REVIEW ARTICLE

The Impact and Sequelae of Sexual Victimization of Graduate and Professional Students

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Abstract: ***Background:*** Sexual misconduct on university campuses is rampant and underreported, particularly among graduate and professional students. To combat this, the entire university community, especially campus clinicians, must be trauma-informed, allowing for reduction of stigma, an increase in reporting rates, and an acceptance that trauma will be treated within the academic theater. Yet, this environment is rare. Despite the laws passed, procedures enacted, and resources allocated, many victims are still met with a university response that creates further trauma, ultimately discouraging disclosures. The probability that a student will report is dependent on diverse factors at the institutional level. Compounding this further is the complexity of graduate and professional students themselves. These individuals regularly navigate numerous, sometimes simultaneous roles within the university structure (*e.g.*, student, staff, faculty, and employee), engaging in relationships with clear power imbalances. Moreover, factors like age, cultural and ethnic background, need for recommendations, desire for future employment, developmental experiences, and personal distal/proximal relationships also contribute to their inherent vulnerability.

Objective: The authors of this paper have gathered and reviewed published information on graduate and professional students who are victims of sexual misconduct while in the academic environment and discuss systemic and individual strategies to ameliorate the impact.

Conclusion: Gaps in the literature include current, large-scale studies on the prevalence of sexual misconduct among graduate and professional students, universal protocols for preventive and treatment strategies, the framing of education as a climate-shifting opportunity for empowerment, and a holistic model that addresses the needs of the entire academic universe.

Keywords: Graduate, metoo, misconduct, professional, sexual violence, university.

1. INTRODUCTION

Over the course of the past 24 months, the "#metoo" movement, started by activist Tarana Burke, has demonstrated that sexual abuse and other sexual victimizations occur at an alarming rate. Seemingly daily, society is confronted with a magnitude of problems, in a wide array of settings and relationships, directly caused by sexual misconduct. The recent and unprecedented barrage of individuals coming forward with evidence of past sexual coercion, misconduct and criminal abuse, has also affixed a spotlight on the under-reporting of this behavior [1]. While there continues to be inadequate empirical investigation and evidence on this subject, the recent outpouring of #metoo anecdotes demonstrates that wide-spread sexual misconduct creates an environment of violence and fear, endangering the stability of societal pillars. Unfortunately, universities are not immune,

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and students depend on faculty, staff, and administrators to provide a safe and secure educational experience for all students. In fact, provisions in both Title IX (1972) and Title VII (1964) were written to legally secure such protection. Although many consider Title IX to be the more important legislation for institutions of higher education, both laws are critical for graduate and professional students, in particular. While Title IX prohibits sex discrimination in any institution that receives federal funding, in May of 2020, the Department of Education released a host of changes to the legislation. In a statement by the American Council on Education released days after the reforms were announced, the organization contended that the changes will "likely… discourage survivors from coming forward" and "undermine college and university efforts to effectively, fairly, and compassionately combat sexual harassment" [2]. Indeed, the changes specific to how sexual harassment is defined may prove especially detrimental among graduate and professional students who experience this particular form of sexual misconduct at alarmingly high rates [3]. While these new changes to Title IX legislation create concern, Title VII legislation, which ensures employees are protected should they be discriminated against on the basis of sex (as well as national origin, religion, race, or color), can provide an alternate path of protection, as graduate and professional students are often both student and employee. Regardless, while Title IX and Title VII are a critical part of ensuring an equal learning environment, many situations are sexist in nature but that do not rise to a level where federal law can offer protection.

Consider the medical resident who, for the first and last time, hears a colleague comment about a female patient's breasts while she is under anesthesia, but who feels they cannot challenge or report this conduct without major repercussions to their career. Or consider the student completing a research Ph.D. who is subjected to ongoing gender or gender identity/orientation-based sexual harassment from their Principal Investigator. Such aggressions, whether direct and personal or indirect and atmospheric, can have lasting effects, especially when the abuse is perpetrated by administrators, faculty, or staff.

