Rehabilitation Counselor Educators' Experiences of Social Injustice and Social Justice Infusion

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This study examined the types of social injustice experiences rehabilitation counselor educators reported, and the relationship between different levels of social injustice experiences and infusion strategies of social justice into the curricula. The participants in the study included 101 rehabilitation counselor educators recruited from the listserv of the National Council on Rehabilitation Education. A quantitative content analysis method was used. The findings showed that social injustice experiences reported by the participants tend to be multidimensional. Participants who reported a high level of exposure to social injustice experiences were more likely to infuse social justice into their curricula at a higher level than participants who reported a low level of exposure to social injustice experiences. The study revealed that gaining an understanding of social injustice in educators' personal and professional lives may foster their efforts to integrate social justice into the curricula, which in turn, may potentially enhance the social justice competency for trainees. Implications for research and practice were discussed.

Keywords: social justice; rehabilitation; counselor education; competency

Within the past few years, there has been a call to action within the counseling profession to be change agents or advocates for persons who have been historically marginalized. The term, *social justice*, has been coined to encapsulate this change. In fact, social justice has been noted as being the fifth counseling force after multiculturalism (Chung & Bemak, 2012). Although social justice is considered to be the fifth paradigm in counseling, there is still much knowledge that needs to be acquired when obtaining a level of understanding related to this concept. There continues to be a need for counselor education programs to prepare counselors and counselor educators to work with diverse client populations and students (Swartz, Limberg, & Gold, 2018; Zalaquett, Foley, Tillotson, Dinsmore, & Hof, 2008). The counseling profession's call of action to address the needs of trainee preparation and competence has led to new accreditation standards that counselor educators and institutions must adhere to maintain accreditation (Zalaquett et al., 2008). Additionally, there has been a proposed set of multicultural counseling and social justice competencies put forth by the Association for Multicultural Counseling and Development, a division under the American Counseling Association (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015).

Despite the counseling profession's strides in ensuring that trainees and professionals are competent in social justice and diversity issues, there has been very limited research focused on the pedagogical practices of infusing social justice with the curricula (Chan, Cor, & Band, 2018; Odegard & Vereen, 2010; Steele, 2008). Odegard and Vereen

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(2010) noted that discussing the social justice issues such as the interplay of race and oppression to students can still be challenging for counselor educators in general. Chan et al. (2018) provided an explanation regarding faculty's reluctance to infuse social justice within their pedagogy as it could have a negative impact on their teaching evaluations from some students to the concept of social justice. According to Dong, Ethridge, Rodgers-Bonaccorsy, and Oire (2015), rehabilitation counselor educators reported various types of challenges when integrating social justice components into their curricula, including lack of knowledge and the time it takes to transform the curricula to include components of social justice. Dong et al. (2015) also found a notable lack of interest on pursuing social justice concepts among counselor educators due to the foreseen difficulty in gaining support from other professionals.

Havig (2013) indicated that in order for individuals to understand social justice, they must first understand the concept of social injustice, especially in the area of power and privilege. This understanding takes a level of self-awareness. To obtain self-awareness, Brown (2004) proposed the Transformative Learning Theory which alters people's worldview of themselves and others by attempting "to explain how their expectations, framed within cultural assumptions and presuppositions, directly influence the meaning they derive from their experiences" (p. 84). While not specifically focusing on the social injustice experiences, this theory can offer an understanding of how an individual's transformative experiences (e.g., exposure to social injustice in counselor educators' personal and professional lives) may impact his or her future decision and action (e.g., counselor educators' integration of social justice into their curricula and foster adequate social justice competency for trainees). Not only do full-time faculty need to understand social injustice experiences, adjunct faculty and teaching assistants also need to have a clear understanding due their expected roles in higher education (Park, 2004; Stenerson, Blanchard, Fassiotto, Hernandez, & Muth, 2010).

