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Incapacitated rape and alcohol use: A prospective analysis

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Abstract

This study examined timing of alcohol-related sexual assaults (incapacitated rape) in relation to both alcohol consumption and alcohol-related negative consequences. The sample was drawn from a randomly selected pool of college students across three campuses ($n=1238$) followed over a three year time period. 91% of students never experienced an incapacitated rape, 2% reported an incapacitated rape prior to the first assessment point ($n=30$), and 6% reported one over the course of the study ($n=76$). Results indicated that incapacitated rape was associated with higher alcohol use and more negative consequences in the years prior to the assault. Incapacitated rape was also associated with higher alcohol use and more negative consequences during the year in which the rape took place and subsequent years, with highest rates measured for the year of the rape. These results suggest alcohol use can function as both risk factor and consequence of sexual victimization.

Keywords

Rape; Alcohol drinking patterns; College students; Drinking behavior; Alcohol

1. Introduction

Sexual assault among acquaintances occurs at an alarming rate on college campuses, with approximately one quarter of women reporting rape or attempted rape (Fisher, Cullen, & Turner, 2000; Koss, 1993; Koss, Dinero, Seibel, & Cox, 1988; Koss, Gidycz, & Winiewski, 1987). The relationship between sexual assaults and alcohol use is a complex one. Alcohol use is implicated as a risk factor for experiencing a sexual assault (Ullman, 2003). In addition, increased alcohol use has also been found as a potential negative sequelae following sexual assault (Marx, Heidt, & Gold, 2005). Moreover, sexual assaults due to victim intoxication (incapacitated rape) appear distinct from forcible rapes (Testa, Livingston, Vanzile-Tamsen, & Frone, 2003). However, post-rape changes in alcohol use have not been examined in incapacitated rapes. The purpose of this paper is to examine in a longitudinal sample of college students, incapacitated rapes and their relationship with alcohol use.

College students, both because of their age and because of the high rates of alcohol use on campuses, are at high risk for alcohol-related sexual assaults (Fisher et al., 2000). The majority of both victims and perpetrators of sexual assault are between the ages of 16 and 25 (Federal Bureau of Investigations, 2001; Tjaden & Thoennes, 1998). College populations fall within the age range most at risk for sexual assault, and research has revealed that sexual assault is highly

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prevalent on college campuses (Humphrey & White, 2000; Muehlenhard & Linton, 1987; Romeo, 2004; Vrana & Lauterbach, 1994). For example, the Department of Justice recently conducted the National College Women Sexual Victimization survey (Fisher et al., 2000). Results indicated that up to 25% of college women are raped or experience an attempted rape within the period of time normally taken to complete a college education.

1.1. Drinking as a risk factor for sexual assault

The majority of sexual assaults occur when the perpetrator, the victim, or both have consumed alcohol (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004). Based on survey research, 75% of men and 55% of women report having used alcohol or drugs at the time of a sexual assault (Koss et al., 1988). Other studies have found that approximately one third to one half of victims report drinking at the time of the assault (Abbey, Clinton, McAuslan, Zawacki, & Buck, 2002; Norris, Nurius, & Gaylord, 1998). Heavy drinking especially has been associated with increased rates of sexual victimization (Buddie & Miller, 2001). One study found odds of sexual assault were 9 times higher on days when a woman reported heavy drinking than days where no alcohol was consumed (Parks & Fals-Stewart, 2004). However, even smaller amounts of alcohol use were associated with a higher risk of sexual assault; the risk of assault was 3 times higher on days when moderate to light drinking was reported than the rates on non-drinking days. Over the course of an academic year, heavy alcohol use was found to predict later sexual assault in a sample of 274 college women (Greene & Navarro, 1998). Similarly, higher alcohol use was found to predict sexual assault six months later in a sample of 126 female college students (Combs-Lane & Smith, 2002). Thus, in college students, various studies have found that heavier alcohol use appears associated with increased risk of later sexual assault up to periods as long as one year later.