To counteract a culture of sexual misconduct, universities must offer direct guidance for all their affiliates. While faculty and staff are governed by federal law, state law, and a university's own policies and procedures, institutions of higher education should also provide clear direction on what types of relationships are allowed between students, staff, and faculty. An example of this can be found in Columbia University's policy on romantic and sexual relationships between faculty/staff and graduate students (eoaa.columbia.edu). Their "no-tolerance" policy includes, but is not limited to, the following:

- Teaching, co-teaching or guest teaching the student in any class or clinical program;

- Evaluating the student outside of a class by, for example, grading qualifying exams or serving on defense committees;

- Supervising or advising the student on a project, including a thesis, independent research or clinical program;

- Formally or informally mentoring or advising the student;

- Authoring papers or working collaboratively on a project;

- Supervising any administrative assignment given to the student, either for compensation or without pay;

- Providing the student with (or asking someone else to provide a student with) a recommendation or introduction for a job, internship, clerkship, fellowship, prize, award, speaking engagement or other academic opportunity or honor;

- Participating in any decision affecting the student on admissions, financial aid, teaching assignments, fellowship, academic or research honor or access to institutional or outside resources available for academic purposes, such as travel funds or study carrels; or

- Otherwise, participating in any program or activity with respect to the student that evaluates performance, recognizes achieve-

ment, confers benefits, rewards work, or sanctions conduct.

Not knowing about policy is no longer an excuse, the power structures, authority within academic communities, and codes of conduct require the integration of professional relationships and relationships of trust. Sexual autonomy is not only based on "the right to choose and the right to refuse," but also the preconditions for a valid and meaningful choice: one's mental ability, availability of options, adequate information about the outcome of one's decision, and freedom from outside interference [4]. Therefore, to truly support graduate and professional students, university communities must have a clear response to the presence of harassment, put-downs and abuse of power, while also maintaining a commitment to safety, integrity, morality and altruism. This foundation ensures an academic milieu free from conflicts of interest, favoritism, and exploitation.

1.1. Language

In this paper, the authors define sexual misconduct-specific terms using "Groundwork," online training for incoming graduate and professional students at Tulane University, the authors' home institution. The umbrella term "sexual misconduct" is used to describe a range of behaviors including sexual harassment, sexual assault, stalking, and intimate partner violence. Sexual harassment is defined as any unwelcome behavior of a sexual nature. This can include sexual advances and requests for sexual favors. The conduct can be verbal, written, or physical in nature. Graduate and professional students can face sexual harassment from anyone, including their peers, advisors, students, or professors.

1.2. Graduate and Professional Students as a Unique Population

Graduate and professional students are a population often left out of the conversation around sexual misconduct in academia. Yet, these students are especially vulnerable to power dynamics in areas like the classroom, internships, fieldwork, and medical rotations. Particularly in STEM fields, these students rely on recommendations and relationships with superiors for future success in their careers [5]. Graduate and professional students

also come from a variety of cultural backgrounds and may have significant differences in how they understand sexual norms [6]. On average, these students are also younger, thus less experienced than others in their field on how to handle instances of sexual misconduct [7]. Vulnerabilities like these can be exploited by mentors and supervisors in positions of power, creating situations that may then be compounded by the fact that graduate and professional students are often less aware than their undergraduate peers of the resources available to them [8]. Yet, this population is entering fields like law, medicine, public health, and social work where they are expected to address sexual misconduct prevention and response through a wide variety of innovative lenses. What these students experience impacts their professional trajectory and their selection of specialties can make a huge difference for future generations.

2. OBJECTIVE

This literature review of the victimization of graduate and professional students examines current research and demonstrates the dearth of academic focus on this subject, a deficiency that reinforces the stigma surrounding societal ills [9]. The authors will attest that this deficiency also supports a culture of violence and fear that can result in individuals leaving their course of study, a move that may impact current and future psychological functioning. Furthermore, the lack of research threatens the validity of prevention efforts. It also enables universities to avoid using finite resources to create prevention campaigns for the graduate and professional population. As with most forms of violence, there is an abundance of resources and research exploring tertiary interventions addressing the individual impacts, like PTSD or substance abuse. While this research is necessary, secondary and tertiary interventions do little to help academic institutions create an environment free from violence. Unless this unchecked epidemic and its associated primary prevention efforts are further studied, then universities will continue to fail uniquely vulnerable populations, like their graduate and professional students.