When discussing social justice and social injustice, one must understand what is meant by these terms. Dong et al. (2015) noted that there is not a singular definition of the term *social justice*. For example, Lee and Hipolito-Delgado (2007) indicated that social justice is action-based and is concerned with ensuring equality and accessibility, while Sue and

Sue (2013) indicated that social justice pertains to having "equal access to resources, employment, services, and opportunities" (p. 113) for all persons. When researching social injustice for an operational definition, multiple definitions were found which indicates that there is not a uniformed operational definition pertaining to this construct. For example, Havig (2013) defined social injustice as "any barrier to a person or group's ability to access opportunity and to achieve according to potential" (p. 6), while Yanicki, Kushner, and Reutter (2015) used the term *social inclusion/exclusion* rather than *social injustice*. The authors described social inclusion as respecting groups for their differences and social exclusion as not including others based upon their differences in relation to a society's dominant cultural norms. For the purpose of this article, social injustice is described as the direct and indirect experiences (e.g., inequality, discrimination, accessibility) that rehabilitation counselor educators believe infringes upon their rights as individuals or others. Social injustices can occur in various forms, such as racism, ageism, sexism, ableism, socioeconomic status, and a host of other cultural groups. The following sections highlight the social injustices experiences of faculty members in counseling and/or related disciplines in higher education due to the scarcity of research on this topic within rehabilitation counseling discipline.

RACIAL/ETHNIC SOCIAL INJUSTICE EXPERIENCES

Faculty of color in higher education often experience marginalization based upon race; their voices are often not depicted in the literature concerning the social injustices that they experience while teaching at predominantly White institutions (PWIs; Stanley, 2006). Frazier (2011) highlighted that African American faculty continue to encounter barriers, especially those who are in tenure track positions at PWIs. Research agendas that focus on minority communities may not considered as rigorous as other lines of research. This has been noted across several disciplines such as such as business, sociology, and psychology (Stanley, 2006). African American professors working in these institutions experience lack of collegiality, insufficient mentoring, challenged credibility by students and colleagues, and often

experience more responsibilities than their White counterparts (Frazier, 2011; Stanley, 2006).

Faculty of color in academia may encounter racial biases in the form of microaggressions. Microaggressions can be defined as "brief and commonplace daily verbal or behavioral indignities, whether intentional or unintentional, that communicate hostile derogatory, or negative slights and insults that potentially have a harmful or unpleasant psychological impact on the target person or group" (Sue et al., 2007, p. 273). In Constantine, Smith, Redington, and Owens' (2008) qualitative study of African American counselor educator and counseling psychology faculty experiences of microaggressions, the themes that emerged from this study included being invisible or overly seen, not receiving effective mentorship, and lacking clarity regarding the area of microaggressions (e.g., racially or gender driven). These experiences not only affect African Americans, but also Hispanics and Asians (Garrison-Wade, Diggs, Estrada, & Galindo, 2012; Guanipa, Santa Cruz, & Chao, 2003; Oliva, Rodriguez, Alanis, & Cerecer, 2013). For example, Guanipa et al. (2003) noted that Hispanics and Asians are nervous about going through the promotion and tenure process at PWIs. Similar to African American educators working at PWIs, Hispanic and Asian faculty members experience scrutiny on their publications and the pedagogical framework that focus on diversity issues.

Gender Roles

Trepal and Stinchfield (2012) indicated institutional structure does not support female faculty who are wanting or have children. Female counselor educators wanting to have families or who currently have families may experience a unique set of barriers in higher education. Hermann, Ziomek-Daigle, and Dockery (2013) indicated that historically, women with children do seek tenure track positions. For these women, their tenure rates are not as high when compared to their male counterparts. Institutions may not often provide the support female faculty with children need in order to be successful at work (Hermann et al., 2013; Trepal & Stinchfield, 2012). While many institutions may have policies to stop or delay the promotion and tenure clock, women often are still reluctant to utilize the policy due to

fear of how they would be perceived by colleagues and how taking the leave would impact their promotion and tenure (Hermann et al., 2013; Trepal & Stinchfield, 2012). Trepal and Stinchfield (2012) assessed the barriers that women faculty members with children experienced during the course of teaching in counselor education programs. The participants felt that they did not feel supported by faculty members in administrative roles (e.g., departmental chairs) in that they were no longer afforded opportunities (such as faculty travel or course overload) or perceived as not accessible to partake in collaborative efforts due to familial obligations (Trepal & Stinchfield, 2012). Regardless of whether women have children, female faculty, in comparison with their male counterparts, are still expected to engage in more service-related activities, which does not hold as much importance as teaching, scholarship, and research (Diggs, Garrison-Wade, Estrada, & Galindo, 2009; Hermann et al., 2013). Additionally, women in higher education may also feel excluded within their departments due to the limited number of women working there and feel they are not privy to departmental conversations (Maranto & Griffin, 2011).

