



**Youth Discussions: Focus on Prevention
with Dr. Mary Koss
Joshua Center Video Transcript**

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We are so fortunate to have Mary Koss with us today to talk about effective and ineffective prevention strategies. Mary Koss is a Regents' Professor at the Mel and Enid Zuckerman College of Public Health at the University of Arizona. She published the first national study on sexual assault among college students in 1987. Her current projects are two randomized trial evaluations of sexual assault prevention, and other ongoing interests are campus climate surveys, misconduct, response processes and accountability for those responsible for sexual assault. She was the principal investigator of the Restore Program, the first restorative justice program for sex crimes among adults, that was quantitatively evaluated. Her credentials document close to 300 publications, and sustained consultations with national and international health organizations and governments. She has received many honors from the American Psychological Association. So thank you so much for joining us today, Dr. Koss, for this discussion.

I'm a college professor, but I was trained as a clinical psychologist. However, for many years now, I've worked in a College of Public Health. At this point, everybody knows that public health is a community based profession that works on real problems. And the real problem that I work with is the whole spectrum of sexual harm that is perpetrated, and is experienced by mainly people in college. But we ask them to reflect when they're filling out surveys and being interviewed to reflect to their 14th birthday. So experiences that all of you are having now, those would be things that I have asked college students to tell me more about.

Let's see, I have done like a whole range of the type of things public health people do. We measure, you know, we do epidemiology that is measuring how much of it there is, we look at impact, which is like how what what harm does it cause? We look at risk factors. Why do people hurt other people in sexual ways? And is there anything that heightens the vulnerability of people who sustain harm? Is there anything that could have reduced the harm? We look out and we and then we look at prevention. And when you talk about prevention, we talk about three levels.

One is working at the individual level, like what changes do you try to make inside people in their thoughts in their knowledge? In trying, well, in their, in their their values, in their personal attitudes like toward gender roles. Are there changes at that level that you can make that will reduce the problem of sexual harm? We look at, we look at family level, we look at peer level, for the things that I study. Peer level is very, very important, because unfortunately, parents are not uniformly comfortable conducting sexual dialogues with their children. And schools in many places do not provide comprehensive sex education. So as as a result, a lot of information is obtained on the internet, from porn, filtered through peers, and what your peers approve of or encourage. So studying peer influence is very important in understanding -- thinking about how

do we prevent sexual harm by intervening in the level you're getting your information from, and then finally, the level of prevention looks at more community society things like, how does your high school, like, what are their policies -- what -- about incidents that have happened at school? How do they respond? So then what do the students believe about how seriously their school cares about what happens to students or whether there's any, anything to be gained from telling anybody about what happened to you? Um, is -- is any training provided so that friends know how to respond to you, or or that one, one set of students who sees bad behavior going on, do they know how to intervene? So that level of the institution, the sort of social context that you're in, we work on prevention at that level as well.

What you don't do in public health is what I was trained to do, which is clinical psychology, and those kind of doctor type, you know, interventions where you sit somebody in your office and in and work with them one to one. I'm not saying that treatment of people who perpetrate sexual misconduct, or the treatment psychotherapy of people who are experiencing the emotional distress of sexual harm, that's really important. But it's not it's in a way, it's considered a failure of prevention. Because if you prevent, people don't get to the level of needing that. It's called tertiary or third level, or pretty much the, you know, ultimate, final level of what we can do to intervene in these problematic and harmful sexual exploitation situations. So that is a little bit about what I've done in that.

I, I am senior enough that I did some of the first work in the field and lived through a lot of controversies, lived through different ways, not just of the virus, but of the movement of feminism, because because the Me Too movement is not the first wave of trying to bring attention to sexual assault, the first wave was in the 20s, the second wave was in the 70s. And we're living through now the third wave of, Hey, folks, this is an important problem we need to pay attention to. So I can bring you those kinds of perspectives.

And I'm open to anything you want. As a teacher, I teach courses that are double sides, both sides of the coin. On Mondays, I teach relationship violence. So I call myself kind of Dr. Glum on those days. And then on Wednesdays, I teach human sexuality. So on those days, I'm Dr. Safe Fun. And it means that I get to have students who are, you know, really serious and devoted on Mondays, and, and I teach to the choir on Mondays and on Wednesdays, anything goes. My students are all adults, they sign a consent form. We have a lot, you know, fun making up for their lack of comprehensive sex education. So go anywhere with me, I'm game.