3. REVIEW OF THE LITERATURE

Identifying gaps in the literature aid in the construction of effective primary intervention pro-

grams for graduate and professional students. Therefore, the authors first examine the prevalence and impact of graduate and professional student victimization. We then present literature that focuses on secondary and tertiary responses as prevention strategies. Following this assessment, the authors highlight research that characterizes the unique placement of graduate and professional students. We finish our review by taking a look at risk and protective factors for the perpetrators of sexual misconduct.

3.1. Sexual Misconduct among Graduate and Professional Students

Perhaps the most salient difference between graduate/professional and undergraduate students is the many roles they occupy in the academic ecosystem. Depending on their academic focus and advancement on their degree, graduate and professional students may act as staff, faculty, students, outside employees, or some combination of the four. Consider a master's level student working towards a dual degree in Medicine and Public Health. It is Wednesday morning, and she joins an early rotation led by a slightly older resident at the local teaching hospital. During her rotation, the student is allowed to sit in as an OB/GYN removes a cancerous tumor from a patient. Later, over lunch, the student attends a special lecture on complications with Caesarean Sections. After the lecture, the student walks to the Office of Undergraduate Admissions where she is paid to provide campus tours for potential new students. A few hours later, she leaves for her Teaching Assistantship in a 1000-level Public Health course. The student got this job because she does research for the professor in charge of the course. The study is large, and she works a lot of late nights with that professor, hoping to be published. Today, that professor is out of town, but, instead of canceling class, the professor asked the student to teach it instead.

As evidenced by this example, an average graduate or professional student can be exposed to a range of power structures during a typical weekday. Whether personal or professional, each role they occupy also comes with a unique set of standards, policies, and expectations. This requires continuous adaptation on the part of the student.

Graduate school also requires autonomous motivation and hyper-focus, leading many to fear they are not meeting the high standards imposed by their mentors. This can cause some to experience a surge in role conflicts, lack of social support, poor peer relationships, unreachable work-life balance, and vulnerability in stress cycles. These impacts may intensify if students perceive that their graduate school "normalizes" poor mental health; a perception that can be deepened by academic environments that ignore the need for intra- and extra-systematic review.

To combat these impacts, graduate students are advised to 1) use a reward schedule as they focus on projects and task, 2) establish routines and set boundaries, 3) schedule time with fellow graduate students to reduce feelings of isolation while remaining productive, and 4) seek professional counseling if indicated. Faculty are encouraged to 1) model a balanced approach to academic work, 2) make mental health resources readily available, 3) prioritize healthy and supportive advisor/student relationships, and 4) learn to recognize signs of poor mental and physical health while being prepared to intervene [10]. These factors warrant a deeper understanding and a commitment to challenge a culture that endorses an environment with staggeringly high mental health needs.

3.1.1. Prevalence

In 2019, the Association of American Universities (AAU) conducted a 33-school wide climate survey on sexual misconduct. Their research shows that 8.8% of females and 5.4% of males experience rape or sexual assault specifically through physical force, violence, or incapacitation during their time in graduate school. While these rates are high, a less violent but perhaps more insidious form of sexual misconduct is far more pervasive. Across disciplines, 19.9% of all graduate and professional students report experiencing sexual harassment. Of that group, 25% of female graduate and professional students reported that the perpetrator was a "faculty member or instructor." This is compared to only 5.5% of undergraduate women who reported the same [11]. Women in the fields of science, technology, engineering, and medicine have much higher reported rates than their peers. In a June 2018 study, The National Academies of

Sciences, Engineering, and Medicine reported that 43 percent of female STEM graduate students were victims of sexual harassment [12].

While those rates are significant, other literature spanning decades paints a much darker picture. In 1989, a survey of Social Work departments across 50 universities found that 54% had experienced issues over the last 5 years with sexual harassment [13]. Over 25 years later, in 2016, another study of 525 graduate students found that 38% of female and 23.4% of male participants had experienced sexual harassment from faculty or staff. In addition, 57.7% of female and 38.8% of male students disclosed experiencing sexual harassment from another student. This sexual harassment was significantly associated with negative outcomes (*e.g.*, trauma symptoms, campus safety, and institutional betrayal) after considering other forms of victimization [3].