Intersection of Gender and Race

Being a person of color and being a female brings about a different set of barriers. The more marginalized groups that one is a part of, the greater likelihood of experiencing social injustices (Stanley, 2006). Such instances include, but not limited to, contending with the intersectionality of their gender and the race, being responsible for more service activities, preventing the engagement of scholarly activity, and being perceived as invisible except when needed as representatives of diversity (Harley, 2008). Diggs et al. (2009) indicated that African American women in higher education have to endure more teaching and service activities, while African American males experience "alienation and marginalization based upon their ethnic and racial identities" (p. 315).

Disability and Social Injustice

Low employment rates and low wages are examples of discriminatory acts against persons with

disabilities (Anastasiou, Kaufmann, & Michail, 2016). In researching the literature, there is little empirical research pertaining to the lived social injustice experiences of counselor educators with disabilities; rather, the literature pertaining to disability primarily focuses on employment barriers (Shaw, Chan, & McMahon, 2012), and the mission of disability organizations in advocating for this population (Hugemark & Roman, 2007).

As stated previously, the research regarding social justice issues in rehabilitation counseling is scarce. Empirical studies that have examined social injustices often lend itself to more qualitative data in understanding the lived experiences of persons from marginalized groups in other disciplines (Odegard & Vereen, 2010). To date, no research has focused on the social injustice experiences of rehabilitation counselor educators. Additionally, limited research has examined the impact of different levels of social injustice in the infusion of social justice into the rehabilitation counseling curricula. For example, Dong, Ethridge, and Rodgers-Bonaccorsy (2018) found that certain age groups (i.e., junior faculty) and the impact of social injustice experiences were important when infusing social justice within the curricula. The past literature revealed that social injustice experiences are not always captured in the essence of someone witnessing or experiencing social injustice acts, but rather using already existing literature to discuss elements of social injustice that has occurred. In addition, no research has specifically investigated the social justice integration strategies among rehabilitation counselor educators with different types of social injustice experiences and different teaching positions. According to Duerden and Witt (2010), understanding the relationship between the type of direct and indirect experiences and the learning outcomes is rather complex. A clear understanding of these personal experiences and their implications can foster growth in an individual. With regard to rehabilitation counselor education, no research has been conducted to examine the relationship between different types of social injustice experiences and infusion strategies of social justice among rehabilitation counselor educators.

The current study aimed to explore the social injustice experiences of rehabilitation counselor educators and how these experiences led to the infusion of social justice into their curricula. This is achieved by addressing two research questions:

(a) What social injustice experiences have rehabilitation counselor educators personally encountered? and (b) How social justice integration strategies vary based upon social injustice experiences encountered and different teaching positions among rehabilitation counselor educators?

METHOD

Participants

The participants were rehabilitation counselor educators recruited from the listserv of the National Council on Rehabilitation Education (NCRE) through an online survey. The listserv has 1,207 subscribers. One hundred and one participants completed the survey, yielding a response rate of 8.3%. Among the participants, 62.4% were female, and the rest were male. Approximately 57% self-reported as White, 24% as African American, 7% as Hispanic, 7% as multiracial, and 3% as Asian Americans. Participants varied in their ages: 25–30 years consisted of 6.9%, 31–40 years 30.7%, 41–50 years 19.8%, 51–60 years 25.7%, and 61 years or higher 16.8%.

Among the participants, 57.4% self-reported as full-time professors, 13.9% as adjunct/affiliated professors, and 28.7% as teaching assistants. Participants also reported different lengths of teaching experiences at their current institutions: 65% had less than 4 years, 13% had 5–9 years, 8% had 10–14 years, and 14% had 15 years or more. The participants were from various parts of the United States: 36% were from West South Central, East South Central, and South Atlantic; 33% were from Midwest; 14% were from Pacific and Mountain; and 11% were from Middle Atlantic and New England. In addition, 6.9% were from outside of the United States.