Does anyone have any initial thoughts about that incredible introduction of prevention work? Because I think that that acts, oh, sorry. Faith, go ahead.

I was just gonna ask like see, even like looking at sexual violence and all that like through the decades, like, would you say there's certain factors that make it increase or decrease?

It's, you know, it's sad to say that sexual violence among college students, I guess, I wouldn't. The World Health Organization uses the term sexual violence and gender based violence that some people have trouble with that term because the whole spectrum starts at levels of unwanted behaviors that aren't even contact. They're like, when someone sends you an unsolicited unsolicited picture of parts of their body that are private. And after you ask them to

stop, they continue to communicate sexual texts, when they threaten to put, you know, intimate material that you have set up to show it, to release it on the internet to your friends, those are levels of sexual harm, or sexual exploitation, that most people don't consider violence, but they are still perpetration of wrongdoing that is experienced by harm as the recipient of it. And so I study all the way from that level of no contact, sexual harm, through rape at the ultimate end of the continuum as the most serious thing that we look at, now that I just fall so in love with my own voice that I missed the point of your question?

No, that was a good clarification. I never really like that like that. I just wanted like, if you've seen certain factors, like throughout the years have increased or decreased sexual harm and violence and kind of like what works?

Okay, let's, let's divide that down. And if I forget, then you come back and remind me. Because because the first part of it is, is it changing in frequency? Well it's changing in what we call it. Because it started out being called offense, you know, sexual offense -- not in the criminal sense, like you were offended by something, if you thought it was a violation of etiquette, the way someone treated you. That's how it started out to be called in the 60s. But we've known about it since that far. I mean, well, we've known about it forever. But as a scientific subject, the 60s would be when I think you'd say it started to be steady, not just as weird Sex Criminals in prison. I mean, since Freud, those type of people have been looked at. But I mean, like, students, we've studied students since the 60s. I did my first national study in the late 80s. And the most recent ones were done last year. So I can say, from looking at the survey information across time, that that this continuum of sexual exploitation is not getting less common, which is very depressing, because obviously, we spent a lot of attention. And there's been so much increased media awareness, that you would kind of hope that things would be getting better.

We do see changes inside of what's going on. And it's it's not good changes, things that used to be attempted rape, that would stop before penetration occurred, now proceed to penetrative genital, oral, or anal acts. I hope you guys are okay. With me using this language, we've, well, first of all, your parents might not know this, but I know from my experience, these words are all over the internet, that they're common in language. And so we use them in the surveys, because because people I mean, you want to be specific about, hey, I want you to tell me about this kind of thing. And if you try to dance around it, you know, say and not be specific. People don't know what you're talking about.

So the surveys suggest that attempted rape, attempted penetrative acts are becoming less common, and that more acts are going to completion of penetration. And that a very high proportion of the acts that students are involved in co-occur with alcohol consumption, and it may be voluntary, it may be pressured. It may occur because somebody engages you in drinking games. It's certainly a media influence so that people don't fully understand how much you can actually consume safely. Because we don't have a culture that teaches people how to drink at home, people coming in, in high school you aren't supposed to drink. And in college, you can, you're not supposed to either, but you can. And it's easy. And so people aren't experiencing what the effects of alcohol are. People can adulterate your drinks with drugs. Or you can decide that you're going to experiment with drugs for any of those reasons. The sexual

assault associated with alcohol is becoming the predominant thing that we're seeing sexual assault that involves force is extremely rare among high school or college students. Yeah.

Thank you so much for that answer. In just like, follow up, I'm wondering what other factors in addition to alcohol, which you mentioned are like drugs? I'm curious, what other factors do you think kind of like made or are affecting the change from like, attempted rape to, like falling through with it, I guess?