Compounding the impact of these offensive behaviors is the possibility of pre-existing mental health needs in graduate and professional school populations. In 2016, Lipson *et al.* compared undergraduate, masters, and doctoral students on mental health indices. They surveyed both masters (N = 9,872) and doctoral (N = 5,980) students utilizing Patient Health Questionnaire-9 (PHQ-9) for depression and (PHQ GAD) for anxiety, a suicidal ideation question, and non-suicidal self- injury question. Overall, 26.2% of master's students met criteria for at least one mental health problem, and among these, 40.5% received treatment in the past year. Doctoral students revealed that 26.7% met the criteria for at least one mental health problem with 40.9% having received treatment in the past year [14]. Later, Lipson and colleagues identified an increase in mental health services utilized, from 18.7% to 33.8%, by college students (N=155,026) at 196 universities across the United States from 2007-2017. This included both therapy/counseling and medication management. The proportion of students with a diagnosed mental health condition increased from 21.9% to 35.5% clearly identifying the need for vigilance, preventive strategies, and access to digital mental health services [15]. Also, gender minority [GM] students across these mental health indicators were associated with 4.3 times higher odds of having at least one of the aforementioned mental health problems. This underscores the importance of recognizing and addressing GM mental health burdens within academia [16].

3.1.2. Trauma Informed Care, Individual Assessment, and Impact of Sexual Harassment

A macro starting point for universities is the SAMHA guidelines for Trauma Informed Care (TIC) set years ago [SAMHSA.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816], which promote awareness and understanding, recognize that the symptoms are an attempt to adapt to traumatic experiences, view trauma within the individual's context, minimize the risk of re-traumatization or replicating prior trauma dynamics, create safe environments, focus on recovery from trauma as a primary goal, support control, choice, and autonomy, encourage collaborative relationships, routinely offer trauma-informed services, conduct routine trauma screenings of academic environments, view trauma through a social cultural lens, use strengths perspective to promote resilience skills, continuously show universities commitment to TIC, develop strategies to support faculty, staff, and administrators, and finally provide hope. A universal brief screen which can be conducted throughout the academic health settings can assist in identifying individuals having experienced unusual or especially frightening life experiences. This is followed by a more in-depth query on re-experiencing, numbing, avoidance, hyper arousal, and feelings of self-guilt/-blame. This becomes a formal opportunity to code and categorize the impact of past and current sexual misconduct with its far-reaching consequences. For an individual, the aftermath of victimization may include more psychological and physical changes like PTSD, suicidal ideation, disordered eating patterns, a significant shift in sexual behavior, increased use or abuse of alcohol and other drugs, pregnancy, or sexually transmitted infections. The severity of symptoms can be debilitating as confidence in academic systems is depleted and willingness to report one's experience may not appear to be an option. Often this betrayal, which is usually perpetrated by a confidant or someone in proximal relationship to the victim, is complicated by the dependence needs of the graduate student within this system. Survivors may also struggle with long-term health consequences such as obesity and sleep difficulties [17].

A survivor's relationships may suffer too as they retreat into themselves and trust in others is challenged [18]. They may choose to delay their education or switch fields altogether.

Perhaps best captured in financial terms, we can also see the vast impact of sexual misconduct on our society. In 2017, researchers DeGue and Lockey [19] found that each instance of rape costs around $122,500 per victim, a figure which comes from criminal justice expenses, decreased productivity, medical interventions and other costs. In another study, Erdeich, Slavet, and Amador [20] found that the cost of sexual harassment to the United States federal government from April 1992 to April 1994 was estimated at $327 million due to employee turnover, sick leave, and lost productivity. Over 20 years later, in 2016, the Equal Employment Opportunity Commission alone recovered $164.5 million for workers alleging harassment. In an environment where sexual misconduct occurs, including academia, employers may also undergo detrimental consequences such as high turnover, reputation damage, and decreased productivity [21].

3.1.3. Prevention and Interventions

Secondary prevention strategies vary widely but largely focus on changing attitudes, beliefs, and behaviors related to sexual misconduct on a specific campus. Longitudinal engagement appears to be the most effective strategy, accomplished by including dosage programming with booster sessions focused on social marketing and bystander interventions [22]. The bystander interventions have shown promise as individuals are given resources and role plays which meaningfully represent their shared experiences and beliefs as an active community member. This promotes one's ability to make a difference by offering social support [23].

