classes, thereby introducing a gender penalty (Miles & House, 2015; Voeten & Martin, 2013; Wagner, Rieger, & Voorvelt, 2016). The effect need not be the product of genuine gender-based differences in instructor behavior; student evaluations reward *perceived* maleness. When unseen online instructors variously assumed male and female identities, students rated the male-identified instructors higher regardless of the instructor's actual gender (MacNell, Driscoll, & Hunt, 2015). Perception mattered, not differences in teaching. Together these findings implicate bias as impacting student behavior and teacher evaluations, revealing as much about the evaluators as they do about instructors.

SET within Social Work Education

Research on students' evaluations of social work instructors raised similar concerns about gender-based differences and the difficulty in making meaningful distinctions between instructors based on student evaluations (Wolfer & Johnson, 2003). Findings point to biases within social work students similar to their peers in other disciplines, even at the graduate level (Perry, Wallace, Moore, & Perry-Burney, 2014; Wolfer & Johnson, 2003). Social work students, however, do consistently rate their instructors near the top of evaluation scales (Steiner, Holley, Gerdes, & Campbell, 2006; Wolfer & Johnson, 2003).

Studies of SET within social work education also legitimized student assessments in ways mirroring other research. Steiner et al. (2006) found that teachers' scores tracked with students' perceptions of their learning. Jirovec, Ramanathan, and Rosegrant-Alvarez (1998) found evidence associating higher SET with perceived fairness, rapport, and perceptions about the organization of the course.

Social work educators may be better equipped than their colleagues in other departments to appreciate and utilize SET. "Social work norms imply the necessity of seeking input from students" (Steiner et al., 2006, p. 355). Social work practice and SET alike proceed from an appreciation for a diversity of voices, evaluation of practice, open communication, professional development, and attention to client or student outcomes (Miller & Wilson, 1977). For these reasons, Miller and Wilson argue that SET can be recognized in particular within social work education as productive and non-threatening. Nevertheless, they note, the complexity of teaching escapes measurement by simple tools; instructor evaluation requires the use of multiple impartial measures.

Discussion

Complaints that student evaluations cannot assess faculty members' true worth are valid. As Boyer (1990) reminded us, the professoriate is a multi-dimensional role. Collegiate instructors are also scholars responsible for the discovery of new knowledge, interdisciplinary

collaboration, and the application of knowledge to significant problems. A fair evaluation requires attention to each of these varied forms of scholarship. Student evaluations cannot assess the quality of an individual's research, contributions to the college community, or engagement with the discipline.

Despite these flaws, student evaluations of courses and instructors are neither meaningless nor inconsequential. The millions completed each year inform innumerable decisions made by fellow students, faculty members, and administrators. They impact enrollment, reputations, syllabi, work opportunities, pedagogy, and professional advancement, and not without reason.

These end-of-term surveys give voice to student views. Instructors and institutions vary significantly in their use of this data—such as the significance of student evaluations for tenure and promotion decisions (Voeten & Martin, 2013)—but the information appears to reflect what postsecondary students want from their education as well as their reactions to faculty behavior. This communication tool provides students opportunities to explicate their experience of higher education, an endeavor expensive in time, money, and energy, one that will significantly impact their futures. Publicly accessible evaluations facilitate informed student choice of instructors. Students also benefit in so far as evaluations lead to practice changes by instructors, such as increased efforts at student engagement or the use of active pedagogical methods. Finally, the promotion and retention of faculty members with higher evaluation scores increases the portion of instructors on faculty who deliver closer contact, dynamic presentation, focused coursework, choices within coursework, and who communicate fluently.

Teachers benefit, as well, whenever institutions attempt to make merit-based decisions if sound methodologies are used. Student evaluations can identify strengths in instructors' performance and areas for further attention. The repeated use of the same tool creates a measure of change over time, a means of gauging improvement through specific practice changes.