Procedure

Rehabilitation counselor educators were invited to participate in this study through the NCRE listserv. After obtaining the research approvals from the NCRE research committee and the institutional review board (IRB) committee of the first author's institution, we provided the NCRE administrative office a Qualtrics online survey link and an informed consent. After the initial distribution through the NCRE listserv, the NCRE administrative office sent out three email reminders to encourage participation

based upon our requests. After the completion of data collection, we conducted data analysis through Statistical Package for the Social Sciences (SPSS). The data was accessible only to researchers of this study. All identifying information was removed prior to data analysis.

Instrumentation

The online survey contained demographic information such age, gender, race/ethnicity, years of teaching, teaching position (full-time professors, adjunct/affiliated professors, and teaching assistants), geographic location of participants' institutions. In addition, participants were asked if they had personally experienced and/or witnessed social injustice experiences:

"Have you personally experienced any injustices? Yes or No?" and "Have you witnessed any injustices? Yes or No?" If they answered yes, then they were asked to describe the social injustice experiences they personally experienced and/or witnessed. Based upon the participants' responses, they were categorized into two major groups: direct experience group (i.e., personally experienced social injustice) and non-direct experience group, which includes witnessed only group and neither witnessed nor experienced social injustice group.

In addition, participants were asked at what level(s) they would incorporate social justice in their course work or curricula. The participants were offered the following options to choose from: (a) not applicable, (b) topics in class, (c) assignments specific to social justice, (d) new course focused on social justice, (e) social justice integration into Council on Rehabilitation Education (CORE) rehabilitation counseling courses, and (f) social justice integration throughout the entire curriculum. Participants were allowed to select multiple levels of infusing strategies they would integrate.

Data Analysis

Quantitative content analysis was used in this study. The quantitative content analysis is referred as "a research technique for systematic, objective, and quantitative description of the manifest content of communication" (Berelson, 1952, p. 18). The description refers to a process that involves categorizing data content into units, assigning each unit to a category, and providing tallies for each category (Rourke &Anderson, 2004). We started the analyzing process by identifying relevant concepts (i.e., social injustice experiences) through reading word-by-word the responses to the open-ended survey questions related to personal experience in social injustice. This process helped identify the code units. The coding scheme in this study was developed inductively from the data. The coding scheme refers to the process of developing classification rules to assign coding units to particular categories or concepts, for example assigning a numerical code "0" to a response that indicated no personal experience of social injustice, and a numerical code "1" to a response indicating personal experience of social injustice; assigning a numerical code "0" to responses indicating not witnessing social injustice, and a numerical code "1" to responses indicating witnessing social injustice. The resulting rules are detailed in a code book which specifies how and what to code. The code book helps ensure systematic and replicable coding of the data. After developing the initial coding scheme, we pilot-tested selected samples of data, which helped identify issues with coding scheme or our ability to code the data in a consensus way based on the coding scheme.

The first two researchers independently categorized the social injustice participants personally experienced and/or witnessed, and assigned the social injustice experience into different grouping categories. The third researcher checked grouping categories by the other two researchers, and made sure the grouping categories were appropriate and the coding scheme was applied in a reliable way. The inter-rater reliability was about 95%, which exceed the requirement stipulated for a quantitative content analysis study (Rose, Spinks, & Canhoto, 2015).

To answer the first research question, the tallying of types of social injustice was conducted. Frequency and percentage of types of social injustice experiences were recorded. To answer the second research question, frequency and percentage of infusion strategies were compared and contrasted among different types of social injustice experiences and different teaching positions.

RESULTS

Social Injustice Experiences

Among the participants, 9 neither witnessed nor experienced social injustice, 21 witnessed social injustice only, and 71 experienced social injustice. We examined the types of social injustice personally experienced and/or witnessed by professional rehabilitation counselor educators. Participants provided 53 statements related to social injustice personally experienced, and 67 statements related to social injustice witnessed. The top three types of social injustice personally experienced by participants include: gender related 28 (52.8%), race related 21 (39.6%), and disability related 11 (20.8%). In addition, five (9.4%) statements related to age, four (7.5%) related to body feature, three (5.7%) related to Socioeconomic status (SES) and religion, two (3.8%) related to sexual orientation and immigrant status, and one (1.9%) related to marriage, non-veteran status, and power.