Furthermore, as most sexual misconduct is perpetrated by men, prevention efforts should proactively engage men. Masculinity has increasingly been fused with one's willingness to intervene and challenge group distortions regarding sexual misconduct. This leads to a realistic perspective of others who may demonstrate such beliefs that can perpetuate an offensive culture. There is currently no academic research that addresses prevention efforts focused on male graduate and professional students.

Tertiary strategies are in direct response to the needs of the victim. A space that is private and trauma-informed is required when a student comes forward. This must be rooted in understanding the sequelae of victimization and the individualized needs of each person which vary greatly. Most campus counseling programs offer a brief model of intervention that is sensitive to traumatic responses. They may include formal psychological evaluation, social history, physical examination, sexual health assessment, and psychiatric evaluation if warranted. This assessment has a trauma-informed, diversity-focused lens and should be a part of a continuum of services offered to victims of sexual misconduct. Furthermore, the importance of 24-hour access to services is imperative. Whether clinical or not, responding staff should be specially trained on how to engage with students in crisis while offering the necessary supportive services in a timely fashion [24].

Despite the varied needs mentioned above, standardized treatment for PTSD should be offered if symptoms persist to warrant a diagnosis. These include cognitive behavioral therapy (CBT), cognitive processing therapy (CPT), and prolonged exposure (PE) if indicated. The use of eye movement desensitization and reprocessing therapy (EMDR) with narrative exposure therapy (NET) are highly recommended. Treatment guidelines developed in 2012 by the International Society for Traumatic Stress Studies [https://istss.org/home] focus on safety, reducing symptoms, and strengthening important social, emotional, and psychological competencies; processing unresolved aspects of the traumatic memories which emphasize review and re-appraisal of traumatic memories to promote re-integration; and consolidation of gains which allows the transfer of engagement in relationships, school, and community life. Therefore, attachment informed therapeutic strategies are indicated as therapist must: be experienced as dependable, consistent, and responsive; facilitate secure bonding which allows student to freely engage in self-expression; encourages both self-dependency and help-seeking actions; provides secure base which promotes recognition, connection, and understanding as student can explore,

recognize, and work through problems; uses attachment-related interactions in the therapeutic relationship as a means of understanding the attachment patterns of the student; be attuned and aware of emotional connection; help students recognize and explore relationships; interpret current relationships in context of prior ones; challenge and stretch while remaining in the proximal learning zone; create and recognize boundaries specific to student's needs; remain aware of counter-transference issues; maintain freedom of movement in the relationship; help the student develop the capacity to experience/tolerate, uncertainty, and doubt; sensitively dissolve the therapeutic bond when appropriate, so that it will serve as a model for handling separations in life.

For students with PTSD, a medical assessment may indicate an abnormality in adrenergic hyper-reactivity, hypothalamic-pituitary-adrenocortical enhanced negative feedback, opioid dysregulation, elevated corticotrophin-releasing factor levels, sensitization/kindling, glutamatergic dysregulation, serotonergic dysregulation, or increased thyroid activity which may prompt clinicians to offer one of the following (listed alphabetically): Fluoxetine, Paroxetine, Sertraline, and/or Venlafaxine. Emerging evidence suggest that Quetiapine can also be considered for the treatment of adults with PTSD. However, there is insufficient evidence to recommend for or against the following medications (listed alphabetically): Risperidone, Topiramate, Amitriptyline, Brofaromine, Divalproex, Ganaxolone, Imipramine, Ketamine, Lamotrigine, Mirtazapine, Neurokinin-1 Antagonist, Olanzapine, Phenelzine, or Tiagabine [25, 26].

3.3. Faculty and Staff as Perpetrators

While graduate and professional students are most frequently victimized by their peers, a portion has also been victimized by faculty and/or staff [27]. Acts perpetrated by those in positions of power are especially dangerous to the intellectual freedom integral in a flourishing university. Even more detrimental, studies have found that when faculty or staff sexually harass graduate and professional students, their behavior is primarily physical in nature. In addition, the majority of faculty and staff who commit acts of sexual misconduct are serial perpetrators.

These facts are established in a 2018 study published in the Utah Law Review. In their article, Cantalupo and Kidder examined 200 cases obtained from: (1) media reports; (2) federal civil rights investigations by the U.S. Departments of Education and Justice; (3) lawsuits by students alleging sexual harassment; and (4) lawsuits by tenure-track faculty fired for sexual harassment. As per their study, these cases "represent the most comprehensive effort to inventory and analyze actual faculty sexual harassment cases." The examination showed that (53%) of cases involved faculty who engaged in unwelcome physical contact. The contact was primarily groping, sexual assault, and domestic abuse-like behaviors. Additionally, 53% of those cases involved professors allegedly engaged in serial sexual harassment [28].