I think that, it. Just following along on the alcohol, I mean, sort of legally, we use the term incapacitated and unable to give consent or stop what was happening in -- in most states, it may not be like rape in the highest degree. But in most states, when a person is incapacitated, because they are asleep, they're mentally not competent to give consent, or they are unable to consent due to incapacitation from drugs or alcohol, that is considered the crime of whether your state calls it sexual assault like mine does, or rape, as other states do. It is a crime. Unfortunately, we're finding that many students don't realize that that's crime. And so why is it completed? Because it's pretty easy to complete penetration on somebody that's unconscious, or is coming in and out of consciousness. And you know, and sadly, it's also easy -- it's possible that groups of people may be involved, taking pictures, taking videos, looking on and multiple people participating, or cheering on the people who are participating. So that's a, you know, a thought that I have is that it's related to the increasing involvement of alcohol, and really high levels of alcohol consumption that uniformly reaches the definition of binge drinking. Let's see you asked -- your question was broader than that, though.

It had -- You basically answered it, yeah. No, you answered it for the most part. Thank you. Yes.

You also asked a little bit we can get into it about contacts that make it more likely. In, in Australia.

I was wondering kind of like, because you were just like mentioning or like, even the fact that there was like a notable shift. Like that's a very, like interesting to me, but I think like especially what you're talking about with alcohol, but I'm curious, like, Is it just as people are like, I will, why like why do you think that people are drinking more as time goes on? Or like, I'm curious of when, like, when is the shifting places just like something you've noted over like 100 years, or is it like the past like 10 years, or something like that, or I guess? Yeah, just a little more detailed question.

There was widespread belief that two wrongs make a right. So if two people are both intoxicated, and one person who is the penetrator penetrates another incapacitated person that that makes makes rape justified. So it's okay because both people were drunk. It's not only if you have somebody walking down the street who's intoxicated, and an intoxicated driver hits them and kills them, we don't say, oh, well, we'll just forgive you for your felony drunk driving, because you only killed another intoxicated person. I think that's, that's the best analogy I can give you for what people for why, you know, why get concerned, where I think this comes from, there's always been drinking. But the amount, the amount of drinking, and the number of people that are intoxicated to the level of, of incapacitation is different now, because there are different socially created norms about what's okay. Ah, that was very interesting. And there's two things

that I kind of took away from that. I think one of them was kind of the easy access that has become or always been around of alcohol, drugs and other things like that to people in high school and college, and even now becoming in middle school. I think the easy access, I don't know if how easy that will be to fix if that is something we can fix. But it's definitely something that leads to a lot of these problems and, and the levels of it too start just a little bit like you were saying the levels of it are, are off the charts.

And I think another thing that I took away from the first part of what you're saying is the media and how the media is bringing in more attention, I think I've really been looking into because our country is so divided right now I've been looking into both sides and and whenever I see topics, about sexual assault, and things like that, and then Me Too movement and stuff like that, I think people are taking away from it and making it a political argument, rather than just in -- a problem that's in our society. So it doesn't matter if you're Democrat or Republican, or don't identify with a party, if you were raped, or if you were, or if you rape someone, it doesn't matter, if what your religion, political beliefs were. And so I think that's what we need to recognize this is not a political problem. It's not a movement to, you know, get famous people out of the out of their positions of power, or to change someone's life down into it's not about that. It's not. And I think we just -- people need to move away from it being a political problem, rather than a societal problem.

Yeah, I really do agree with you. I think that what's happening that's unfortunate, though, is that the faith community is so important in this country, but has not really stepped up to the idea that your faith has moral values about sexuality. You need to communicate with kids, not just all the things you can't do. But let's get realistic. You know, people go through puberty, they become sexual beings, what can you do, that's consistent with your faith. Because if, if you're not taught, how to be safe, and how to, um, within the moral constructs of your faith, express natural human desires, then we, we get a tendency to see people who were actually more repressed in what they were taught. They end up doing less safe things or, you know, more violation type things, then then, then those who have you know, accurate information and feel empowered to say, I'll go this far, I won't go this far. You know, or let's stay with this or I'm comfortable with this. Because you, you know, you've been, you've had an open and frank dialogue with your parents, with your faith leaders, with your teachers. And it's made you have a sexual intelligence and a sexual comfort that is protective against perpetrating or experiencing sexual harm.