The social injustice experiences reported by participants highlight interplay of two or multiple dimensions. For example, seven statements represented the intersection of race and gender; two statements illustrated the intersection of disability and gender; two infused gender and age. Additionally, one statement was related to race and body image; gender and veteran status; and gender and body image, respectively. For example, one participant reported: "I have experienced subtle incivilities from students and colleagues who have a difficult time recognizing women as authority figures. I have also had my competency as a rehabilitation educator questioned by one colleague because I have a psychiatric disability." Furthermore, several statements included multiple dimensional of social injustice. For example, one statement was related to disability with race and gender, one related to race, gender, and immigrant status; one related to race, gender, and body feature; one related to race, gender, and marriage; one related to gender, age, and sexual orientation; and one related to race, gender, religion, age, and disability. For example, one participant with disability stated:

> Just considering my experiences as a black woman, there are too many to list and describe

fully. They range from microaggressions, like offhand comments from co-workers about my hair, which I wear naturally, to being discriminated against in larger ways, such as segregated schools and housing and inadequate healthcare. But, I also feel the injustices my children and my husband experience daily. All these experiences are interconnected, and they affect me, deeply and daily.

The top three types of social injustice witnessed include race related 28 (41.8%), disability related 26 (38.8%), and gender-related 19 (28.4%). In addition, five (7.5%) statements related to SES and power, respectively; four (6%) related to sexual orientation; three (4.5%) related to immigrant status; two (3%) related to age and biases in culture, respectively; and one (1.5%) to body feature, religion, and lack of awareness, respectively.

The social injustice experiences participants witnessed include two or multiple dimensions. For example, six statements include intersection between race and gender; three statements related to disability and race; and one statement on gender and language, race and power differential, race and sexual orientation, religion and sexual orientation, respectively. For instance, one participant stated: "I have witnessed preconceived bias against clients due to their diagnosis. I have seen oppression against people of racial and linguistic minority status in employment and in academics." Additionally, six statements represented three dimensional of social injustice: one statement on disability, religion, sexual orientation; one statement on disability, gender and sexual orientation; one statement on disability, race, sexual orientation; one statement on race, gender, sex; one statement on race, gender, and age; and one statement on race, gender, power differential. For example, one participant reported that she witnessed various types of social injustices such as women in academia receiving less support in comparison with their male counterparts, seeing individuals of color, disability, and LGBT status be joked about or ridiculed. Finally, four statements include four to five dimensions of social injustice: one statement on disability, race, gender, religion, age, sexual orientation: one statement on disability, race, gender, language; one statement on disability, race, gender, and language;

TABLE 1. Association of Strategies of Infusing Social Justice and Types of Social Injustice Experiences

Infusion Strategies	Non-direct experience (*n* = 30)	Direct Experience (*n* = 71)
Not applicable	7 (23.3%)	9 (12.7%)
Topic in a class	18 (60%)	39 (54.9%)
Assignments specific to social justice	0 (0%)	3 (4.2%)
New course focused on social justice	0 (0%)	0 (0%)
Social justice integration into CORE Rehabilitation Counseling courses	3 (10%)	8 (11.3%)
Social justice integration throughout the entire curriculum	2 (6.6%)	12 (16.9%)

Note. A participant might choose multiple choices for infusing strategies. Thus, the percentages add up more than 100%.

one statement on disability, race, gender, and other; and one statement on gender, language, body feature, and other. The following statement captures the multidimensional aspects of social injustice experiences participants experienced: "I've witnessed discrimination due to disability, race, ethnicity, or sexual preference throughout my lifetime both in the United States and abroad."