However, a potential confounding variable could be explained by the sample population of reported cases which may tend to be more violent or extreme. Secondly, with so many of these cases involve serial harassers, bullying, intimidation and/or "open secret" environments indicate a need, in particular, for colleges and universities to take reports of faculty harassment very seriously, to track reports in such a way that repeat harassers can be identified, and to meaningfully sanction faculty found to have sexually harassed a student.

3.4. Risk and Protective Factors for Perpetration

Van Burnt and colleagues [29] identified 12 risk factors of individuals and groups which increase the propensity of sexual misconduct being perpetrated in university settings: objectification and depersonalization, obsessive and/or addictive pornography/sex focus, threats and ultimatums, misogynistic ideology, grooming behaviors, using substances to obtain sex, hardened or inflexible point of view, pattern of escalating threat strategies, lack of empathy, sensation-seeking behaviors, obsessive and/or addictive thoughts or behaviors, and past experience and behaviors which contribute to a predisposition for sexual assault. These risk factors can be integrated into an educational campaign, utilized in a formal assessment and disposition, or integrated into a therapeutic response when warranted. Van Burnt *et al.* further suggest a comprehensive help guide for tackling these risk

factors which are embedded in a culture of awareness and intervention.

Further empirical literature and public policy recommendations [30] suggest that behaviors of perpetration exist along a continuum. They further establish that sexual misconduct covaries with similar variables, including high sexualization and hostile sexuality. Although a causal relationship with any single variable does not exist, more variables and attitudes to consider include: sexual entitlement, peer norms that are supportive of sexual aggression, intimacy deficits, sexual preoccupation, hostility toward women or other groups, general lifestyle instability, general antisocial or criminal attitudes, an inability to problem solve and recognize the consequences of their actions and a level of callousness and proneness to manipulative behavior. Cognitive impairments associated with intoxication include a reduced ability to process complex and conflicting information, an overreliance on immediate salient social cues, and difficulty stopping a line of action once it is initiated. Emerging research also suggests that individuals who consume pornography more frequently, especially violent pornography, are more likely to hold attitudes conducive to sexual aggression and to engage in these behaviors. This is compared to those who do not consume pornography or do so in moderation.

The Association for the Treatment of Sex Abusers (ATSA) "Statement on Addressing Campus Sexual Misconduct" [30] includes some best practices in applying a public health model to the prevention of sexual misconduct. They suggest strengthening individuals within the university communities by encouraging general lifestyle stability, developing prosocial support networks, and cultivating healthy communication and intimacy skills. They suggest universities to include local experts when multidisciplinary collaboration is required as appropriate sanctions for offensive behavior isn't a one-size-fits-all strategy. Finally, to provide primary prevention of sexual misconduct universities must stop the first-time perpetration.

CONCLUSION

Upon reviewing the available resources, we believe more research is warranted on sexual mis-

conduct prevalence as well as risk and protective factors specific to graduate and professional students. While there appears to be an understanding of what types of sexual misconduct are occurring among different university populations, the data is regularly only broken down by gender. Perhaps breaking data down by types of graduate schools or domestic *versus* international students would reveal yet unknown protective and risk factors. With this knowledge comes the opportunity to develop more effective primary prevention strategies. Also needed is a greater focus on what types of faculty and staff are perpetrating sexual misconduct. This attention could expose antecedents to the offensive behavior as well as belief systems of those who perpetrate. Identification of these dynamics could help universities devise policies that counter the "the academic slippery slope," an idea taken from other disciplines that states that without boundaries one cannot fulfill their professional responsibilities. On an individual-level, further knowledge could offer an opportunity to right one's behavior and career objectives while reducing the chance that the individual will victimize others in the future. Finally, the coordination of services across campuses will initiate and foster collaboration and coordinated responses. Part of this coordination is providing 24-hour specialized professional care to victims of sexual misconduct.

As suggested, greater research in the areas listed above could lead to changes that create a more equitable environment for graduate and professional students. This progress is critical to our growth as a profession.

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