These qualitative and quantitative feedback mechanisms supply programs and schools with economical, accessible, easily digested data about the relationships between those seeking higher education and those furnishing it. In particular SET can benefit institutions through better understandings of the strengths or weaknesses of their curriculum, as reflected in student scores. These tools might more appropriately be named Student Evaluations of an Educational Experience, due to the significance of matters outside instructor control such as course size and degree requirements. Consistent feedback from students of multiple instructors and courses can highlight whether curricular changes are warranted. Finally, schools win whenever the use of student evaluations encourages instructors to engage students as partners in education. Satisfied students may be more likely to remain enrolled, graduate, and encourage others' support of the school (Pascarella, Salisbury, & Blaich, 2011).

Benefits extend beyond campuses. This process of evaluation girds the unwritten compact between educators and the public. The academic profession's social contract allows for (and requires) academic freedom in correspondence with peer review, shared governance, and a focus on public service (Hamilton & Gaff, 2009). Professional rights sit upon responsibilities such as review and evaluation. The last half-century's views of postsecondary students as vested stakeholders, partners in education, or customers made those students a new type of peer and thus reviewers.

Social work's values and client-centered traditions imply that its educators should be especially open to student feedback. Social workers are trained to listen carefully to marginalized voices, to focus explicitly on clients' goals, to regard clients as experts on their own lives. Social workers are well prepared to openly discuss bias, differences in power, and structural barriers. Seeking and receiving student feedback should be second nature to experienced social workers.

Student evaluations deliver a basic indication of achievement of course objectives. They recognize student engagement (or disengagement) in response to instructors' behavior. Student evaluations highlight the types of courses and communication which energize students. Comments and scores raise awareness of the impacts—positive and negative—of course schedules, modalities, *and* faculty behaviors.

It is fair and appropriate for educators to question the validity and reliability of student responses; after all, students lack key information and are hardly impartial respondents. Nevertheless, higher education cannot dismiss student evaluation altogether by claiming that immature young adults lack the necessary skills. Liberal education is explicitly designed to develop critical thinking skills; students' inability to assess methods or outcomes is itself an indictment of their education. Instructors have responsibilities to help their students situate and contextualize the content learned, including its significance and its relationships to broader themes.

Social work, of all academic disciplines, has reason to validate student input. National and international social work education standards call for both self-evaluation and external evaluation of programs (CSWE, 2015; Sewpaul & Jones, 2007). The Council on Social Work Education also demands that schools of social work develop students' ability to evaluate and assess practice, outcomes, and effectiveness. Social work educators and their colleagues alike are expected to produce critical thinkers and facilitate the exercise of assessment skills.

It is similarly incongruous to dismiss student evaluations due to bias. No individual or tool can objectively measure faculty performance. Evaluation is inherently flawed and prejudiced, whether it be peer review or student evaluation (Greenwald & Krieger, 2006). Faculty are no better than students in this regard. Many researchers have concluded that faculty biases related to race, gender, and socioeconomic status influence the grades they award students (Guskin, Peng, & Simon, 1992; King, 1998; Page & Rosenthal, 1990; Tourmaki, 2003). Teachers continue to grade student work, nevertheless.

Recommendations

Student evaluations can help improve the quality of education if schools clarify what is being measured and address factors known to skew assessments. SET are not evaluations of teaching per se. Student evaluations are likely less valid measures of teaching skill than genuine peer review but they do offer valuable feedback and assessment of students' learning and educational experience, something which faculty and schools should consider carefully. Student Evaluations of an Educational Experience may be as or more useful as institutional quality assurance tools than SET are as measures of individual faculty teaching.

Recommendations for Collegiate Faculty

All faculty, regardless of discipline, rank, or educational system, can benefit from the use of student evaluations. Kornell (2013) and other college instructors have expressed fear that student reactions will cause them irreparable harm. College professors are not passive victims of student evaluations, however. They can and do influence the outcomes, as has been demonstrated by empirical results. It may be advisable for faculty members to invite students early on to share their goals for a course, to articulate their measures of success. Doing so can inform the instructor of their students' expectations, allowing for clarification of what is and is not feasible. It also offers opportunities to shape the direction of the course in satisfying ways. Instructors can encourage student use of evidence in assessment by discussing the group's progress towards students' measures of success before their use of school-mandated evaluation surveys. Students might be more inclined to make reasonable assessments when they are encouraged to present a basis for their assessment, particularly one that they identified. Beyond preparing for a final, review sessions that reference the group's goals can help students appreciate their progress.