You know, that said, we have to always remember that you can communicate as clearly as you can, what your limits are. But if you're with someone who's not listening, who is going to disregard you, the communication is never your fault. In cases of incap, incapacitation, it doesn't matter. A person should know that incapacitation is a red light. And it doesn't matter if the person is falling all over your body. It's a red light, because incapacitated people are incapable of consenting. Just like it's a red light but if you are in high school, you're all red lights, you're all red lights. I, I raised two sons. And I, my worst nightmare was always seeing a headline, rape expert's son arrested for rape, I just, you know, I've got this cannot, my kids cannot do this to me. And so I worked really hard to make sure they understood the difference between active consent and passive consent. Obviously, we want active, and that they knew the difference between red lights and green lights. And that when they were in high school, that they understood all their friends, were red lights.

I have a question for you. How do you think lower severity things like catcalling and coercion, contribute to rape culture and rape warning signs?

Well, they're, they're certainly on the, um, they're certainly on the like spectrum that I'm talking about that has lower level things and, and gradually goes through different facets of expression, and then end up with things as serious as rape. We we know from looking at perpetrators, that that, that those who rape also do many of those other things that are on that continuum. So but the people who do those things, it's not I am sorry, I'm using rape, I just realize that I'm using gendered pronouns. And that is because a lot of the data we have, even if the questions are expressed in gender neutral forms, they tend to present the data by biological sex. And the our federal agencies haven't quite caught up yet with some of these distinctions. So I, if you catch me falling into that, it's because I'm representing what we have in forms of data, not what I know, to be the correct way of speaking. And and when we question people, we always ask, has someone done this to you -- -- and we're working right now to revise our word our wording even better, so that we can accommodate trans people who don't always have gender identity, and anatomy that are the same. And and so you don't want to make assumptions that if you present yourself to the world as a man, that necessarily means you have a penis, so to try to disconnect anatomy and identity.

But at any rate, to get back to the question originally posed, we believe that there's some, you know, something underlying perpetration behavior because perpetrators seem to do seem to kind of fall into three classes. One class, it's the smallest one, but they do everything at a high level up to raping with force. There is a middle group that does everything up to they don't go beyond raping incapacitated people. And that's the medium group. And then and then there's a huge group and that huge group are the are the male identified persons who don't do any of these things. Or they've done some of the lower level things a few times before they thought, they figured out -- This is not who I am, or this is not appropriate, um, I saw it in porn, but the the, the way porn depicted it, that's not anything like how it played out in real life. So I'm never gonna do that again, that's obviously wrong information. So we think there is something underlying in that, yes, it's important to pay attention to lower level things that people do, because it it up, not necessarily, but it raises the likelihood that they may do more secure things also. But it's different when you look at victimization. Because you don't have much control over when someone decides to victimize you. And there in and therefore, we don't think there's anything underlying victimization, you might get a genital picture from somebody that you didn't solicit. And you might get a second one after you said, I don't want to see these anymore.

I feel like we've been dancing around the subject of education for a while. And I guess I was wondering what your thoughts on what could be done further, within, like, the sex ed realm, because I feel like there's a gap in the sense that depending, obviously, it depends on where you live, but we're in general taught the very bare minimum of sex ed and consent. And there's sort of a gap between what is healthy, mutually consenting sex. So I was wondering, what your thoughts on that gap is, and how it could be bridged?

Well, you know, with in with my college kids, I always show them at the very beginning of a course, a film that contrasts how sexuality is handled and taught in the Netherlands, versus

equal age people in in, in the US. It's, it's a really gut punching way to get it across. There's one scene in it, where they go up to random people on the street, and in, say, what, you know, what would you think if you were with somebody, and they didn't have a condom with them? And Dutch ladies will say, I would think that person was unthoughtful, or I would think that person was -- get away from me. And then you go up to a US identical age person. And that person will say, Well, I would think that it was trashy to carry condoms, or that it was presumptuous to carry them with you. And have a lot of -- express a lot of negative attitudes about something that's basic to safe sex. So this, in this film, a guy actually says to this, one young woman says, well, so do you have a condom on you right now? And she says, Sure. And he says, well, I want to see it. So she opens up her purse, she digs out her wallet, she opens her wallet, she takes out the condom. And I always keep one on my desk. Just in case somebody asked me, Do you have a condom on you? I can always say, yes, right here. And when they asked a US person, that it was, Oh, God, I wouldn't be so judged if I carried around a condom, they would think I was, you know, all the words that, you know, although these change, meaning, you know, they become more applicable, to both men and women. And so, but, you know, generally speaking, you say things like slut you, you mean a woman that has sex with a lot of people and is judged in a way that a stud is not judged. And so the US, respondents said, Oh, I would never carry a condom with me. That that would that would make people think I was the S word if I go prepared. So, yeah, I, um, I absolutely believe that we are well, just doing an abysmal job.