Rapes that occur because the victim cannot consent due to intoxication may be distinct from those rapes that occur due to the use of force on the part of the perpetrator, although the vast majority of research on sexual assault combines the two categories of victimization experiences (Abbey, BeShears, Clinton-Sherrod, & McAuslan, 2004; Testa, Livingston, Vanzile-Tamsen, & Frone, 2003). However, both risk factors and consequences of incapacitated rape may differ from those associated with rapes using physical force. Alcohol consumption and earlier age of initiation of drinking increase risk of incapacitated rape and are more associated with penetration (Testa, Livingston, & Leonard, 2003; Tyler, Hoyt, & Whitbeck, 1998). Rapes where victims are heavily intoxicated may also be more violent, may be more likely to involve penetration, and may be associated with less victim resistance, than those where victims have consumed less alcohol (Abbey et al., 2002; Testa, Vanzile-Tamsen, & Livingston, 2004).

Alcohol may increase the risk of sexual assault through its effects on victim's perceptions and their ability to respond in high risk situations (Testa, Livingston, & Collins, 2000). Alcohol's effects can make it more difficult for a woman to detect and correct misperceptions of her intentions regarding sexual contact (Abbey, Ross, & McDuffie, 1994). Women who have consumed alcohol are more likely to report they would respond passively in the face of unwanted sexual advances (Davis, George, & Norris, 2004) and to employ less effective refusal strategies in the face of sexual aggression than sober women (Abbey, 2002). Additionally, sexually aggressive men often target women who are intoxicated for sexual assault (Kanin, 1984).

1.2. Drinking in response to sexual assault

Although in many instances alcohol use is a precursor to sexual assault, it is also apparent that heavy alcohol use often occurs in response to sexual assault. Moreover, heavy drinking may follow sexual assault as a means of coping with assault-related psychological distress (Grayson & Nolen-Hoeksema, 2005; Miranda, Meyerson, Long, Marx, & Simpson, 2002). Several

studies have reported increased alcohol consumption and more drinking-related negative consequences in sexually assaulted college students as compared to their non-assaulted peers (Corbin, Bernat, Calhoun, McNair, & Seals, 2001; Larimer, Lydum, Anderson, & Turner, 1999; Marx, Nichols-Anderson, Messman-Moore, Miranda, & Porter, 2000). This relationship appears consistent across both male and female victims (Larimer et al., 1999). Analyses conducted using a national sample of college women demonstrated a similar pattern, wherein a composite measure of usual alcohol consumption, incorporating frequency of use, quantity, and perceived intoxication, discriminated rape victims from nonvictims (Koss & Dinero, 1989). In representative noncollege samples of women, retrospective reports of sexual assault are associated with increased odds of drinking problems (Burnam et al., 1988; Kilpatrick, Edmunds, & Seymour, 1992).

The aforementioned studies all involve cross-sectional comparison between assaulted and non-assaulted samples. Only two studies have examined whether prior sexual assaults predict later drinking behavior. In a study of college students, sexual assault in adolescence predicted both college sexual assaults and alcohol consumption (Gidycz, Hanson, & Layman, 1995). Similarly, in longitudinal study of 3000 women, those who abused alcohol were not more likely to experience new assaults but women who were assaulted over the course of the study were more likely to abuse alcohol at follow-up (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997).

2. Rationale of the present study

The purpose of this study was to examine the timing of incapacitated rapes and drinking behavior to test two non-competing hypotheses, that higher alcohol consumption precedes experiencing incapacitated rapes and that alcohol consumption increases following an incapacitated rape. This study builds upon past research by including a more representative and heterogeneous sample. This study includes a large sample drawn from a random sample of students across three college campuses, includes both males and females, and includes individuals who have never experienced an incapacitated rape, who report a past history of incapacitated rape, or who experience a first incapacitated rape over the course of the study. In addition, this study uses a much longer follow-up period than reported in the majority of studies on this topic, following individuals over three years, and assessing them annually. Given the differences between incapacitated rape and forcible rapes described in the literature, and that incapacitated rapes and their relationship with alcohol use have been relatively unstudied, this study focuses solely on incapacitated rape. Lastly, the study includes both measures of alcohol consumption and negative consequences of use to examine risks and consequences of incapacitated rape. Alcohol consumption alone may not assess degree of functional impairment from alcohol use. It is possible that consequences of alcohol use may provide additional crucial data about changes in drinking behavior following incapacitated rape and may function differently than consumption alone.