Instructors can also help students understand the nature and use of the tool. They can discuss the application, methodology, benefits, and weaknesses of student evaluations. College students can understand the limits on instructors in larger classes and survey courses, for example, but may need assistance in seeing how such factors influence their evaluations. Higher education is predicated on the belief that adult learners can be lead to growth in their knowledge, skills, and values. Faculty from any discipline can teach evidence-based evaluation skills to students, as part of their education in critical thinking.

Those committed to the quality of their craft would be well served by considering their student evaluations as one of many data sources. Synthesis of self-evaluation, peer observations, student evaluation, and other sources of information should produce a rounded understanding; trends across informants deserve particular attention. Instructors and students likely benefit when instructors seek student feedback, even informal feedback, during the term while changes remain possible. As with grading student papers, timely and specific feedback leads to more significant outcomes. Faculty who set goals to improve their performance in particular domains can use SET as a tool to note change over time, and thus the efficacy of their improvement efforts.

Finally, instructors and their unions may want to advocate for appropriate changes in how their institutions use student evaluations, to ensure reasonable evaluation of the quality of their work.

Recommendations for Administrators in Higher Education

SET's methodological problems can be addressed. Colleges should allow students to complete a course, see its outcomes, and move beyond the pressure of final exams—and an instructor's influence—before evaluating that course. Ask students about specific faculty behaviors. Eliminate global assessments of teaching skills and other queries for which students lack adequate information. Institutions should avoid the use of averages to compare instructors. Consider the response rate and the distribution of responses, instead, using only those scores generated by a sample with enough participants to be meaningful.

Administrators may wish to adjust scores for known biases, including gender and class type, adjusting scores slightly upward for larger, mandated, female-populated, or female-led

classes.[2] Such adjustments may prove important in assessing the faculty of introductory survey courses, for example. Any modifications, however, should be made with attention to school norms, given the real possibility of setting- or population-specific differences. Whether such corrections would be acceptable to faculty senates, unions, or the legal system is essential to implementation but beyond the scope of this paper.

All involved may need to minimize the use of SET for intra-faculty comparisons. Deans can consider whether an instructor awards a range of grades. Meanwhile, educators must use other appropriate sources of information, including self-assessment and peer observation, to determine for themselves whether an individual's work represents quality scholarship (Miller & Wilson, 1977; Wolfer & Johnson, 2003). As the Russian proverb says "Доверяй, но проверяй;" trust, but verify.

Finally, those responsible for tenure and promotion decisions must evaluate candidates justly. The quality of a candidate's research, publications, program administration, contributions to the community, and performance as a member of the college community must be assessed alongside their teaching, through alternate means. Reserve SET for consideration of teaching efficacy and adjustments to the implicit or explicit curriculum.

References

Ambady, N., & Rosenthal, R. (1993). Half a minute: Predicting teacher evaluations from thin slices of nonverbal behavior and physical attractiveness. *Journal of Personality and Social Psychology, 64*(3), 431-441. doi: 10.1037/0022-3514.64.3.431

Basow, S. A., Codos, S., & Martin, J. L. (2013). The effects of professors' race and gender on student evaluations and performance. *College Student Journal*, *47*(2), 352–363.

Blackhart, G. C., Peruche, B. M., Dewall, C. N., & Joiner Jr, T. E. (2006). Factors influencing teaching evaluations in higher education. *Teaching of Psychology, 33*(1), 37–39.

Boyer, E. L. (1990). *Scholarship reconsidered: Priorities of the professoriate*. Princeton, N.J.: Carnegie Foundation for the Advancement of Teaching.