Social Injustice Experience and Infusion of Social Justice

Participants who had non-direct experience (i.e., neither experience nor witnessed social injustice or only witnessed social injustice) indicated a higher percentage of perceiving strategies of infusion social justice into rehabilitation counseling curriculum as "not applicable" compared with those who personally experienced social injustice. Nearly 23.3% of participants who had non-direct experience in social injustice reported the infusion strategies as "not applicable" as compared to 12.7% of participants who had direct experience in social injustice. No significant differences were found for other infusion strategies. For detailed information, see Table 1.

Differences were found in infusion strategies among participants with different teaching positions.

Among the participants, 3.4%, 42.9%, and 27.6% deemed infusion social justice as "not applicable" among full-time faculty, adjunct/affiliated faculty, and teaching assistants, respectively. Furthermore, participants with different teaching positions also reported differences in the level of integrating social justice into the entire curriculum: 55.2%, 42.9%, and 13.8% of full-time faculty, adjunct/affiliated faculty, and teaching assistants, respectively, would integrate social justice into the entire curriculum. In addition, no adjunct faculty reported that they would integrate social justice into the CORE rehabilitation counseling course, while 37.9% and 27.6% of participants of full-time faculty and teaching assistants would do so. Furthermore, a relatively low percentage (28.6%) of adjunct/affiliated faculty, in comparison with full-time faculty (62.1%) and teaching assistants (58.6%), would integrate social justice through bringing the topic in a class. Detailed information can be found in Table 2.

The levels of intention to integrate social justice among the participants were also examined through the intersection of social injustice experience and the teaching positions. The trend on deeming infusion of social justice as "not applicable" between those having direct and non-direct social injustice experience remained the same within full-time and adjunct/affiliated faculty: participants, either full-time or adjunct faculty, with non-direct social injustice

TABLE 2.   Association of Strategies of Infusing Social Justice and Types of Teaching Positions

Infusion Strategies	Full-time Faculty (*n* = 58)	Adjunct Faculty (*n* = 14)	Teaching Assistant (*n* = 29)
Not applicable	2 (3.4%)	6 (42.9%)	8 (27.6%)
Topic in a class	36 (62.1%)	4 (28.6%)	17 (58.6%)
Assignments specific to social justice	21 (36.2%)	4 (28.6%)	6 (20.7%)
New course focused on social justice	0 (0%)	1 (7.1%)	2 (6.9%)
Social justice integration into CORE rehabilitation counseling courses	22 (37.9%)	0 (0%)	8 (27.6%)
Social justice integration throughout the entire curriculum	32 (55.2%)	6 (42.9%)	4 (13.8%)

Note. A participant might choose multiple choices for infusing strategies. Thus, the percentages add up more than 100%.

experience were more likely to deem infusing social justice as "not applicable." About 6.3% of full-time faculty with non-direct social injustice experience deemed infusing social justice as "not applicable" as compared to those full-time faculty with direct social injustice experience (2.4%). In similar vein, 100% of adjunct/affiliated faculty reporting no direct social injustice experience deemed infusing social justice as "not applicable" as compared to 27.3% of adjunct/affiliated faculty who reported having direct social injustice experience. No key difference in terms of "not applicable" was found between teaching assistants with direct or non-direct experience in social injustice.

The trend on integrating social justice into the entire curriculum between those have direct and non-direct social injustice experience remained the same within full-time and adjunct faculty: participants, either full-time or adjunct faculty, with non-direct social injustice experience were less likely to integrate social justice into the entire curricula. About 25% of full-time faculty with non-direct social injustice reported that they would infuse social justice into the entire curriculum compared with 57.1% among those full-time faculty with direct experience in social injustice. Similarly, no adjunct/affiliated faculty who had no direct social injustice experience expressed that they would integrate social justice into the entire curriculum, while 54.5% of adjunct faculty

who had direct social injustice experience reported that they would do so. Furthermore, both full-time and adjunct/affiliated faculty with direct experience of social injustice reported higher intention of integrating social justice through all the other strategies except topics in a class, in comparison to those with no direct experience in social justice.