3. Methods

3.1. Participants

This study consists of secondary data analyses from three waves of a larger multi-year study of college student drinking. Participants were students enrolled in the Motivating Campus Change study conducted on 3 west-coast campuses. Once enrolled, students were followed until graduation. Thus, the majority of students who were juniors or senior in year 1 were no longer in the study in year 3. In year 1, 4273, 47% of whom were freshman and sophomores, completed the assessment. Of the 4273, 51% ($n=2214$) completed year 2 assessments. Students who did not complete year 2 assessments either graduated out of the sample or were lost to attrition. Of the 2214 students who completed year 1 and year 2 assessments, 56% ($n=1239$),

completed year 3 assessments. One of these students provided inconsistent and improbable data (e.g., drinking 99 drinks in less than one hour) and was dropped from analyses. Thus, the final sample included in the present analyses included 1238 students who completed assessments during 3 consecutive waves.

3.2. Recruitment and assessment procedures

Participants were selected through obtaining a random sample of enrolled students from the registrar's office on each campus. Once the sample was identified, pre-notification letters were sent via mail, providing participants with information about the study and instructions for logging on to complete informed consent and assessments online via a secure web server, using 128-bit encryption. Non-responders to the initial letter received email and postcard reminders, followed by a mailed survey packet and an additional reminder email or postcard. Partial completers (those who began but did not complete the assessment online) were telephoned to remind them to complete and submit the survey. All measures and procedures were reviewed and approved by the local Human Subjects Review Boards for all research sites.

As an incentive for participation, individuals received their choice of entry into a drawing for a \$1000 gift certificate to the store of their choice at each research site, or a \$10 check, or 2 movie tickets (approximate value \$16.50) at each wave of data collection.

3.3. Measures

The assessment battery included a number of measures related to college student drinking, and the full battery took 45–60 min to complete. Measures relevant to the current study are described in detail. Demographic information included age, birth sex, gender identity, racial/ethnic identity, residence type (fraternity, sorority, residence hall, with parents, or other), height, weight, and sexual orientation.

Incapacitated rape was assessed by a question from the Young Adult Alcohol Problem Severity Test (YAAPST; Wood, Johnson, & Sher, 1992). Participants were asked "Have you ever been pressured or forced to have sex with someone because you were too drunk to prevent it?" with response options of "never", "yes, but not in the past year", and then once, twice, or three or more times over the past year.

Alcohol use was assessed using the Daily Drinking Questionnaire (Collins, Parks, & Marlatt, 1985), which provides information about alcohol consumption on each day of a typical week, averaged over a three-month retrospective period. The scale has demonstrated modest convergent validity with other measures of college student drinking, with multi-method correlations ranging from .5 to .6 despite differences in time frame assessed (Baer, Stacy, & Larimer, 1991; Collins et al., 1985; Larimer, Irvine, Kilmer, & Marlatt, 1997). In addition, both quantity and frequency scores on the DDQ scale have been shown to correlate significantly with measures of negative alcohol consequences (Larimer, 1992). For the present study, total weekly alcohol consumed was used. For the DDQ, a drink was defined as 12 oz of beer (8 oz of Canadian malt liquor, or ice beers or 10 oz of microbrew), 10 oz of wine cooler, 4 oz of wine, or 1 cocktail with 1 oz of 100 proof liquor or 1.25 oz of 80 proof liquor.

Alcohol-related consequences were assessed using a modified version of the Rutgers Alcohol Problem Index (RAPI; White & Labouvie, 1989). The RAPI asks students to rate the frequency of occurrence of 23 items reflecting alcohol's impact on a range of consequences and social and health functioning over the past six months. Critical for our purposes, the RAPI does not include items pertaining to incapacitated rape or other forms of sexual assault. Thus, our assessment of incapacitated rape is not confounded with our measure of alcohol-related consequences. Sample items include "Not able to work or study for a test," "Caused shame or

embarrassment,” “Was told by a friend or neighbor to stop or cut down on drinking.” Additionally, we added two items to assess drinking and driving. This scale has high internal reliability (Cronbach’s $\alpha = .92$; Cronbach, 1951) and accurately discriminates between normal and clinical samples (White & Labouvie, 1989). In our sample the modified RAPI exhibited good internal consistency (Cronbach’s $\alpha = .91$; Cronbach, 1951). The scale can be scored to reflect both the number of problems as well as severity of problems experienced. For our purposes we used the number of consequences experienced (range 0 to 25).