Carrell, S. E. & West, J. E. (2010). Does professor quality matter? Evidence from random assignment of students to professors. *Journal of Political Economy, 118*(3), 409-432. doi: 10.1086/653808

Cheng, D. A. (2013). Effects of professorial tenure on undergraduate ratings of teaching performance. *Education Economics, 23*(3), 1–20. doi: 10.1080/09645292.2013.826632

Clayson, D. E., & Haley, D. A. (2011). Are students telling us the truth? A critical look at the student evaluation of teaching. *Marketing Education Review*, *21*(2), 101–112. doi: 10.2753/mer1052-8008210201

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[2] Female or female-perceived instructors received SET from 1.2% to 7% lower, depending on the study, with an average effect of 4.5%. The two studies noted in this article which addressed class size saw an average difference of 1.6% per ten students. Two two studies noted here which measured SET for elective and required courses showed an average of 2.7% higher scores for elective courses. Any one course may have a combination of positive and negative bias effects.

Council on Social Work Education. (2015). Educational policy and accreditation standards for baccalaureate and master's social work programs. Retrieved from http://www.cswe.org/File.aspx?id=81660

Flaherty, C. (2018, May 22). Teaching eval shake-up. *Inside Higher Ed*. Retrieved from https://www.insidehighered.com

Gentry, R., & Stokes, D. (2015). Strategies for professors who service the university to earn tenure and promotion. *Research in Higher Education Journal*, *29,* 1-15.

Greenwald, A., & Krieger, L. (2006). Implicit bias: Scientific foundations. *California Law Review,94*(4), 945-967. doi:10.2307/20439056

Guskin, S. L., Peng, C. J., & Simon, M. M. (1992). Do educators react to "multiple intelligences"? Effects of educators' stereotypes on judgments and expectancies for students with diverse patterns of giftedness/talent. *Gifted Child Quarterly, 36*(1), 32-37. doi: 10.1177/001698629203600108

Hamilton, N. W., & Gaff, J. G. (2009). *The future of the professoriate: Academic freedom, peer review, and shared governance*. Washington, D.C: Association of American Colleges and Universities.

Jan, T. (2010). Colleges see decline in evaluations after going online. *The Boston Globe.* Retrieved from http://archive.boston.com/news/local/massachusetts/articles/2010/ 04/07/ colleges_see_decline_in_evaluations_after_going_online/

Jirovec, R. L., Ramanathan, C. S., & Rosegrant-Alvarez, A. (1998). Course evaluations: What are social work students telling us about teaching effectiveness? *Journal of Social Work Education*, *34*(2), 229–236. doi: 10.1080/10437797.1998.10778919

Johnson, M. D., Narayanan, A., & Sawaya, W. J. (2013). Effects of course and instructor characteristics on student evaluation of teaching across a college of engineering. *Journal of Engineering Education*, *102*(2), 289–318. doi: 10.1002/jee.20013

King, J. L. (1998). The effects of gender bias and errors in essay grading. *Educational Research Quarterly, 22*(1), 13-25.

Kornell, N. (2013). Do the best professors get the worst ratings? *Psychology Today.* Retrieved from https://www.psychologytoday.com/blog/everybody-is-stupid-except-you/201305/ do-the-best-professors-get-the-worst-ratings

Langbein, L. (2008). Management by results: Student evaluation of faculty teaching and the mis-measurement of performance. *Economics of Education Review 27*, 417-428. doi: 10.1016/j.econedurev.2006.12.003

MacNell, L., Driscoll, A., & Hunt, A. (2015). What's in a name: Exposing gender bias in student ratings of teaching. *Innovative Higher Education*, *40*(4), 291–303. doi: 10.1007/s10755-014-9313-4

Miles, P., & House, D. (2015). The tail wagging the dog: An overdue examination of student teaching evaluations. *International Journal of Higher Education*, *4*(2), 116–126. doi: 10.5430/ijhe.v4n2p116

Miller, D. A., & Wilson, C. P. (1977). Student evaluation of faculty: The other side--corruption of faculty and social work responsibility. *Journal of Social Welfare*, *4*(2 & 3), 99–107.