As for teaching assistants, the percentages of viewing infusion of social justice as "not applicable" were similar between those had no direct (27.3%) and direct experience (27.8%) of social injustice; the almost same percentages were found for integrating social justice into the CORE rehabilitation counseling courses between those who had no direct (27.3%) and direct experience (27.8%) of social injustice. Teaching assistants who had direct experience in social injustice were more likely to use assignment specific to social justice (27.8%) and creating a new course on social justice (11.1%) than those who had no direct social injustice experiences on using assignment specific to social justice (9.1%) and creating a new course on social justice (0%), respectively. In terms of integrating social justice into the entire curriculum, those who a had direct experience of social injustice seemed less likely to integrate social justice into the entire curriculum (11.1%) than those who reported no experience in social injustice (18.2%). See Table 3 for details.

TABLE 3.   Association of Strategies of Infusing Social Justice and Intersection of Social Injustice Experience and Teaching Positions

Infusion Strategies	Full-Time Faculty		Adjunct Faculty		Teaching Assistant	
	Non-direct ($n = 16$)	Direct ($n = 42$)	Non-Direct ($n = 3$)	Direct ($n = 11$)	Non- direct ($n = 11$)	Direct ($n = 18$)
Not applicable	1 (6.3%)	1 (2.4%)	3 (100%)	3 (27.3%)	3(27.3%)	5 (27.8%)
Topic in a class	11(68.8%)	25 (59.5%)	0 (0%)	4 (36.4%)	7(63.6%)	10 (55.6%)
Assignments specific to social justice	4(25%)	17 (40.5%)	0 (0%)	4 (36.4%)	1(9.1%)	5 (27.8%)
New course focused on social justice	0 (0%)	0 (0%)	0 (0%)	1 (9.1%)	0(0%)	2 (11.1%)
Integration into CORE Rehabilitation Counseling courses	4 (25%)	18 (42.9%)	0 (0%)	0 (0%)	3(27.3%)	5 (27.8%)
Social justice integration throughout the entire curriculum	8 (25%)	24 (57.1%)	0 (0%)	6 (54.5%)	2(18.2%)	2 (11.1%)

Note. A participant might choose multiple choices for infusing strategies. Thus, the percentages add up more than 100%.

DISCUSSION

The purpose of this study aimed to explore the social injustice experiences encountered by the rehabilitation counselor educators and the associations of different types of social injustice experiences encountered with the strategies of infusing social justice into the rehabilitation counseling curricula. This study found that a majority of participants experienced various types of social injustices either directly or indirectly. The top three social injustice experiences witnessed and directly experienced both include gender, race, and disabilities. The findings echoed past literature in types of social injustice experiences encountered by academics in other disciplines of higher education (Anastasiou et al., 2016; Constantine et al., 2008; Hermann et al., 2013; Trepal & Stinchfield, 2012). In addition to these

social injustice experiences commonly encountered, participants also reported social injustice experiences related to social and physical features, including language proficiency, SES, and hair grooming style. The findings seemed to be consistent with Stanley's (2006) results, in which a participant indicated that she was denied accessibility based upon the preconceived notion of wearing a hijab. ". . . I had to argue my way into the school affiliated hospital's recovery room just because I had my head cover . . ." (p. 717).

Results of rehabilitation education faculty's social injustice experience, either experienced directly or indirectly, show an intersection of various demographic factors such as race and disability, gender and disability, race and gender, gender and age, and disability, race, and gender. The results support the concept that social injustice effects were multifaceted across several intersecting demographics (Liasidou, 2013). This stresses the importance of understanding social justice issues from multiple dimensions and perspectives rather than from one socially constructed element.

The study found that counselor educators (both full-time and adjunct faculty) who reported having direct social injustice experiences were more likely to integrate social justice into the entire curricula and less likely to view infusion social justice into the curricula as "not applicable" in comparison with individuals who had non-direct experiences. The findings suggest the relatively high relationship between exposure to direct social injustice experiences and intention to integrate social justice into the curricula. Rehabilitation counselor faculty shoulder the responsibility of educating the next generation of rehabilitation professionals. Havig (2013) discussed the importance of trainers' facilitating role of helping trainees to understand the social injustice experiences. To help the trainees to assist future clients to better understand the social justice issues and work with various marginalized groups (who tend to experience social injustice issues more frequently), counselor educators need to understand their own experiences through the Transformative Learning Theory. The Transformative Learning Theory may help a counselor educator make meaning out of the social injustice experiences, and clarify how these experiences impact their perspectives regarding themselves and others. Thus, a counselor educator equipped with this framework is more likely to recognize the social significance of the social injustice in terms of lack of social equality, accessibility, and fairness to marginalized groups, rather than just perceiving social injustice merely as an individual issue. Counselor educators need to help the trainees to reflect on the seemingly personal social injustice issues from deeper and broader perspectives. This awareness and recognition will help trainees assist their future clients to realize the social significance of the social injustice experiences, and foster the self-advocacy skills for clients, and foster trainees' abilities to advocate on clients' behalf.