And in, in the United States, there are there. There are some exceptions. Some of the faith communities have great sex ed curriculums that they provide. The Unitarian Universalist church is an example. Planned Parenthood where they're allowed to come in and do sex education, they have an incredible curriculum. You know, on the other hand, I live in a state where abstinence only education is still mandated. You know, way before you guys were alive, there is a Surgeon General, who is one of the most courageous ones we've ever had named Jocelyn Elders, and Dr. Jocelyn Elders, and she went before a congressional committee and said, that our youth should be taught about masturbation. Because if we don't teach people what you can do, they'll figure that they won't know about that. And all they know about is penetrative sex. So they do that instead, and with all its horrible consequences, and we haven't taught them how to do it safely. And so then we have teen pregnancy, and we have rape and all this stuff. She was fired from her job for suggesting that sex ed curriculums be provided for adolescence that teach about masturbation, and teach about things that are called outer course. I mean, there, there are ways to be intimate, that don't involve penetration.

So yeah, everything everything you mentioned, can sound so important. It's, it's, it's important to talk about choice, it's important to talk about the variety of sexual intimate acts that exist. And in, you know, not to judge people for what they do, but also to make sure that you're aware of the whole range that exists. So you can choose, because we're all sexual beings, so that you can choose, and you can make sure you're with a partner who enthusiastically agrees with you, this would be a fun thing to do right now. So yeah, I would love to teach my course in high school. It's, you know, it's, I teach sophomores. So they're not that far away from high school, but still, I just find appalling levels of ignorance in college sophomores, I would really like to be able to get in there a little bit earlier, quite a bit earlier. You know, sexuality develops from birth. And therefore, there's, there are -- most experts agree that we should be teaching about communication about relationships, about conflict, and about consent, about respect about not

you know, non bullying, non harassment, we we should be teaching at a developmentally appropriate level from the beginning of school. You know, one thing that interests me and I have to admit I have grandchildren but I don't have I haven't been inside their daycares their preschool because they won't let you go in right now. But in, in other countries, in the in the preschools, they don't have segregated bathrooms. They just have bathrooms, and they let kids naturally discover that there's different anatomy on people. And whereas -- You know, you you, you can imagine what would happen in the United States if you suggested schools should just have bathrooms and not make a big thing about it .We we we're really hung up as a society about, about healthy attitudes toward the body and natural ways of learning about about these subjects.

I think also, um, with, with what you just said about the bathrooms and stuff I, I'm not aware of, of many gender neutral bathrooms in Seattle. So I took a road trip. And I passed through San Francisco. Yeah. I know what you're going to talk about. Yeah, we went to a restaurant and I, I was going to the bathroom is gender gender neutral bathroom. I haven't really seen many. So when I first started walking in, you know, there was a woman washing your hands, I was kind of taken off guard. You know? I sorry,

I especially Don't worry about it. So you live in an actual house? That has, yeah, a life in it!

Oh, yeah, no, I was just taking off guard. And so I think that's something that I need to, you know, kind of, I don't know about fix is the right word. But so the I need to improve. And, you know, I think we're all trying to improve. And I think the other thing, I just want to mention that education was, you know, I'm getting ready to choose my courses for high school. And so I've talked to some people about the school that I'm going to, and they're almost like, Oh, do health your freshman year, kind of get it out of the way. And so I was like, at first I was like, Okay, I mean, that might not be a bad idea. But now you bring it up, kind of like health is kind of something important. We need to, you know, actually learn about and, and focus on and not just think of as a chore we have to do to get to college. And you know, right, right,

Right and push your pprofess --push your teachers, pester them with questions. You know, ask them everything you think you should know about, let them stand there and tell you, I'm not allowed to say that. If that's what they're going to say to you. psh push the envelope so that you get the information that you need and want and it sounds like you have parents who will also have a good dialogue, a good dialogue with you. That's what we tried to do with our kids. And I think that we had the most epic Thanksgiving once, where we sat around our table for four hours, and the entire conversation was about sex. And I thought, This is good. This is very good, that you know, my that our family feels this way. And I 'd be judged for that by people.