4. Results

4.1. Participants

Participants in the final sample included 406 (33%) men and 832 women (67%). Participants were 75.1% Caucasian, 17.2% Asian/Pacific Islander, 2.3% Hispanic/Latina/Latino, 0.9% Black/African American, 0.5% Native American/American Indian, and 4.0% identified as other ethnicities. In year 1, participants were 35.2% freshman, 43.5% sophomores, 17.4% juniors, and 3.9% seniors. Demographic characteristics of the samples on each of the 3 campuses are presented in Table 1. Compared to the demographics on the three campuses, the participating sample included more women. In addition, based largely on selection criteria, most participants were freshman and sophomores in year 1.

4.2. Gender

Preliminary analyses revealed that the majority of participants who reported experiencing an incapacitated rape were female (78.3%). Approximately twice as many women in the study (10.0%) than men (5.7%) reported having experienced an incapacitated rape either before or during the course of the study. Relatively small cell sizes precluded our ability to examine gender as a moderator of the results presented below.

4.3. Alcohol consumption as a function of timing of incapacitated rape

A repeated measures analyses of variance was performed examining weekly alcohol consumption in years 1, 2, and 3 as a function of timing of incapacitated rape. Timing of rape was coded categorically according to whether participants never experienced an incapacitated rape ($n = 1132$), experienced an incapacitated rape prior to year 1 ($n = 30$), experienced an incapacitated rape during year 1 ($n = 24$), experienced an incapacitated rape during year 2 ($n = 26$), or experienced an incapacitated rape during year 3 ($n = 26$). Results revealed a main effect for timing of rape, $F(4, 1126) = 15.72, p < .001$. Results also revealed a main effect for time, indicating that, on average, drinking increased over time, $F(2, 2252) = 5.06, p < .01$. In addition, there was a significant timing of rape by time interaction, $F(8, 2252) = 8.20, p < .001$. Mean drinks per week as a function of timing of rape and time are presented in Fig. 1. The pattern of means suggests that incapacitated rape is concurrently and prospectively associated with heavier alcohol consumption. The pattern of means also suggests that heavier alcohol consumption is prospectively associated with likelihood of experiencing an incapacitated rape. Tukey’s post hoc tests were conducted to examine pairwise comparisons among groups in alcohol consumption at each time point (Glass & Hopkins, 1984). Students who experienced an incapacitated rape in year 1, 2, or 3 drank significantly more at year 1 than students who never experienced an incapacitated rape. In addition, students who experienced an incapacitated rape in year 1 or 2 drank significantly more than students who experienced an incapacitated rape prior to year 1. Tukey’s tests revealed similar results for weekly consumption at years 2 and 3.

4.4. Alcohol-related problems as a function of timing of incapacitated rape

Following the same strategy used to examine alcohol consumption, a repeated measures analyses of variance was performed examining alcohol-related problems in years 1, 2, and 3 as a function of timing of rape. It is important to note that the measure of alcohol-related problems (RAPI) does not include any sexually related items. Thus, associations between alcohol-related problems and incapacitated rape cannot be explained by measurement overlap. Results again revealed a main effect for timing of rape, $F(4, 1158)=34.95, p < .001$. Results did not reveal a main effect for time, $F < 1$, suggesting that alcohol-related problems remained relatively stable overall. The timing of rape by time interaction was again significant, $F(8, 2316)=10.75, p < .001$. Results were similar when examination of alcohol-related problems as a function of timing of rape included alcohol consumption in all years as covariates, to establish that timing of rape had a unique impact on alcohol consequences. Alcohol-related problems as a function of timing of rape and time are presented in Fig. 2. Consistent with results for alcohol consumption, the pattern of means for alcohol-related problems suggests that incapacitated rape is concurrently and prospectively associated with more alcohol-related negative consequences. Means are also consistent with more alcohol-related consequences being prospectively associated with likelihood of experiencing an incapacitated rape. Tukey's post hoc tests were again performed examining pairwise comparisons among groups of alcohol-related problems at each year (Glass & Hopkins, 1984). Results indicated students who experienced an incapacitated rape, regardless of when it occurred (before year 1, or during year 1, 2, or 3), experienced significantly more alcohol-related problems than students who never experienced incapacitated rape. In addition, students who experienced an incapacitated rape in year 1 reported more problems overall than students who experienced an incapacitated rape prior to year 1. Finally, students who experienced an incapacitated rape in year 3 reported more alcohol-related problems overall relative to all other students.