This study also found that adjunct faculty and teaching assistants were less likely to infuse social justice into the curricula and more likely to view integrating social justice into the curricula as "not applicable" in contrast with full-time faculty. This is understandable as adjunct faculty and teaching assistants who may not have necessary resources and expectation as full-time faculty. Similarly, they may not have relevant knowledge and competency related to social justice. According to CACREP 2016 standards, the core program faculty need to provide orientation and training to adjunct faculties and/or teaching staff (including teaching assistants) to understand the program missions and curricula, and program and accreditation requirements in relation to the courses they will teach. The core program faculty should ensure that adjunct faculty and teaching assistants have a solid knowledge base before assigning teaching tasks, and stress the importance of integrating social justice into the course instruction, assignments, and entire curricula.

LIMITATIONS OF THE STUDY

There are several limitations to this study. The first limitation of the study is related to the self-report nature of a survey which might lead to social desirability among participants. Second, the low response rate of the survey may limit the generalizability of the study results. Third, we did not ask participants their disability status. This may have impacted the types of social injustice experiences reported by the participants and added to the scarce body of literature regarding the types of social injustice experiences of this population. The fourth limitation to this study is associated with participants' recollection of the social injustice experiences. The accuracy of the event(s) may be subject to participants' memory and

their objective reflection. For example, participants may have repressed certain events as these events may have been painful in nature to recall. The final limitation to this study is that it is cross sectional in nature.

IMPLICATIONS FOR RESEARCH

There are a few research implications when examining social injustice experiences and pedagogical practices for rehabilitation counselor educators. First, future research may need to explore racial identity development of counselor educators and their social justice infusion within pedagogical practice. Second, future research can examine the facilitating practices and roles of rehabilitation counselor in understanding social injustice and integrating social justice through a qualitative approach. Third, using a longitudinal study may also enhance the understanding of the impact of social injustice experiences, and capture learning outcomes of social justice over time. In addition, future research can also explore reasons that participants self-report that they have not encountered social injustice experience. Finally, the term social injustice and social justice has not been operationalized in the rehabilitation counselor education profession. Participants in this study might find it challenging to determine a previous experience as being a social injustice act. Thus, future research may need to offer operational definitions for social justice and social injustice to facilitate research efforts in this area.

IMPLICATIONS FOR PRACTICE

There are several implications for practice pertaining to this study. The first implication is to encourage faculty to understand social injustice experience fully. Havig (2013) discussed the importance of facilitating the role of helping trainees to understand their social injustice experiences. In order to achieve this, counselor educators need to gain an understanding of their personal experiences first. The second implication is to facilitate the role to help trainees to understand the nature of social injustice experiences and their impacts. The recognition of multidimensionality and intersectionality of social injustice may assist trainees to have a clear understanding of emotional,

physical, and safety aspects of social injustice experiences. Havig (2013) suggested practical strategies of instruction on social justice such as role modeling, focused discussion, and facilitated exposure to social injustice issues and experiences. A clear understanding of the significance of social justice issues and pedagogical practices would help trainees be aware of the need of taking systematic approaches to address social injustice issues. Thus, patience, resilience, and creative strategies are required to address social justice issues at the system levels. A third implication is to provide more training on social justice issues for all faculty, especially part-time faculty and teaching assistants faculty who may not have updated training on social justice issues. In all, social justice is a defining value of the counseling profession and a goal for both research and practice. There is an urgent need for evidence-based practices and training strategies for social justice in the rehabilitation education.

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