Page, S., & Rosenthal, R. (1990). Sex and expectations of educators and sex and race of students as determinants of teaching behavior and student performance. *Journal of School Psychology, 28*(23), 119-131. doi: 10.1016/0022-4405(90)90003-p

Pascarella, E. T., Salisbury, M. H., & Blaich, C. (2011). Exposure to effective instruction and college student persistence: A multi-institutional replication and extension. *Journal of College Student Development*, *52(1*), 4–19. doi: 10.1353/csd.2011.0005

Perry, A. R., Wallace, S. L., Moore, S. E., & Perry-Burney, G. D. (2014). Understanding student evaluations: A black faculty perspective. *Reflections: Narratives of Professional Helping*, *20*(1), 29–35.

Sewpaul, V., & Jones, D. (2007). Global standards for social work education and training. *Social Work Education, 23(5),* 493-513. doi: 10.1080/0261547042000252244

Stark, P. B. & Freishtat, R. (2014). An evaluation of course evaluations. *ScienceOpen*. Retrieved from http://www.stat.berkeley.edu/~stark/Preprints/evaluations14.pdf. doi: 10.14293/S2199-1006.1.sor-edu.aofrqa.v1

Steiner, S., Holley, L. C., Gerdes, K., & Campbell, H. E. (2006). Evaluating teaching: Listening to students while acknowledging bias. *Journal of Social Work Education*, *42*(2), 355–376. doi: 10.5175/jswe.2006.200404113

Thyer, B. A., Myers, L. L., & Nugent, W. R. (2011). Do regular social work faculty earn better student course evaluations than do adjunct faculty or doctoral students? *Journal of Teaching in Social Work, 31*(4), 365–377. doi: 10.1080/08841233.2011.597674

Tourmaki, N. (2003). Effect of student characteristics on educators' predictions of student success. *Journal of Educational Research, 96*(5), 310-320. doi: 10.1080/00220670309597643

Voeten, E., & Martin, L. (2013). Student evaluations of teaching are probably biased. Does it matter? *The Washington Post*. Retrieved from https://www.washingtonpost.com/ news/monkey-cage/wp/2013/10/02/student-evaluations-of-teaching-are-probably-biased-does-it-matter/

Wagner, N., Rieger, M., & Voorvelt, K. (2016). Gender, ethnicity and teaching evaluations: Evidence from mixed teaching teams. *Economics of Education Review*, *54*, 79–94. doi: 10.1016/j.econedurev.2016.06.004

Weinberg, B.A., Fleisher, B.M., & Hashimoto, M. (2007). Evaluating methods for evaluating instruction: The case of higher education (NBER Working Paper No. 12844). Retrieved from http://www.nber.org/papers/w12844. doi: 10.3386/w12844

Wolfer, T. A., & Johnson, M. M. (2003). Re-evaluating student evaluation of teaching. *Journal of Social Work Education*, *39*(1), 111–121. doi: 10.1080/10437797.2003.10779122

Zabaleta, F. (2007). The use and misuse of student evaluations of teaching. *Teaching in Higher Education, 12*(1), 55–76. doi: 10.1080/13562510601102131

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The CV Builder

Perspectives on Social Work congratulates the following University of Houston Graduate College of Social Work doctoral students on their accomplishments for the 2017-2018 academic year.

Tamara Al Rawwad

Successfully defended her dissertation proposal on May 23, 2018. **Title:** *HIV Knowledge and Testing Behaviors among Middle Eastern and North Africans Ages 18-35 in the United States.* **Committee:** *Dr. Luis Torres, Dr. Samira Ali, and Dr. McClain Sampson.*

> **Recent manuscript publications:** *Ali, S.,* **Al Rawwad, T**., *Leal, R.M., Wilson, M.I., Mancillas, A., Keo-Meier, B., & Torres, L.R. (in press). SMART Cougars: Development and feasibility of a campus-based HIV prevention intervention. Journal of the Health Care for the Poor and Underserved.*

Flor Avellanada

Presented at the Council on Social Work Education's Annual Program Meeting on October 21, 2017. **Presentation Title:** *Doctoral education: Professional socialization through participation with academic journals. Co-Presenters: Dr. Sheara Jennings, Dr. Rebecca Mauldin, Kenya Minott, Quentin Maynard, and Andrea Joseph.*