5. Discussion

This research provides a longitudinal examination of incapacitated rape and problem behavior in a population that is at high risk for both. As such, it provides a rare opportunity to examine drinking behavior among students who have experienced incapacitated rape before and after the incident in comparison with students who have never experienced an incapacitated rape. Results of the study provide support for a reciprocal model between incapacitated rape and heavy drinking. The timing of incapacitated rape was strongly associated with changes in alcohol consumption and alcohol-related problems unrelated to sex. Specifically, incapacitated rapes were concurrently and prospectively associated with more problematic drinking and more problematic drinking was prospectively associated with likelihood of experiencing an incapacitated rape.

Those participants who had never experienced an incapacitated rape and who were not assaulted during the study drank less than women in any of the other groups. They also experienced fewer alcohol-related problems including incapacitated rapes. These findings are consistent with prior research suggesting alcohol consumption constitutes a major risk factor for incapacitated rapes and other types of sexual assault (Buddie & Miller, 2001; Miller & Marshall, 1987; Norris et al., 1998; Testa, Livingston, & Leonard, 2003). However, in this study alcohol consumption was, in some cases, higher as many as two years prior to the actual rape.

A woman's alcohol consumption can increase the risk of sexual assault in several ways including through impairment of perceptions of sexual risk cues or by reducing or altering effective responding to sexual aggression (Abbey, 1991; Davis et al., 2004; Testa et al., 2000). Although these rapes were accomplished due to victim incapacitation, these risk factors still apply. Thus an implication of the finding from this study is that drinking less may act as a

protective factor against incapacitated rapes both by enabling women to perceive and respond to environmental cues indicating potential for assault.

Based on our results, incapacitated rapes also preceded increases in alcohol consumption and alcohol-related problems following the event. These findings replicate findings of increases in drinking following trauma exposure (Burnam et al., 1988; Gidycz et al., 1995; Kilpatrick et al., 1997). One explanation is that alcohol use increases following trauma exposure as an attempt to modulate negative affect. In non-trauma samples, problematic alcohol use has been associated with attempts to regulate negative emotions (Kushner, Sher, Wood, & Wood, 1994; Wills, Sandy, Shinar, & Yaeger, 1999; Wood et al., 1992), both in self-report surveys and with laboratory-induced stress (Kidorf & Lang, 1999). In college students, sexual assault was associated with greater psychological distress, which contributed to increased alcohol use (Miranda et al., 2002). It is unknown to what extent these mental health consequences occur following incapacitated rapes. It is possible that the increased alcohol use, and resulting consequences, following incapacitated rape may just be an example of coping to regulate negative affect (Cooper, Frone, Russell, & Mudar, 1995; Stewart, Pihl, Conrod, & Dongier, 1998). Both greater endorsement of tension reduction expectancies and greater alcohol consumption have been associated with sexual victimization in female college students (Corbin et al., 2001; Marx et al., 2000) and clinical samples (Simpson, 2003).

As stated above, our results support both hypotheses: alcohol use is elevated prior to incapacitated rape and alcohol use increases following victimization. This suggests the relationship between alcohol use and incapacitated rape is a reciprocal one. Regardless of whether problem drinking or sexual victimization begins the cycle, the outcome appears to be that sexual assault increases drinking, possibly as an attempt to modulate psychological distress relating to the assault or as a form of emotional or behavioral avoidance (Briere & Runtz, 1989; Miranda et al., 2002; Polusny & Follette, 1995). Increased alcohol use then increases risk of further sexual victimization (Messman-Moore & Long, 2003). These results suggest that early interventions following sexual assault may be useful to prevent problem drinking from escalating following the event. These results also highlight the importance of early prevention efforts to reduce high risk drinking in college students as a means of also reducing the risk of alcohol-related rapes.

It is important to note that the rates of incapacitated rapes described in this study (9%) were quite similar to the reported rates of incapacitated rapes (Testa, Livingston, Vanzile-Tamsen, & Frone, 2003). This suggests that our measure of incapacitated rape is approximating rates assessed using other measures. Our study restricted its focus to examining incapacitated rapes only, unlike other studies that examined rape or attempted rapes more broadly. Other data suggest that there may be differences between rapes with and without alcohol including a greater likelihood of penetration and differences in the degree of victim psychological distress (Abbey, BeShears, et al., 2004; Abbey et al., 2002; Abbey, Zawacki, et al., 2004; Clum, Nishith, & Calhoun, 2002). Moreover, there appear to be differences between rapes that occur because of the perpetrator's use of force and those that occur because the victim is incapacitated (Testa et al., 2004). By focusing solely on incapacitated rapes we were able to examine a more precise and homogeneous sample that has been understudied to date.