But initially, I thought you were going to tell the story in San Francisco in one to one particular Museum, it won't be meaningful if I say the name of it, but they have a bathroom, that's an all gender bathroom. And they said if you prefer a gendered bathroom, then you can walk 10 miles. They have, they have them available. But um, so I went in, and it has stalls on one side, and it has urinals with higher partitions on the other side. Um, and I thought, well, you know, and then of course, everyone would be washing their hands at the same sink thought, well, this doesn't bother me I'm cool. And I want to take pictures of this for my students. And then a whole group

of like, middle schoolers came in, and I thought, Oh, man, I better get out of here. Because if I take if I start taking pictures of the little boys I'm really gonna be in trouble. So I just have to have that as a mental picture of a teacher taking her whole classroom into an all gender bathroom, where there were also adults in there. And people will say that's San Francisco, but you know, Seattle's a cool place too.

I have one final question just because I'm just going back to talking about sex education. I'm just curious, I guess, if you could like make your own curriculum to be taught in middle schools or high schools or elementary schools, what would be the main things you'd include? Or I guess, what do you think is most left out of the curriculums we have today?

All of it. Pretty much all of it except basic anatomy, which you know, kids learn in kindergarten, what the parts of the body are called. You know, I do want to say one thing because that some people watching this may really object that we have put the subject of sexual assault and sexuality into the same discussion because they, they feel that that has a potential negative effect of sort of normalizing sexual assault by making it part of human sexuality. And so I do want to just get the opportunity to say that there are things that are clearly sexual harm, or sexual exploitation, assault, whatever terminology that you want to choose to describe the things that are clearly not consensual, not wanted, and shouldn't be happening. And then there's a gray zone, that is hard for all of us to figure out, which is, when does seduction and flirting, go over the line? And then there's seduction, which is, and and flirting. We don't have instinctually defined mating rituals, because of our bigger brains, you know, we, we can we get ourselves into trouble by our bigger brains by the um, such a variety of ways to communicate about sexuality.

And I always encourage my students, and if, you know, if you said, well, what's most important? Well sexual -- you could even call it sexual intelligence? I like to tell my students, that's what I'm teaching them is to be sexually intelligent people. But also, I want them to have sexual comfort, which is we can talk about it. And because only if you can talk about it, can you really be in intimate situations and communicate -- Am I doing something you want? Are you happy with what I'm doing? Do I have permission to go further than this? If you, you know, if, if you are so uncomfortable about communicating sexuality, there is really no possibility of enthusiastic consent. Then it all defaults to, I mean, I once had a guy tell me. I said how did you decide that she wanted to have sex with you when she was passed out? And he said, because her head went like this. It was she was passed out and her head was like this. And then her head went like that. And he interpreted that as she was saying, yes. I thought, Oh, wow. First of all, I thought going like this was no. Second of all, you know, can you imagine all the problems, think about if we couldn't communicate with words how hard it is? You guys couldn't tell but my husband is very profoundly, pretty, pretty profoundly deaf. And oh, wow, you know, we don't take communication for granted. And, and it is, it's very difficult if you don't know, sign language, to communicate non --without words, coming out, with communicate with gestures is very hard. It's a whole language and people don't learn that they just go *grunts* or, you know, they communicate or, you know, with body, you know, body language that's subject to so much misinterpretation. So not only is body language is not a language, American Sign Language is a language. Words are -- spoken word is a language. English is a language.

Body language is pretty unreliable. And I try to teach my students to have the comfort to you know, how you tell little kids use your words.

So it's been great, and I hope that we can have a discussion like this soon. Okay, well, I'll prepare myself for the hate mail.

Thank you, we so appreciate and value your time. Thank you so much. Thank you. Thank you all.