Rebecca Mauldin

Successfully defended her dissertation on April 17, 2018. **Title:** *The Dynamics of Social Networks and Health in an Assisted Living Facility.* **Committee:** *Drs. Andrew Achenbaum and Sarah C. Narendorf (co-chairs), and Drs. Kayo Fujimoto, Kyriakos Markides, and Christina Miyawaki. Dr. Mauldin has accepted a job offer from the University of Texas at Arlington as a tenure-track Assistant Professor.*

> *Rebecca also presented at Society of Social Work Research.* **Presentation Titles:** *Parenting Self-Efficacy, Childhood Trauma and Trajectory of Perinatal Depressive Symptoms: A Hierarchical Linear Model. Co-Presenters: Miao Yu, McClain Sampson. And Research Reducing Postpartum Depression, Increasing Self-Efficacy among Low-Income Mothers with a Home Visiting Intervention. Co-Presenter: Dr. McClain Sampson, and Miao Yu.*

Ann Webb

Successfully defended her dissertation proposal on March 29, 2018. **Title:** *Measuring Attitudes and Intentions of Social Work and Law Students towards Multidisciplinary Work with Each Other.* **Committee:** *Dr. Monit Cheung (chair), and Drs. Suzanne Pritzker, Janet Heppard, and Sarah Narendorf.*

Ann also presented at the Society of Social Work Research on January 14, 2018. Presentation Title: Improving client engagement to treatment: Researching the connection between service satisfaction and treatment engagement from the client's perspective. Co-Presenter: Dr. Robin Gearing.

Kenya Minott

Presented at the Council on Social Work Education's Annual Program Meeting on October 21, 2017. ***Presentation Title:*** *Doctoral education: Professional socialization through participation with academic journals. Co-Presenters: Dr. Sheara Jennings, Dr. Rebecca Mauldin, Kenya Minott, Quentin Maynard, and Andrea Joseph.*

Presented at the Society of Social Work Research. ***Presentation Titles****: Millennials, Diversity, and the 2016 Presidential Election on January 11, 2018. Co-Presenter: Suzanne Pritzker.* ***And*** *Achieving Health and Mental Health Equity for Homeless Youth: Findings from the Homeless Youth Risk and Resiliency Survey on January 12, 2018. Co-Presenter: Dr. Sarah Narendorf.*

Presented at the American Association of Behavioral and Social Science Conference on February 27, 2018. ***Presentation Title:*** *Phi Beta National Research Project: Examining the Relationship between Academic Self-Regulation, GRIT, Happiness, Gratitude, and Appreciation. Co-Presenter: Dr. Danielle Richards.*

Presented at the 31st Annual Research & Policy Conference on Child, Adolescent, & Young Adult Behavioral Health. ***Poster Presentations****: Self-Identification of Mental Health Problems Among Homeless Young Adults on March 4, 2018* ***and*** *School-Based Mentoring: Creating a Program Model for an Alternative Education Setting on March 6, 2018.*

Recent manuscript publication: *Belza B, Miyawaki C.E., Liu M, Fessel M, Aree-Ue S, Minott K, & Zhang X (2018). A systematic review of the Multidimensional Assessment of Fatigue scale. Journal of Nursing Measurement, 26 (1), 36-75.*

Xin Chen (former board member)

Successfully defended her dissertation on April 6, 2018. ***Title:*** *Switching between Two Languages: Influences on Personality adjustment and Acculturation among Nonnative English Speakers from Mainland China.* ***Committee:*** *Dr. Monit Cheung (chair) and Drs.Sheara Jennings and McClain Sampson.*

Next steps for Dr. Chen include establishing herself as a licensed social worker specializing in clinical practice with children and adolescents over the next two years. She then plans to become a social work faculty member and expand her research agenda through publications and professional presentations.

Liza Lane (former board member)

Successfully defended her dissertation on March 29, 2018. **Title:** *Banking on the American Dream: A quantitative study of determinants of Latino immigrant's bank account ownership.* **Committee:** *Dr. Susan Robbins (chair), and Drs. Jodi Berger Cardoso, Suzanne Pritzker and Eric Jones (external). Dr. Lane has accepted a joint appointment with Baylor College of Medicine and UT-Austin as a research coordinator and postdoctoral associate.*

Editorial Policy:

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