This research includes a number of limitations that are important to consider. First, in this research we focused exclusively on *incapacitated rapes*, excluding other forms of sexual victimization. Thus, this research does not address the relationship between other types of sexual assault and drinking behavior. We suspect that relationships between other forms of sexual victimization and drinking would be similar but weaker than those presented here. In addition, we did not assess prior victimization. Therefore, we are not able to examine the contribution of past trauma history to the relationships observed in the present study, nor are

we able to ascertain the number of women who experienced other types of sexual victimization over the course of the study. Another limitation of this research is the absence of indicators of psychological distress, given that psychological distress following sexual assault may mediate the likelihood that sexual assault will be associated with more problematic subsequent drinking. Research evaluating the degree of psychological distress following incapacitated rape and subsequent drinking behavior is an important area for future research.

In addition, due to the nature of our study, we cannot rule out competing models that may explain these findings. For example, although heavier drinking following an incapacitated rape may result from an attempt to modulate negative affect, there are other possible explanations for this relationship. It is possible that the heavier drinking is part of the progression of an alcohol use disorder whereupon the individual's alcohol use would increase regardless of the presence or absence of incapacitated rape. Further longitudinal research should attempt to address this issue.

Other limitations pertain to assessment frequency. In this study, research assessments were completed once per year. More frequent assessments would provide a better description of drinking behavior immediately before and after an incapacitated rape. Related to this issue, the present research did not enable us to determine within a given year whether an incapacitated rape or heavier drinking came first. In addition, due to the spacing of assessments, there were issues with retention of participants over the three years. It is possible that the participants who remained in the study were no longer representative of the initial random sample. Specifically, it is possible that participants with heavier drinking or with more problems following an incapacitated rape might have been more likely to drop-out of college (Duncan, 2000), or may have been less likely to respond to the survey. However, this would, if anything, diminish the size of the relationship we would expect to find longitudinally between sexual assault and alcohol use.

Lastly, the use of self-report measures is another potential limitation, particularly the validity of self-reported alcohol use. Considerable research suggests that self-report is a viable means of collecting accurate data if the measures utilized have been shown to be both reliable and valid, and when confidentiality is assured (Babor, Stephens, & Marlatt, 1987; Darke, 1998), as was the case with the present study.

Despite these limitations, this paper represents a valuable contribution to the literature in its inclusion of participants with no past history of incapacitated rapes, as well as the inclusion of participants prior to victimization. The large heterogeneous sample, drawn from separate campuses, also adds to the generalizability of the research findings. In addition, all of the studies' findings applied to both alcohol consumption and problems relating to drinking. This suggests that changes in drinking reported by participants are also being reflected in their degree of functional impairment from alcohol use.

Future research on incapacitated rape and changes in drinking should include PTSD and depression as potential mediators of the relationships, as well as measures of other types of sexual assault and coercion. Research on the temporal relationship of alcohol use, rape, and psychological distress would greatly add to the understanding of the development of problem drinking in sexually assaulted college women.

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Fig 1.
Number of standard drinks per week over the past 3 months, over time, by incapacitated rape status.

Fig 2.
Number of alcohol-related problems over the past six months, over time, by incapacitated rape status.

Table 1
Year 1 sample demographic characteristics by campus

Variable	Campus X (N =605)	Campus Y (N =74)	Campus Z (N =559)
Gender			
Men	36.7%	35.1%	28.3%
Women	63.3%	64.9%	71.7%
Age [Mean (SD)]	19.64 (3.73)	21.75 (6.40)	19.22 (1.62)
Ethnicity			
White/Caucasian	65.0%	81.2%	85.1%
Asian/Pacific Islander	27.5%	5.8%	7.6%
Hispanic/Latino	2.0%	4.4%	2.4%
Black/African American	1.2%	1.5%	0.5%
Native American	0.5%	2.9%	0.2%
(Other)	3.7%	4.4%	4.2%
Class standing			
Freshman	33.0%	26.4%	38.8%
Sophomore	44.1%	54.2%	41.5%
Junior	18.1%	16.7%	16.6%
Senior	4.8%	2.8%	3.1%